For	rm 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan			/ee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	-	uired to be filed under sections 104 and 4065 of the Employee			2013		
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).				ctions 6057(b) and 6058		This Form is Open to Public Inspection		
	nefit Guaranty Corporation	Complete all entries in accordate	nce with the instruc	tions to the Form 5500)-SF.	Inspection		
Part I	Annual Report Id ar plan year 2013 or fisca	Ientification Informational plan year beginning07/01/2013		and ending 0	6/30/2	2014		
A This return/report is for: A single-employer plan a multiple-employer plan (not multiemployer)						a one-participant plan		
B This return/report is:					onthe)			
an amended return/report a short plan year return/report (less than 12)					DFVC program			
C Check box if filing under:								
Part II	Basic Plan Inform	special extension (enter description) nation —enter all requested information	20					
1a Name					1b	Three-digit		
	RY OIL CO., INC. 401(I	<) PLAN				plan number		
					10	(PN) ► 001 Effective date of plan		
					10	07/01/1995		
		ess; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identification Number		
MONTGOM	ERY OIL CO., INC.				0.	(EIN) 64-0547054		
	96				2C	Sponsor's telephone number 662-844-6600		
P. O. BOX 6 TUPELO, MS					2d	Business code (see instructions)		
						424700		
3a Plan ad	dministrator's name and	address 🗙 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's EIN		
					3c	Administrator's telephone number		
		lan sponsor has changed since the last	t return/report filed fo	or this plan, enter the	4b	EIN		
name, EIN, and the plan number from the last return/report. a Sponsor's name				4c	DN			
· _ ·		the beginning of the plan year			40 5a	PN 11		
		the end of the plan year			5a 5b	9		
		count balances as of the end of the plan			50	9		
compl	ete this item)		•		5c	7		
		luring the plan year invested in eligible a				X Yes No		
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	,	er line 6a or line 6b, the plan cannot	,					
C If the p	lan is a defined benefit p	blan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?		Yes No Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed	unless reasonable cau	se is	established.		
		r penalties set forth in the instructions, I						
	dule MB completed and rue, correct, and comple	signed by an enrolled actuary, as well a te.	as the electronic vers	sion of this return/report,	and	to the best of my knowledge and		
	· · ·							
SIGN HERE			<u>├</u> ─────					
	Signature of plan adm	ninistrator	Date	Enter name of individu	ial sig	ning as plan administrator		
SIGN HERE								
	Signature of employe	r /plan sponsor ne, if applicable) and address; include r	Date	er (optional) Preparer's telephone number (optional)				
i iepaiei s		no, il applicable) and address, include l	Som of Suite Humbe		riep			
				-				

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Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Yea	r	(b) End of Year			
a Total plan assets	. 7a	254173	3	301290			
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	254173	3	301290			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
a Contributions received or receivable from:	0-(1)	2339					
(1) Employers	8a(1)	513					
(2) Participants	8a(2)	010	4				
(3) Others (including rollovers)	8a(3)	43182	2				
b Other income (loss)	8b	43102	2			FOREE	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)d Benefits paid (including direct rollovers and insurance premiums	8c			50655			
to provide benefits)	8d	3538	В				
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					3538	
i Net income (loss) (subtract line 8h from line 8c)	8i					47117	
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2H 2J 2K	feature code	es from the List of Plan Chara	acteristic	Codes in	the instructi	ons:	
b If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Charac	cteristic C	odes in t	he instructio	ns:	
Part V Compliance Questions	eature codes	from the List of Plan Charac					
Part V Compliance Questions 10 During the plan year:			cteristic C			ns: Amount	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 100 Participant 200 Participant Pa	tions within t	the time period described in ction Program)		s No X			
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution	tions within t uciary Correc ? (Do not inc	the time period described in ction Program)	Ye	s No			
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		1					
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	Part VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	Yes 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 of the PBGC?	control	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			13c(3) PN(s)				
Part	VIII Trust Information (optional)		•				
14a Name of trust MONTGOMERY OIL CO., INC. 401(K) PLA)				

