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

Ρ	art I Annual Repo	rt Identification Information	1							
For	calendar plan year 2015 o	r fiscal plan year beginning 01/01/	2015 and ending 12	2/31/2015						
Α	This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan							
В	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)						
	Check box if filing under:	Form 5558 special extension (enter description)		☐ DFVC p	rogram					
Pa	art II Basic Plan Ir	formation—enter all requested in	ntormation	1 -						
	Name of plan SSKOPF ELECTRICAL SU	PPLY COMPANY, INC. 401(K) P		1b Three-digit plan number (PN) ▶	. 001					
				1c Effective dat	e of plan 9/10/2007					
2a	Mailing address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.0		2b Employer Identification Number (EIN) 64-0699439						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ROSSKOPF ELECTRICAL SUPPLY COMPANY,					2c Sponsor's telephone number 228-864-3387					
					2d Business code (see instructions)					
2607 15TH AVENUE GULFPORT, MS 39501					335900					
3a Plan administrator's name and address Same as Plan Sponsor.				3b Administrator's EIN						
				3c Administrato	r's telephone number					
4		the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN						
а	Sponsor's name			4c PN						
5a	Total number of participa	nts at the beginning of the plan year.		5a	5					
b	Total number of participa	nts at the end of the plan year		5b						
С	Number of participants w complete this item)	ith account balances as of the end of	f the plan year (defined benefit plans do not	5c	5					
d	(1) Total number of active	participants at the beginning of the p	olan year	5d(1)						
_			ear	5d(2)						
е	Number of participants the than 100% vested	nat terminated employment during the	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 complete.

SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or 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 or line 6b. 	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)		□	
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 dete	rmined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year	
a Total plan assets	. 7a		402	2114			239	740
b Total plan liabilities	7b		400		-		000	740
C Net plan assets (subtract line 7b from line 7a)				2114			239	740
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total	
(1) Employers	8a(1)							
(2) Participants	8a(2)		1	872				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	. 8b		-2	2324				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							452
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		160	125				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f		1	797				
g Other expenses	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1619	922
i Net income (loss) (subtract line 8h from line 8c)	8i						-1623	374
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
B If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructions:	
10 During the plan year:				Yes	No	N/A	Amount	
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	/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?				Х				20000
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	^				30000
by fraud or dishonesty?			10d		Χ			
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 t	he benefits under	10e	X				35
f Has the plan failed to provide any benefit when due under the pla			10f		Χ			
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	X				44869
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		X			11000
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)								s 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 3	302 of E	RISA? Yes	s X No

	F	orm 5500-SF 2015 Page 3 - 1								
	_ `	s," 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, and granting the waiver						he letter rul Year	ing			
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day _		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 Trust's EIN						
14c Name of trustee or custodian						14d Trustee's or custodian's				
						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b	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)?					Design- based safe ADP/ACP harbor test method				
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	Ratio percentage benefit			rage 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?						No				
17a Has the plan been timely amended for all required tax law changes?						No	N/A			
17b Date the last plan amendment/restatement for the required tax law changes was adopted//. Enter the ap for tax law changes and codes).						(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	19 Were in-service distributions made during the plan year?				s	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)?					No	N/A			

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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I A	nnual Repor	t Identification Information			12/31/201	I E			
For calendar p	lan year 2015 or t	iscal plan year beginning	01/01/2015	and ending					
A This return.	report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must a list of participating employer information in accordance with the form instruction						
	•	a one-participant plan	a foreign plan						
B This return/	report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)				
C Check box	if filing under:	Form 5558	automatic extension		DFVC prog	gram			
		special extension (enter descr	iption)						
Part II E	asic Plan Inf	ormation—enter all requested inf	formation						
1a Name of p ROSSKOPF	lan ELECTRICAL	SUPPLY COMPANY, INC.	401(K) P	:	1b Three-digit plan number (PN) ▶	001			
					1c Effective date 09/10/200				
Mailing ad	dress (include ro	oyer, if for a single-employer plan) om apt., suite no. and street, or P.C). Box)		2b Employer Iden (EIN) 64-06				
City or tov	n, state or provin	ce, country, and ZIP or foreign posts	al code (if foreign see instr	uctions)	2c Sponsor's tele 228-864-3	•			
2607 151	H AVENUE				2d Business code 335900	Ree instructions)			
GULFPORT	nistrator's name a	MS 39501 and old X ame as Plan Spons		1 No	3.b / im nistrator's	EIN			
		gum		,	36 Administrator's	telephone number			
4 If the nam	e and/or EIN of the	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN				
a Sponsor's					4c PN				
		s at the beginning of the plan year	The british advantage for the strict of the sum of the	ostiliki i ceri i desembra i manaki i dir	. 5a				
		s at the end of the plan year			5b	5_			
c Number o	f narticinants with	account balances as of the end of	the plan year (defined bene	fit plans do not	5c	5			
d(1) Total n	umber of active p	articipants at the beginning of the pl	an year	rie 100 - cochabili jednoch coca 1910	5d(1)	5			
		articipants at the end of the plan yea			5d(2)	5			
e Number	of participants tha	t terminated employment during the	plan year with accrued ber	nefits that were less	5e	0			
Cardians A no	malty for the late	or incomplete filing of this return	n/report will be assessed	uniess reasonable cat	use is established.	icable a Schedule			
SB or Schedul	es of perjury and one of the series of perjury and one of the series of	other penalties set forth in the instruc- and signed by an enrolled actuary, a notete.	ctions, I declare that I have as well as the electronic ver	examined this return/report	t, and to the best of m	ny knowledge and			
SIGN	Zohn	Parkhajol	9-11-16	John Rosskopf					
Lucoc I	ignature of plan	administrator	Date	Enter name of individ	lividual signing as plan administrator				
SIGN									
HERE S	ionature of emp	loyer/plan sponsor	Date		me of individual signing as employer or plan sp				
Preparer's nar	ne (including firm	name, if applicable) and address (in	nclude room or suite numbe	r)	Preparer's telephon	e number			

