Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
REXCO, INC. OCCUPATIONAL INJURY PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 06/30/2008

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)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
REXCO, INC.

1104 MILDRED DRIVE
PORT LAVACA, TX 77979

1104 MILDRED DRIVE
PORT LAVACA, TX 77979

2b Employer Identification Number (EIN)
74-1467107

2c Plan Sponsor's telephone number
361-552-5371

2d Business code (see instructions)
237310

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/31/2016	JOHN W. HARRISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)
IVAN S CHEONG
EMPLOYER'S EDGE
508 TWILIGHT TRAIL, SUITE 201
RICHARDSON, TX 75080

Preparer's telephone number
972-437-1707

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	180
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	180
a(2) Total number of active participants at the end of the plan year	**6a(2)**	180
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	180
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	180
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4F 4H 4L

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	**(1)**	Insurance
(2)	Code section 412(e)(3) insurance contracts	**(2)**	Code section 412(e)(3) insurance contracts
(3)	Trust	**(3)**	Trust
(4) [X]	General assets of the sponsor	**(4)** [X]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [ ] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 4/1/2015 and ending 3/31/2016

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) _____

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 months).

C If the plan is a collectively-bargained plan, check here ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
Rexco, Inc. Occupational Injury Plan

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 6/30/2008

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)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

Rexco, Inc.

1104 Mildred Drive
Port Lavaca TX 77979

1104 Mildred Drive
Port Lavaca TX 77979

2b Employer Identification Number (EIN)
74-1467107

2c Plan Sponsor's telephone number
(361) 552-5371

2d Business code (see instructions)
237310

Electronic Filing Only

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 accompanying schedules, statements and attachments, 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 HERE	John W. Harrison	10/31/2016	John W. Harrison
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	John W. Harrison	10/31/2016	John W. Harrison
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Employer's Edge
Ivan S Cheong
508 Twilight Trail, Suite 201
Richardson TX 75080

Preparer's telephone number
(972) 437-1707

3a Plan administrator's name and address [X] Same as Plan Sponsor

Same

3b Administrator's EIN

3c Administrator's telephone number

4 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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	5	180
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	6a(1)	180
a(2)	Total number of active participants at the end of the plan year	6a(2)	180
b	Retired or separated participants receiving benefits	6b	
c	Other retired or separated participants entitled to future benefits	6c	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	6d	180
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f	Total. Add lines **6d** and **6e**	6f	180
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

Electronic Filing Only

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A, 4F, 4H, 4L

9a Plan funding arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [ ] Trust
- (4) [X] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [ ] Trust
- (4) [X] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) [ ] R (Retirement Plan Information)
- (2) [ ] MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) [ ] H (Financial Information)
- (2) [ ] I (Financial Information – Small Plan)
- (3) [ ] A (Insurance Information)
- (4) [ ] C (Service Provider Information)
- (5) [ ] D (DFE/Participating Plan Information)
- (6) [ ] G (Financial Transaction Schedules)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Electronic Filing Only

2015 Electronic Filing Information (5500/5500-SF)

Signature Method

☐ Option (1). Plan Admin., Sponsor and DFE (if applicable) are physically present and able to enter their UserID and PIN(s).

1. Indicate agreement with the DOL-required 'Filer Signature Agmt' statement below.
2. Enter their Name(s) and Signature Date(s) at the bottom of page 1 of Form 5500, or page 2 of Form 5500-SF.
3. Enter their DOL-assigned UserID and DOL-assigned PIN(s) in the appropriate field(s) below.

	User ID*	PIN	Date PIN Entered	Name
Plan Administrator				
Employer/Plan Sponsor				
Direct Filing Entity (DFE)				

*Note: User ID is an 8-character personal identifier assigned in EFAST2 registration by IREG. PIN is assigned by DOL for all registrants. See https://www.efast.dol.gov/portal/app/userCreate?execution=e1s1 for registration or PIN recovery info.

☒ Option (2). E-Signature: Practitioner will sign as Plan Administer according to expanded EFAST 2 Signature options

1. Print pages 1 and 2 of Form 5500 or 5500-SF to pdf, along with statement titled "Practitioner Signature Agmt" below. The Plan Admin, Sponsor/Employer and/or DFE on the pdf form should be that of the plan, without regard to these modified instructions.
2. Send these 3 pages to the Plan Administrator to physically sign and return to the practitioner.
3. Practitioner is to keep the "Practitioner Signature Agmt" on record.
4. Attach pages 1 and 2 of the Form 5500 or 5500-SF to this return via the 'E-File' - 'Attach PDF...' menu above, (selecting - '5500/SF pg 1 and 2 - Practitioner Signature'.)
5. On Form 5500 (or 5500-SF), edit the Plan Administrator signature date to reflect the same date as is shown in the 'Date PIN Entered' field below.
6. Create the 5500/SF Electronic file, resolve any red Error Check messages and transmit the return.

	User ID*	PIN	Date PIN Entered	Name
Practitioner Signing as Admin	A2065135	****	10/13/2016	Ivan S Cheong

*Note: User ID is an 8-character personal identifier assigned in EFAST2 registration by IREG. PIN is assigned by DOL for all registrants. See https://www.efast.dol.gov/portal/app/userCreate?execution=e1s1 for registration or PIN recovery info.

Filing ID

The Filing ID for this return will be computed automatically when you create the e-file and will be displayed here.

Filing ID: 74146710716101311225

Plan Information

Name of plan Rexco, Inc. Occupational Injury Plan			Plan number 501
Plan sponsor or employer's name Rexco, Inc.			EIN 74-1467107
Street address 1104 Mildred Drive			Telephone number (361) 552-5371
Location address 1104 Mildred Drive	In care of name		
City Port Lavaca	State TX	Zip Code 77979	Foreign country
Plan administrator's name	Telephone number		EIN
Street address	In care of name		
City	State	Zip Code	Foreign country

Paid Preparer (Enter data in the Preparer Manager)

Paid preparer's name Ivan S Cheong	Non-paid prep type	Check if self-employed ☐	Preparer's SSN or PTIN 629-14-8390
Firm's name Employer's Edge	Email address icheong@empedgeservices.cor		EIN 26-3152309
Address 508 Twilight Trail, Suite 201	Phone (972) 437-1707		Foreign Phone Number
City Richardson	State TX	ZIP code 75080	Foreign country

5500 EF Info - Practitioner Signature Agreement

Plan Administrator/Employer:

In accordance with expanded EFAST2 signature options, I, the Plan Administrator/Employer for the following plan:
Rexco, Inc. Occupational Injury Plan

give this written authorization to: Ivan S Cheong
to submit this return/report electronically and to sign this return/report with their EFAST2 UserID and PIN. I further acknowledge that an image of my manual signature will be included with the rest of the annual return/report posted by the DOL on the Internet for public disclosure.

John W. Harrison
Plan Administrator/Employer Name

Plan Administrator/Employer signature

Date

Practitioner:

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, true and correct pdf copies of the first page of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury and the second page of the completed Form 5500 or Form 5500-SF; (3) I advised the plan administrator/employer that by selecting this electronic signature option the pdf image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

I declare that I am authorized to make and sign this statement. [X] (Check "X" here)

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