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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part i Annual Repo	ort identification information	<u> </u>		
For calendar plan year 2015 o	r fiscal plan year beginning 01/01	/2015 and ending 12	2/31/2015	
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac		
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)	
C Check box if filing under:	X Form 5558	automatic extension	DFVC	program
	special extension (enter desc	cription)		
Part II Basic Plan Ir	nformation—enter all requested in	nformation		
1a Name of plan WORSHAM BROTHERS 401(F	() PLAN		1b Three-digit plan numb (PN) ▶ 1c Effective d	er 001
			I Elicolive d	05/24/2000
Mailing address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.		2b Employer I (EIN)	dentification Number 64-0473969
City or town, state or prov WORSHAM BROTHERS	ince, country, and ∠IP or foreign pos	stal code (if foreign, see instructions)		telephone number 662-286-8446
ACCANITELL BOAR			2d Business of	code (see instructions)
12 CANTRELL ROAD CORINTH, MS 38834				238900
3a Plan administrator's name	and address Same as Plan Spor	nsor. TRELL ROAD	3b Administra	tor's EIN 64-0473969
WORSHAW BROTHERS		THELL ROAD TH, MS 38834	3c Administra	tor's telephone number
			6	62-286-8446
				02 200 0440
	the plan sponsor has changed since number from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN	
a Sponsor's name			4c PN	
5a Total number of participa	nts at the beginning of the plan year		5a	28
b Total number of participa	nts at the end of the plan year		5b	26
		f the plan year (defined benefit plans do not	5c	14
d(1) Total number of active	participants at the beginning of the p	olan year	5d(1)	23
d(2) Total number of active	participants at the end of the plan ye	ear	5d(2)	20
e Number of participants the	nat terminated employment during th	e plan year with accrued benefits that were less	5e	0
		rn/report will be assessed unless reasonable cau		
		actions, I declare that I have examined this return/re as well as the electronic version of this return/report		
belief, it is true, correct, and co		as the distribution of the folding open	.,	o, momougo una

09/13/2016

Date

Date

TERI GURLEY

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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

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

Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of employer/plan sponsor

SIGN

HERE

SIGN HERE

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 the your answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a secon	an indepen and conditi	ident qualified public a	account	ant (IQ	PA)		
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pi	rogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year
a Total plan assets	. 7a		230	781			207336
b Total plan liabilities	7b		220	781			207336
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		701			(b) Total
a Contributions received or receivable from:		(a) Alliot	anı				(b) Total
(1) Employers	8a(1)						
(2) Participants	8a(2)		6	640			
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		-1	686			4054
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						4954
to provide benefits)	. 8d		28	274			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f			125			
g Other expenses	. 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						28399
Net income (loss) (subtract line 8h from line 8c)	8i						-23445
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	ractorio	stic Co	ndes in th	ne instructions:
2E 2F 2J 3D	reature co	des from the List of 1 i	an Ona	iacieni	Sile Oc	ides III li	ie ilistructions.
B If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructions:
Part V. Committee of Committee							
Part V Compliance Questions				Yes	No	N/A	A
During the plan year:Was there a failure to transmit to the plan any participant contribution	ıtions withir	the time period		res	No	N/A	Amount
described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fi	duciary Correction	10a		X		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	X			30000
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.)	ne or all of	the benefits under	10e	X			1248
f Has the plan failed to provide any benefit when due under the pla					X		
g Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g		Χ		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		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	he required	I notice or one of the	10ii				
j Did the plan trust incur unrelated business taxable income?			10i				
Part VI Pension Funding Compliance			IUJ	<u> </u>]	<u> </u>	
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding							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
	rianio	of tubics of suctorial			telephone		a 11 0
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

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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

