Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

		Complete all entries in acco	rdance with the instruc	cions to the Form 550	ло-ог.		
Part I	Annual Report	dentification Information					
For calend	ar plan year 2013 or fis	cal plan year beginning 01/01/20	13	and ending	12/31/2	2013	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		x an amended return/report	a short plan year returr	n/report (less than 12 m	onths))	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descript	tion)				
Part II	Basic Plan Info	rmation—enter all requested inform	mation				
1a Name	of plan	-			1b	Three-digit	
ROSSKOPF	ELECTRICAL SUPPLY	Y COMPANY, INC. 401(K) P				plan number	004
					10	(PN) ▶ Effective date of	001
					10	09/10/	
	ponsor's name and add	dress; include room or suite number ((employer, if for a single-	employer plan)	2b	Employer Identif	fication Number
					2c	Sponsor's telep	hone number
2607 15TH						228-864	
GULFPORT	, MS 39501				2d	Business code (33590	see instructions)
3a Plan a	dministrator's name an	d address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
4 16.0	// FIN 6/1						
		plan sponsor has changed since the nber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b	EIN	
	or's name	ndor nom the last retain report.			4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		5
b Total i	number of participants	at the end of the plan year			5b		5
		account balances as of the end of the		•	5c		5
	,	during the plan year invested in eligi					X Yes No
		the annual examination and report o					
		(See instructions on waiver eligibility					X Yes No
		ther line 6a or line 6b, the plan can					1
C If the p	plan is a defined benefi	t plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	A penalty for the late of	or incomplete filing of this return/re	eport will be assessed	unless reasonable ca	use is	established.	
		ner penalties set forth in the instruction					
	edule MB completed an true, correct, and comp	nd signed by an enrolled actuary, as volete.	well as the electronic vers	sion of this return/repor	t, and	to the best of my	knowledge and
SIGN	Filed with authorized/\	valid electronic signature.	07/24/2014	FRANK HARRISON			
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	lual sic	ining as emplove	r or plan sponsor
Preparer's		ame, if applicable) and address; inclu					number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	f Voor		
	Total plan assets	7a	33232				(b) Ella 0	3799	70	
	Total plan liabilities	7b						0.00		
	Net plan assets (subtract line 7b from line 7a)	76 7c	33232	1				3799	70	
	Income, Expenses, and Transfers for this Plan Year	70					(b) To			
	Contributions received or receivable from:		(a) Amount				(b) To	tai		
	(1) Employers	8a(1)	246	7						
	(2) Participants	8a(2)	1435	59						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	3262	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						494	55	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	180	6						
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						18	06	
ī	Net income (loss) (subtract line 8h from line 8c)	8i						476	49	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	oj .								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:		
b	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	A	mount		
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,		10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				30	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X				
	Were any fees or commissions paid to any brokers, agents, or oth									
Ŭ	insurance service, or other organization that provides some or all					X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i		X				
Part							ı			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П Үе	s X	No
110	Enter the unpaid minimum required contribution for current year fr								- 🔨	
	· · · · · · · · · · · · · · · · · · ·		,			11a	EDIO 4.0	П v-	, V	Ne
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	3U2 Of	EKISA?	Ye	ა <mark>^</mark>	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and .	antor th	ne data of th	a letter	ulina	
	granting the waiver.		Mon	nth	, апи (Day		e letter i /ear	umig	, ——
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	461	ı			
b	Enter the minimum required contribution for this plan year					12b				

Page	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Penelon Benefit Gueranty Corneration