Form 5500-SF		Short Form Annual Return/Report of Small Employee Benefit Plan				OMB Nos. 1210-0110 1210-0085		
	Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058			8(a) of This Form is		2013	
Employee Benefits Security Administration t			al Revenue Code (the	Code).			is Open to Public	
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550 Part I Annual Report Identification Information						I.	nspection	
	art Annual Report Id calendar plan year 2013 or fisca		07/01/2013			- / / A		
-	r			and ending		6/30/2014	· · · · · · · · · · · · · · · · · · ·	
-				olan (not multiemployer)		a one-partic	pant plan	
D	This return/report is:		the final return/report					
~	Ļ		a short plan year retu	im/report (less than 12 m	onths)		
C	C Check box if filing under:					DFVC progr	am	
-		special extension (enter description	1)			_		
	art II Basic Plan Inform	mation enter all requested inform	nation	······				
1a	Name of plan				1b	Three-digit	T	
	Montgomery Oil Co.,	Inc. 401(K) Plan				plan number	001	
	µnt naL ,				1c	(PN) ► Effective date of	1	
					07/01/1995			
2a	Plan sponsor's name and addr	ress; include room or suite number (er	mployer, if for a single	e-employer plan)	2b	Employer Iden	ification Number	
	Montgomery Oil Co.,	Inc.			L	(EIN) 64-05		
					2c	Sponsor's teler	phone number	
	P. O. Box 686					(662) 844-		
					2d		(see instructions)	
	Tupelo	MS 38802				424700		
Ja	Plan administrator's name and	address X Same as Plan Sponsor	Name Same as	Plan Sponsor Address	3b	Administrator's	EIN	
4	If the name and/or EIN of the r	plan sponsor has changed since the la	ast return/report filed	for this plan, enter the	4b	EIN		
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	DNI		
		t the beginning of the plan year			5a	7 FN	11	
b	Total number of participants at	t the end of the plan year	*****	***************************************	5b		Q	
С	Number of participants with ac	count balances as of the end of the pl	lan year (defined ben	efit plans do not				
~	complete this item)	******************	***********		<u>5c</u>			
6a		luring the plan year invested in eligible			********	************	X Yes No	
b	Are you claiming a waiver of th under 29 CFR 2520.104-46? (he annual examination and report of a See instructions on waiver eligibility a	لا بد بد ما فا ام مر مر م		,		X Yes No	
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
c		plan, is it covered under the PBGC in					Not determined	
Ca		······································		······································				
		r incomplete filing of this return/rep					- · · ·	
SB	or Schedule MB completed and ief, it is true, correct, and compl	er penalties set forth in the instruction d signed by an enrolled actuary, as we lete.	s, I declare that I hav all as the electronic ve	e examined this return/re ersion of this return/repor	port, i t, and	to the best of m	icable, a Schedule ly knowledge and	
SI	GN X AMMan Ger	m /	× 11.4-14	J. H. Montgomery				
1 H. W	ERE Signature of plan admin	X	Date	Enter name of individua			· · · · · · · · · · · · · · · · · · ·	
				Effer hante or mutvidua	្រទាំងព្រះ	ing as plan aum	INIStrator	
- 1. A. 1999	GN CERE Signature of employer/r		+					
		plan sponsor ame, if applicable) and address; includ	Date		al signing as employer or plan sponsor			
1 10	palers name (including intrina	me, ir appiicable) and address, includ	e room or suite nume	er (optional)	Prepa	arer's telephone	number (optional)	
					() (20) 994 (22) 192			

5500-SF Electronic Filing Authorization

Plan Name: Montgomery Oil Co., Inc. 401(K) Plan EIN/PN: 64-0547054/001 Plan Year: 07/01/2013 - 06/30/2014

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

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 (date)

Plan Spc