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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	า									
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/	/2015		and ending 12	2/31/2015						
A This ret	turn/report is for:	a single-employer plan	lis	t of participating emp	an (not multiemployer) ployer information in ac		-					
_		a one-participant plan		oreign plan								
B This retu	urn/report is	the first return/report	the	final return/report								
C Observed	have MCD and the day	an amended return/report			/report (less than 12 mo							
C Check I	box if filing under:	Form 5558	au	tomatic extension			OFVC progra	m				
		special extension (enter desc	cription)									
Part II		ormation—enter all requested in	nformatio	n			,					
1a Name	•					1b Three	_					
PARKMAN	COMPANIES 401(K)	PLAN				(PN)	number	001				
						/	tive date of p					
						10 2.1100	01/01/					
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.				2b Emple (EIN)		cation Number 24769				
	town, state or provin AN INSURANCE	ce, country, and ZIP or foreign pos	ital code	(if foreign, see instru	uctions)	2c Sponsor's telephone number 601-922-5632						
						2d Busin	ness code (se	ee instructions)				
P.O. BOX 22 CLINTON, M							52421	0				
3a Plan a	dministrator's name a	and address XSame as Plan Spor	nsor.			3b Admir	nistrator's El	N				
						3c Admir	nistrator's te	ephone number				
4 If the r	name and/or EIN of th	ne plan sponsor has changed since	the last	return/report filed fo	r this plan, enter the	4b EIN						
	, EIN, and the plan nu or's name	umber from the last return/report.				4c PN						
		s at the beginning of the plan year.				5a		87				
_		s at the end of the plan year			İ	5b		86				
C Numb	er of participants with	account balances as of the end of	f the plan	year (defined bene	fit plans do not	5c		52				
		articipants at the beginning of the p				5d(1)		87				
` '			-		j	5d(2)		81				
d(2) Total number of active participants at the end of the plan year							0					
		or incomplete filing of this retu				ıse is estab	olished.					
Under pena SB or Sche	alties of perjury and o	ther penalties set forth in the instru and signed by an enrolled actuary,	ıctions, I	declare that I have e	examined this return/rep	oort, includir	ng, if applical					
SIGN		d/valid electronic signature.		07/20/2016	TIMOTHY PARKMAN							
HERE	Signature of plan			Date	Enter name of individu		as plan admi	nistrator				
SIGN												

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second to /li>	an independand condition	dent qualified public a	ccount	ant (IQ	PA)				Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	etermined
Part III Financial Information	1								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Yea	r
a Total plan assets	7a		1135	304				13	882387
b Total plan liabilities	7b		4405	2004	-			4.0	200007
C Net plan assets (subtract line 7b from line 7a)	7c		1135	304					882387
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	8a(1)		99	048					
(2) Participants	8a(2)		152	944					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		27	317					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	279309
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		31	201					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		1	025					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								32226
i Net income (loss) (subtract line 8h from line 8c)	8i							2	247083
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instrud	tions:	
10 During the plan year:				Yes	No	N/A		Amou	unt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a	X					8280
b Were there any nonexempt transactions with any party-in-interest					X				
reported on line 10a.)			10b		^				
C Was the plan covered by a fidelity bond?			10c	X					250000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla									
			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g	X					90330
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						
j Did the plan trust incur unrelated business taxable income?			10j					_	
Part VI Pension Funding Compliance				•	-				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (302 of E	RISA?		Yes X No

	F	orm 5500-SF 2015 Page 3 - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing			
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui				
b	Enter t	ne minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c						
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d						
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A			
Part		Plan Terminations and Transfers of Assets			100	110	1471			
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No				
		s," 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 brough	ght under the co	ontrol		Yes X	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	: VIII	Trust Information								
14a	Name o	f trust		14b 1	Γrust's EIN	١				
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's			
Name of trustee of custodian						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	" enter amount		19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2015