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos, 1210-0110 1210-0089

2013

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. 1	(Shien, finit	Complete all entries in acc	ordance with the Instru	ctions to the Form 550	J-SF.	
1 7111 777		identification information			20/02/000	
Forc	alendar plan year 2013 or fi		01/01/2013	and ending	12/31/201	
Ат	his return/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-particip	ant plan
Вт	his return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C 0	heck box if filing under:	Form 5558	automatic extension		DFVC progra	m
	_	special extension (enter descri	ption)		_	
Pai	t II Basic Plan Info	ormation—enter all requested info				
~~~~~~	Name of plan	onto all roduction in re	THOU OF		1b Three-digit	
	•	al Supply Company, In	c. 401(k) P		plan number	
•	.oooopi aloooiio	or nothers and and	\ \ \ \ \ \		(PN) ▶	001
					1c Effective date of	
20.	<u> </u>	International Control of the Control	- /		09/10/2007	
		dress; include room or suite number al Supply Company,	r (employer, it for a single	-employer plan)	<b>2b</b> Employer Identif (EIN) 64 - 069	
-		ar sappry company,			2c Sponsor's telepi	
					(228) 864-	
2	607 15th Avenue				2d Business code (	see instructions)
C	ulfport		MS	39501	335900	· ·
		nd address XSame as Plan Sponso			<b>3b</b> Administrator's E	EIN
			_			
				,	3c Administrator's t	elephone number
4	f the game and/or FIN of th	e plan sponsor has changed since the	ne last return/report filed f	or this plan, enter the	4b EIN	
		mber from the last return/report.	te teer rerection oboit mod .	or and prant, error the	TO LIN	
	Sponsor's name	<u> </u>			4c PN	
5a	Total number of participants	at the beginning of the plan year			5a	5
b	Total number of participants	at the end of the plan year		·	5b	5
c	Number of participants with	account balances as of the end of the	ne plan year (defined ben	efit plans do not	*****	
	· · · · · · · · · · · · · · · · · · ·				5c	5
6a		ts during the plan year invested in eli				X Yes No
. b	Are you claiming a waiver o	of the annual examination and report	of an independent qualifi	ed public accountant (IQ	PA)	X Yes No
	under 29 CFR 2520.104-46	? (See instructions on waiver eligibil oither line 6a or line 6b, the plan ca	ity and conditions.)	and must instead use	Form 5500	M 103 [] 110
						Not determined
C	if the plan is a defined bene	fit plan, is it covered under the PBG		ERISA SECION 4021):	1 162   140	1vot determined
Cau	ion: A penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau	ise is established.	
Unde	er penalties of perjury and o	ther penalties set forth in the instruct	ions. I declare that I have	examined this return/re-	port, including, if applica	able, a Schedule
		and signed by an enrolled actuary, as	s well as the electronic ve	rsion of this return/report	i, and to the best of my	knowledge and
pene	f, it is true, correct, and corr	iprete		•		
SIG	( Louis	"(Caselle)		John Rosskopf	· *	
HER		administrator //	Date	Enter name of individ	ual signing as plan adn	ninistrator
	Attribute 18-50			Ken Rosskopf	1 / /	+ An - 1 -
SIG	(#) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		D-4-	1		s as alon consor
150 340 35470	Signature of empl	oyer/pfan sponsor name, if applicable) and address; inc	Date		ual signing as employe Preparer's telephone	number (optional)
-rep	arers traine (incount into	папо, в арупсамој ако достеза, па	adde recent of contention to	(abasiga)	. repairer o telephrone	
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2013) v. 130118

Pa	Financial Information									
7	Plan Assets and Liabilities	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(a) Beginning of Yea	r'	$\Box$		(b) End	of Year	•	
	Total plan assets	7a		2,32	: 1.				379,970	
	Total plan liabilities	. 7b								
	Net plan assets (subtract line 7b from line 7a)	7c	332	2,32	1				379,970	
8	Income, Expenses, and Transfers for this Plan Year	a de la vez la pervi Da las de las de las	(a) Amount			(b) Total				
1181	Contributions received or receivable from:				_ 300					
	(1) Employers	8a(1)		2,46	14.19.1					
	(2) Participants	8a(2)	14	1,35	9 (8)	The state of the s				
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	. 8b				16/13.150b		2004900490		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		朝間劃	(). (i) Constant	7.589 Serveden en	(2),1,1423m;c140-1011)0)	5-406 (A61-A	49,455	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								
e	Certain deemed and/or corrective distributions (see instructions)	. 8e			1273 234 1	1441.16.17.19.19.19.19	J ( ) (6.70) ( ) T. 3 ( ) 5 ( ) 5 ( ) 6	Macini Cini Siernia:	CONTRACTOR STATE OF THE PARTY O	
f	Administrative service providers (salaries, fees, commissions)	. 8f	-	L,80	6					
