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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

					tions to the Form 550			
_	art I		dentification Information					
For	calenda	ar plan year 2013 or fis	cal plan year beginning 01/01/2	2013	and ending	12/31/2	2013	
Α .	This ret	turn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
В .	This ret	turn/report is:	the first return/report	x the final return/report				
			an amended return/report	a short plan year return	/report (less than 12 m	onths))	
C	Check b	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
			special extension (enter descri	iption)				
Pa	art II	Basic Plan Infor	mation—enter all requested info	ormation				
1a	Name					1b	Three-digit	
J. O.	HOOKE	ER & SONS, INC. PRO	FIT SHARING PLAN				plan number	004
						10	(PN) •	001
						10	Effective date of 07/01/	•
		ponsor's name and add	lress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b	Employer Identi	
						2c	Sponsor's telep	hone number
P. O.	BOX 8	}					601-489	
THA	XTON, I	MS 38871				2d	Business code ((see instructions)
3a	Plan ad	dministrator's name an	d address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
						30	Administrator's t	telephone number
						30	Administrators	telephone number
						+		
4			plan sponsor has changed since the	he last return/report filed fo	r this plan, enter the	4b	EIN	
-	name,		plan sponsor has changed since the from the last return/report.	he last return/report filed fo	r this plan, enter the	4b 4c		
a	name, Sponso	, EIN, and the plan num or's name		·		4c		3
a	name, Sponso Total r	, EIN, and the plan num or's name number of participants	nber from the last return/report.			4c 5a		3
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	an Assets and Liabilities (a) Beginning of Y			ar (b) End of Year					-		
<u>'</u> a	(<i>x</i>) = 1 3 mm·3			4			(b) Liii	<u> </u>	cai ()	_
<u>u</u>	Total plan liabilities	7b							(-
	Net plan assets (subtract line 7b from line 7a)	7c	722	4					()	_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			_
	Contributions received or receivable from:		(a) Amount				(6)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c									
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	722	4							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7224	1	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-7224	ļ	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension f 2E 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instru	ictions	5 :		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Charac	cteristi	c Cod	es in t	he instruc	tions:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		_
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)										
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					
	Was the plan covered by a fidelity bond?			10c		X					
d		fidelity bo	nd, that was caused by fraud	10d		X					
—	Were any fees or commissions paid to any brokers, agents, or oth			100							_
	insurance service, or other organization that provides some or all of	of the ben	efits under the plan? (See			X					
	instructions.)			10e							_
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)										
i											
Part	VI Pension Funding Compliance										
11											
112	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12											
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						-				
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling					_					
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			u 1		Day		168			_
	Enter the minimum required contribution for this plan year	•				12b					_

Page	3 -	1
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C 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 s negative amount)	12d					
e 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?		. X	es No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan of the PBGC?	n, or brought under the	control		X Yes	No	
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):	1:	3c(2) El	N(s)	13c(3)	PN(s)	
Part VIII Trust Information (optional)						
14a Name of trust J. O. HOOKER & SONS, INC PROFIT SHA						

OMB Nos. 1210-0110

1210-0089

Form 5500-SF

Dopadment of the Trensury Internal Revenue Service

Department of Leber

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 section 8057(b) and 6058(a) of the Internal Revenue Code (the Code)

2013

This Form Is Open to Public

Pension Renefit Guaranty Corporation		ebiguarine and frie a	•		Inspection
	► Complete all entries in acc	ordance with the instruc	tions to the Form 5500	J-3F.	
Partil Annual Report Ic	tentification Information	01/01/2013	and ending	12/31/	/2013
		a multiple-employer pl		- January	ne-participant plan
	a single-employer plan	Linus Linus	an (not momembioser)	∏ ¥ ċ	ue-baurobsur bisu
B This return/report is:	the first return/report	x the final return/report			
Ĺ	an amended raturn/report	a short plan year retur	n/report (less than 12 m		
C Check box if filling under:	x Form 5568	automatic extension		L DF	VC program
Í	special extension (enter descri	ption)			
Part II Basic Plan Infor	mation anter all requested in	ofomation			W. C.
1a Name of plan	1 1 2 2 4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1 1 1 4 1 1 1 1 1 1 Yellola majaring managang majaring majaring majaring majaring majaring majaring majaring m		1b Three	
•	The Committee Charles	31 ~ m		plan r (PN)	number 001
J. O. Hooker & Sons,	, Inc. Profit Sharing P	tan.			tive date of plan
					1/1982
2a Plan sponsor's name and add	lress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b Emple	oyer Identification Number
J. O. Mocker & Sons,		·		(EIN)	64-0626800
				2c Spon	sor's telephone number
P. O. Box 8				want your ranners	i) 489-2567
					ness code (see Instructions)
US Thexton	MS 36871	- MANAGEMENT PO	dollariana ac	2362	
3a Plan administrator's name and	d address 🕱 Same as Plan Spo	onsor Name 🋄 Same as F	lan Sponsor Address	315 Admi	nistrator's EIN
					lists which the control of the contr
				3¢ Admi	nistrator's telephone number
4 If the parce and/or EIN of the	The consequence of the consequence	the test and the leavest file of the		4b EIN	/A - 1 - 1
	plan sponsor has changed since bor from the last return/report.	tue (83) terouviebou ilica i	or this bisti' enter are	THE CITY	West of the Advantage of the Control
& Sponsor's name		·		4c PN	
	at the beginning of the plan year	******************************		5a	3
	at the end of the plan year	(5b	0
	ccount balances as of the end of			5c	٥
	during the plan year invested in el			*************	X Yes No
•	the annual examination and report		, 131442413414231		4+754,452,751
under 29 CFR 2520.104-46?	(See Instructions on waiver eligibi	ility and conditions.)	**************************************		X Yes No
	her line 6a or line 6b, the plan c				
c If the plan is a defined benefit	t plan, is it covered under the PBC	C insurance program (see	ERISA section 4021)?	Y	es 🔲 No 🔲 Not determine
Caution: A penalty for the late of	or incomplate films of this rown	Mirenost will be seconder	i unlidee regennania 🖴	ures je setal	allehad
Under penalties of perjury and oth		/ · · · · · · · · · · · · · · · · · · ·			111111111111111111111111111111111111111
SB or Schedule MB completed ar belief, it is true correct, and comp	nd signed by an enrolled actuary,				
and the	· We hb		Cindi H Webb	***************************************	
HERE Signature of plan admi		5. 10 A I		- N I I	
HERE Signature of plan admi	INSTRUCT	Date /0-8-1-4	Enter name of individu	ar signing as	pian administrator
sign					· · · · · · · · · · · · · · · · · · ·
HERE Signature of employer		Date	TEN T T T T T T T T T T T T T T T T T T	st signing as	omployer or plan sponsor
Preparer's name (including firm n	ame, if applicable) and address; i	include room or aulte numb	or (optional)	Preparer's	telephone number (optional)
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				150000000000000000000000000000000000000	

5500-SF Electronic Filing Authorization

Plan Name: J. O. Hooker & Sons, Inc. Profit Sharing Plan

EIN/PN:

64-0626800/001

Flan Year: 01/01/2013 - 12/31/2013

I hereby authorize Linda Crawford at Nail McKinney P A to electronically file the above return with the US Department of Labor's Blectronic Filing Acceptance System (BRAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator	Plan Sponsor
Cindi H. Webb	(sign)
10-8-14 (date)	(date)