This Form is Open to

OMB Nos. 1210-0110

1210-0089

Public Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** Part I 01/01/2015 and ending 12/31/2015 For calendar plan year 2015 or fiscal plan year beginning a multiple-employer plan (not multiemployer) (Filers checking this box must attach a X a single-employer plan list of participating employer information in accordance with the form instructions) A This return/report is for: a one-participant plan a foreign plan the final return/report the first return/report B This return/report is a short plan year return/report (less than 12 months) an amended return/report C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number 001 PARKMAN COMPANIES 401(K) PLAN (PN) ▶ 1c Effective date of plan 01/01/2006 2b Employer Identification Number 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 94-3424769 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Tim Parkman Insurance 601-922-5632 2d Business code (see instructions) P.O. Box 2220 524210 Clinton MS 39060 3b Administrator's EIN 3a Plan administrator's name and address XSame as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 87 5a Total number of participants at the beginning of the plan year..... 5b 86 b Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 52 5d(1) 87 d(1) Total number of active participants at the beginning of the plan year 5d(2)81 d(2) Total number of active participants at the end of the plan year..... e Number of participants that terminated employment during the plan year with accrued benefits that were less 5e 0 than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and and complete belief, it is true TIMOTHY PARKMAN 07/20/2016 SIGN HERE Enter name of individual signing as plan administrator Date Signature of plan administrator SIGN HERE Enter name of individual signing as employer or plan sponsor Date Signature of employer/plan sponsor Preparer's telephone number Preparer's name (including firm name, if applicable) and address (include room or suite number)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2015		Page Z									
6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of the annual examination and the annual examination	an indeper	ndent qualified public a	ccounta	ent (IQ	PA)			X		_	No No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)					•••••	X	res	П	NO
If you answered "No" to either line 6a or line 6b, the plan cann C If the plan is a defined benefit plan, is it covered under the PBGC in								l Not	detem	niner	ı
	isurance p				····· <u></u>		<u></u>				
Part III Financial Information	Γ				Т		# > = - d	-4.			_
7 Plan Assets and Liabilities	<u> </u>	(a) Beginning	of Yea 1,13!		1		(b) End		ar 1,38	2 3	97
a Total plan assets	7a		1,13.	3,30	╅─						<u> </u>
b Total plan liabilities	7b		1,13	5 30	4				1,38	2.3	87
C Net plan assets (subtract line 7b from line 7a)	7c			3,30	╫		/b) 1	Fotal			<u>-</u>
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	int		+		(1)	Otal			_
(1) Employers	8a(1)		9:	9,04	8		_				
(2) Participants	8a(2)		15	2,94	4						
(3) Others (including rollovers)	8a(3)						5.7				
b Other income (loss)	8b		2	7,31	7						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								27	9,3	09
d Benefits paid (including direct rollovers and insurance premiums			3	1,20	,						
to provide benefits)	8d				┪		•		-		
e Certain deemed and/or corrective distributions (see instructions)	8e		-	1,02	-						
f Administrative service providers (salaries, fees, commissions)	8f			1,02	+						_
g Other expenses	8g			-	╁	-			- 3	2,2	26
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				+-					7,0	
Net income (loss) (subtract line 8h from line 8c)	Ĭ				+			-		-,-	_
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j						<u> </u>				
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2G 3D 2F 2A B If the plan provides welfare benefits, enter the applicable welfare f											
Part V Compliance Questions				T							
10 During the plan year:				Yes	No	N/A		Am	ount		
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	/oluntary i	iduciary Correction	10a_	х		:				8,	28
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		х						
C Was the plan covered by a fidelity bond?			10c	Х					2	50,	. 0
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	end, that was caused	10d		х						
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of	the benefits under	10e		x						
f Has the plan failed to provide any benefit when due under the pla			10f		х						
0.1. Ali O. (16 10 / - 1) - Ali			10g	х	1					90,	3
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		х						
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i								
j Did the plan trust incur unrelated business taxable income?			10j								
Part VI Pension Funding Compliance											
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nents? (If	"Yes," see instructions	and co	mplete	Sche	dule SE	(Form		Yes	Π	No
11a Enter the unpaid minimum required contribution for all years from						. 11a					_
12 Is this a defined contribution plan subject to the minimum funding						302 of	ERISA?.	<u>.</u>	Yes	X	No

	Form 5500-SF 2015 Page 3 -				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e granting the waiver	enter the Day	e date of th	e letter ruli Year	ing
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<u>b</u>	Enter the minimum required contribution for this plan year	12b			
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 sign to the left of a negative amount)	12d	L		
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?		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 coof the PBGC?	ontrol		Yes 🛛	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): 13c(2)	EIN(s)		13c(3) P	N(s)
Part	VIII Trust Information				
14a	Name of trust	14b	Trust's EIN		
14c	Name of trustee or custodian	14d	Trustee's telephone		an's
Par	IX IRS Compliance Questions				
15a	Is the plan a 401(k) plan?	Ye	es	No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	bi	esign- ased safe arbor aethod	ADP test	P/ACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Ye	es	No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		atio ercentage est		erage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Y	es	No	
	Has the plan been timely amended for all required tax law changes?	. Y		No	N/A
	for tax law changes and codes).		ble code _		nstruction
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subje advisory letter, enter the date of that favorable letter and the letter's serial number		<u> </u>		or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter.				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?			No	
19	Were in-service distributions made during the plan year?	<u> </u>	es	No	
	If "Yes," enter amount	. 19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	Y	es	No	N/A