Form 5500-SF 2015		Page 2								
 Were all of the plan's assets during the plan year invested in eligi 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 can If the plan is a defined benefit plan is it covered under the PBGC 	f an indepen and conditi not use For	dent qualified public a ons.) rm 5500-SF and mus	t instea	ant (IQ	PA) Form	5500.		X X Not		_
Part III Financial Information										
7 Plan Assets and Liabilities	T	(a) Beginnin	of Ye	аг	T		(b) End	of Ye	ear	
a Total plan assets	7a	(0)3		2,11	4		1.2		239	740
b Total plan liabilities	+		<u></u>							
C Net plan assets (subtract line 7b from line 7a)			40	402,114					239	740
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt					<u> Fotal</u>		
a Contributions received or receivable from:										
(1) Employers	8a(1)			1,87	3			<u> </u>		
(2) Participants	8a(2)			1,07	4					
(3) Others (including rollovers)	1 1			2,32	4	·				
b Other income (loss)	8b 8c			2732	┪-					-452
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	oc									
to provide benefits)	8d		16	0,12	5					
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f			1,79	7				····	
g Other expenses	T				_					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				+					1,922
i Net income (loss) (subtract line 8h from line 8c)	8i				_				-10	2,374
j Transfers to (from) the plan (see instructions)	8j				L					
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D B If the plan provides welfare benefits, enter the applicable welfare									: 	
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	iduciary Correction	10a		х					
b Were there any nonexempt transactions with any party-in-interes			406		х					•
reported on line 10a.)	•		10b	Х					-	30,000
C Was the plan covered by a fidelity bond?			10c	_ ^	ļ				-	
d Did the plan have a loss whether or not reimbursed by the plan's by fraud or dishonesty?	***************************************	***************************************	10d		Х					
Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of t	the benefits under	10e	х						35
f Has the plan failed to provide any benefit when due under the pl	an?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10f		х					
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	nd.)	10g	х						44,869
h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				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	her provided the required notice or one of the									
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)	ments? (If "Y	es." see instructions	and cor	nplete	Sched	iule SB	(Form		Yes	No
11a Enter the unpaid minimum required contribution for all years from						11a			<u> </u>	
12 Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of t	he Cod	e or se	ction	302 of E	RISA?		Yes	X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		<u></u>		
	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	nter the Day	e date of the	e letter ruli Year	ng
lf.	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		т		
b	Enter the minimum required contribution for this plan year	12b			
	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?	_ Ц	Yes	No	N/A
art	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?	ntrol		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): 13c(2)	EIN(s)		13c(3) P	N(s)
Part	VIII Trust Information				
	Name of trust	14b	Trust's EIN		
	Name of trustee or custodian		Trustee's of telephone		n's
Parl	IX IRS Compliance Questions				411
15a	Is the plan a 401(k) plan?	∐ Ye	:S	No	
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)?	ba ha	esign- ased safe arbor aethod	ADP test	/ACP
	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		No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	∐ p∈	atio ercentage est		rage 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?	Ye		∏No	h-1
	Has the plan been timely amended for all required tax law changes?	Ye		No (See it	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).				struction
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject 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	T			
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)?	Ye		No	
19	Were in-service distributions made during the plan year?	Ye	es	No	
	If "Yes," enter amount	19	<u> </u>		
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)?	Ye	3S	No	∏N/A