g	Other expenses	. 8g				ricina d		and charles		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			146				1,806	
T	Net income (loss) (subtract line 8h from line 8c)	. 8i							47,649	
j	Transfers to (from) the plan (see instructions)	. 8j	·		21.416 10.41			M. (1994)		
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the compliance Questions						,			
10										
	Dunng the plan year:				Yes	No	•	Amou	nt	
а		utions withi	in the time period described in rection Program)	10a	Yes	No X		Amou	nt	
		luciary Cor st? (Do not	rection Program) include transactions reported	10a 10b	Yes			Amou	nt	
	Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.)	luciary Cor st? (Do not	rection Program) include transactions reported		Yes	Х		Amou	30,000	
b	Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fid.  Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	luciary Cor st? (Do not s fidelity bo	include transactions reported	10b	х	Х		Amou		
b	Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fid.  Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	st? (Do not st? (Do not s fidelity bo ther persor of the ben	include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c	х	x		Amou		
b	Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)	st? (Do not st? (Do not s fidelity bo ther persor of the ben	include transactions reported include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c 10d	х	X X		Amou		
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	Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan by the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period?	s fidelity both ther person of the ben an? as of year the require	include transactions reported include transactions reported and, that was caused by fraud ins by an insurance carrier, efits under the plan? (See end.)	10b 10c 10d 10e 10f 10g	X	x x x x		Amou		
o o o o o o o o o o o o o o o o o o o	Was there a failure to transmit to the plan any participant contributions. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount if this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	s fidelity bother person of the ben an?	include transactions reported include transactions reported and, that was caused by fraudons by an insurance carrier, efits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h	X	x x x x x x		Amou		
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of G	Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fid.  Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	s fidelity bother person of the bentan?  as of year (See instruction of the dentant)  the require of the require of the require of the the first of the the require of the	include transactions reported include transactions reported and, that was caused by fraudons by an insurance carrier, efits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h 10l	X	X X X X X X Adule Si			30,000	
6 Far 11 11:	Was there a failure to transmit to the plan any participant contributions. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year. Is this a defined contribution plan subject to the minimum fundin (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	s fidelity bother person of the ben as of year the require the require the require of the sen of the require of	end.)  end notice or one of the  "Yes," see instructions and conducted of section 412 of the Codesable.)	10b 10c 10d 10e 10f 10g 10n 10l	X Sche	X X X X X X Adule Si	ERISA?.		30,000 Yes 🔻 No	
6 Far 11 11: 12	Was there a failure to transmit to the plan any participant contributions. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is be granting the waiver.	s fidelity bother person of the bendan? as of year (See instruction of the course) as of year (See instruction of the require of the course) as of year (See instruction of the require of the require of the course) as of year	end.)  uctions and 29 CFR  d notice or one of the  "Yes," see instructions and condule SB (Form 5500) line 39  nents of section 412 of the Codesable.)  zed in this plan year, see instructions and year,	10b 10c 10d 10e 10f 10g 10h 10l nplete	X Sche	X X X X X X Adule Si	ERISA? .		30,000 Yes 🔻 No	
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Page 3 -Form 5500-SF 2013 130118 12c c Enter the amount contributed by the employer to the plan for this plan year ..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount)..... Yos Νo N/A Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII Plan Terminations and Transfers of Assets Yes X No 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes 🖾 No of the PBGC?..... c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information (optional)

14a Name of trust

14b Trust's EIN