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

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part I Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan B This return/report is the first return/report the final return/report a short plan year return/report (less than 12 months) an amended return/report C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit WORSHAM BROTHERS 401(K) PLAN plan number 001 (PN) ▶ 1c Effective date of plan 05/24/2000 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 64-0473969 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Worsham Brothers 2c Sponsor's telephone number 662-286-8446 2d Business code (see instructions) 12 Cantrell Road 238900 Corinth MS 38834 3a Plan administrator's name and address | Same as Plan Sponsor. 3b Administrator's EIN WORSHAM BROTHERS 64-0473969 3c Administrator's telephone number 12 CANTRELL ROAD 662-286-8446 CORINTH 38834 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 28 b Total number of participants at the end of the plan year 5b 26 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) 14 d(1) Total number of active participants at the beginning of the plan year 5d(1) 23 d(2) Total number of active participants at the end of the plan year..... 5d(2) 20 e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested... 0 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 belief, it is true, correct, and complete SIGN TERI GURLEY HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN TERI GURLEY HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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 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 If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second to	an indeper	ndent qualified public a ions.)	ccount	ant (IC	PA)		
C If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar		/ł	o) End of Year
a Total plan assets	. 7a			0,78	1	1	207,336
b Total plan liabilities	. 7b						,
C Net plan assets (subtract line 7b from line 7a)	. 7c		23	0,78	1		207,336
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt	***************************************			(b) Total
Contributions received or receivable from: (1) Employers	8a(1)	``		***************************************			
(2) Participants	8a(2)	6,640		0			
(3) Others (including rollovers)	8a(3)						New york and the second and the second
b Other income (loss)	8b		-	1,68	6		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			132 142 133	4,9		
d Benefits paid (including direct rollovers and insurance premiums		имен чи к и потежности к муничения в верхи и реводи и без 20 год от дел дел в вой без дел дел в вой без дел де		- 15 K S S S S S S S S S S S S S S S S S S			
to provide benefits)	8d	28,2		8,27	4		
e Certain deemed and/or corrective distributions (see instructions)	8e			600 X 100			
f Administrative service providers (salaries, fees, commissions)	8f	125		5			
g Other expenses	8g		100-71-60	er seser kun	100000		
	8h					28,399	
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i					NEW PROPERTY OF THE PERSON NAMED IN CO.	-23,445
Part IV Plan Characteristics	8j				(Ve.25) (2005)		
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions			Onar			ies iii tile ii	istructions.
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х		Amount
b Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions			Х		
reported on line 10a.) C Was the plan covered by a fidelity bond?			10b	Х			
			10c	^			30,00
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		X		
e 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	s by an insurance	10e	Х			1,24
f Has the plan failed to provide any benefit when due under the plan	n?		10e		Х	AND THE CONTROL OF TH	
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		X		
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10h		Х	TOTAL SAIR	
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	ne required	notice or one of the	10i			1000 11000 11000 11000	
j Did the plan trust incur unrelated business taxable income?			10i			54.51	S COS OS ARCOSTORAS ACTUARIDOS MANOCO SE PLAS E POR
Part VI Pension Funding Compliance			,			<u> </u>	
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions a	ınd con	nplete	Sched	lule SB (Fo	orm Yes No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 40)			11a	
12 Is this a defined contribution plan subject to the minimum funding							SA? Yes X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	, and enter the	e date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		7001
b 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)		
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?		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 of the PBGC?	the control	Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	n(s) to	
13c(1) Name of plan(s):	3c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information		
14a Name of trust	14b 1	Γrust's ΕΙΝ
14c Name of trustee or custodian		Trustee's or custodian's telephone number
14c Name of trustee or custodian Part IX IRS Compliance Questions		
		telephone number
Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan?	Yeer De ha	telephone number
Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan? 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employee	Yee	s No esign- assed safe ADP/ACP arbor test ethod No
Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan? 15b 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)? 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))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b)	Yeer De ba	s No esign- ssed safe ADP/ACP arbor test ethod No atio Average benefit test
Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan? 15b 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)? 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)(iii))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Ye er	s No esign- assed safe ADP/ACP test ethod test No Average benefit test
Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan?	Ye er	s
Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan?	Ye er De ba ha minar Ye :	s
Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan? 15b 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)? 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)(iii))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b) 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? 17a Has the plan been timely amended for all required tax law changes? 17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is advisory letter, enter the date of that favorable letter and the letter's serial number.	Ye er De ba ha minar Ye :	s No esign- esed safe ADP/ACP ethod test atio No ercentage Average benefit test s No S No No N/A ole code (See instructions)
Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan?	Per the applicate subject to a farate of the plar	s No esign- esed safe ADP/ACP ethod test atio No ercentage Average benefit test s No S No No N/A ole code (See instructions)
Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan?	Per the applicate subject to a farate of the plan	s
Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan? 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employ matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 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))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b) 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? 17a Has the plan been timely amended for all required tax law changes? 17b Date the last plan amendment/restatement for the required tax law changes was adopted 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is advisory letter, enter the date of that favorable letter 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ii)(2) has been	Per De ha	s
Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan?	Yeer the applicate subject to a far ate of the plan	s