Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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 Report	t Identification Information	1				
For calend	lar plan year 2015 or f	fiscal plan year beginning 07/01/2	2015	and ending 0	6/30/20)16	
A This re	eturn/report is for:	a single-employer plan	list of participating	r plan (not multiemployer) employer information in ac		_	
_		a one-participant plan	a foreign plan				
B This retu	turn/report is	the first return/report	the final return/repor	rt			
-		an amended return/report	a short plan year ret	turn/report (less than 12 m	nonths)	_	
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension	า		DFVC progr	ram
Part II	Basic Plan Info	ormation—enter all requested in	• ,				
1a Name	•	·			1b	Three-digit	
	MERY OIL CO., INC. 4	01(K) PLAN				plan number (PN)	001
					-	Effective date of	f plan 1/1995
Mailing	ng address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		a \		Employer Identif (EIN) 64-0	fication Number 547054
	or town, state or province ERY OIL CO., INC.	ice, country, and ZIP or foreign post	al code (if foreign, see in	structions)	2c	Sponsor's telepl	hone number 44-6600
					2d	Business code ((see instructions)
P. O. BOX 6 ^o TUPELO, MS						4947	700
UI LLO, IVIN						4247	
3a Plan a	administrator's name a	and address Same as Plan Spon	sor.		3b	Administrator's E	EIN
					3c	Administrator's t	telephone number
4 If the r	name and/or EIN of th	ne plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b	EIN	
	e, EIN, and the plan nu sor's name	umber from the last return/report.			4c	PN	
_		s at the beginning of the plan year					12
_	• •	s at the end of the plan year			5k		4
		n account balances as of the end of			-		
			' '	•	. 50	C	4
d(1) Tot	tal number of active pa	articipants at the beginning of the pl	lan year		. 5d((1)	9
		articipants at the end of the plan ye			5d((2)	0
e Numb	ber of participants that	at terminated employment during the	e plan year with accrued l	benefits that were less	56	e	0
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable ca			
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a nplete.					
SIGN		d/valid electronic signature.	11/17/2016	J.H. MONTGOMERY	,		

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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b	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 a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and must	ccount	ant (IQ	PA) Form	5500.			X Ye	s No
	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	∐ N	lot dete	rmined
Par	t III Financial Information	1				1					
	Plan Assets and Liabilities		(a) Beginning	•				(b) E	nd of		
	Total plan assets	7a		317	'208					115	5729
	Total plan liabilities	7b		217	208					115	729
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Ama-		200			/1-	\ T_4		1729
	Contributions received or receivable from:		(a) Amou	ınt				<u> (r</u>) Tot	aı	
	(1) Employers	8a(1)		1	033						
	(2) Participants	8a(2)		2	2408						
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		-6	0077						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-5	636
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		195	036						
е	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u> .	Administrative service providers (salaries, fees, commissions)	. 8f			807						
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									843
	Net income (loss) (subtract line 8h from line 8c)	. 8i								-201	479
	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension ^{2}H ^{2}J ^{2}K	teature co	odes from the List of Pi	an Cha	racteri	stic Cc	ides in 1	the ins	ructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	ic Cod	les in th	ne instr	uctior	ns:	
Part					I						
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period		Yes	No	N/A			Mount	ł
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					X					
	reported on line 10a.)			10b							
	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner person ne or all of	s by an insurance the benefits under	100		X					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e		X					
-				10f							
<u>g</u>	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.)			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		Χ					
Part	VI Pension Funding Compliance			•		•		•			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s X 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	requireme	ents of section 412 of the	he Cod	e or se	ction 3	302 of E	RISA	·	Ye	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.)					
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 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) • Will the minimum funding amount reported on line 12d be met by the funding deadline?						No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			Yes	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?		. Yes 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)?				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	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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part Annual Report Identific					
For calendar plan year 2015 or fiscal plan year	beginning	07/01/2015	and ending	06/30/2016	5
A This return/report is for: a one- B This return/report is: the first	e-employer plan participant plan t return/report ended return/report	a list of participating ellor a foreign plan the final return/report	an (not multiemployer) (I mployer information in a n/report (less than 12 m	ccordance with the for	
C Check box if filing under:	5558 extension (enter description	automatic extension		DFVC pro	gram
Part II Basic Plan Information	enter all requested inf	ormation			
1a Name of plan Montgomery Oil Co., Inc.	401(K) Plan	-		1b Three-digit plan number (PN) ▶	001
				1c Effective date 07/01/19	
2a Plan sponsor's name (employer, if for a s Mailing Address (include room, apt., suite City or town, state or province, country, a	e no. and street or P.O. Bo	x) ide (if foreign, see instruct	ions)	2b Employer Ide (EIN) 64-	ntification Number 0547054
Montgomery Oil Co., Inc.				2c Sponsor's tel (662) 84	4-6600
P. O. Box 686				20 Business coo 424700	le (see instructions)
US Tupelo MS 38802	X Same as Plan Spons			3b Administrator	
				3C Administrator	's telephone number
4 If the name and/or EIN of the plan sponsoname, EIN, and the plan number from the		ast return/report filed for t	nis plan, enter the	4b EIN	
a Sponsor's name				4c PN	
5a Total number of participants at the beginn	ning of the plan year	*******************************		5a	12
b Total number of participants at the end of	the plan year			5b	4
Number of participants with account bala complete this item)				5c	4
d(1) Total number of active participants at the	ne beginning of the plan ye	ar		5d(1)	9
d(2) Total number of active participants at the	ne end of the plan vear	***************************************	***************************************	5d(2)	0
e Number of participants that terminated er		•		5e	0
Caution: A penalty for the late or incompl	ete filing of this return/re	eport will be assessed u	niess reasonable caus	se is established.	
Under penalties of perjury and other penalties SB or Schedule MB completed and signed by belief, it is true, correct, and complete					
SIGN X 4HTChVaper		¥11-17-16	J. H. Montgome	ry	
HERE Signature of plan administrator		Date	Enter name of individua	al signing as plan adm	inistrator
SIGN X/14 /Ostgom	1	*			
HERE Signature of employer/plan spon		Date //-//-/6	Enter name of individua		
Preparer's name (including firm name, if appli	capie) and address; includ	e 100m of Suite Number		Preparer's telephor	e number

	Form 5500-SF 2015		Page 2			_				
6a	Were all of the plan's assets during the plan year invested in eligible as	sets? (Se	e instructions.)						X Yes N	
	Are you claiming a waiver of the annual examination and report of an in	•	•	nt (IQF	PA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and			*********	******	*******	•••••		X Yes N	ło
	If you answered "No" to either line 6a or line 6b, the plan cannot									
C	If the plan is a defined benefit plan, is it covered under the PBGC insur	ance prog	gram (see ERISA section 4	021)?		••••••	Ye	s [_]No	Not determi	ined
Pa	rt III Financial Information	,								
7	Plan Assets and Liabilities		(a) Beginning o	f Year		_		(b) End	of Year	
a	Total plan assets	7a	3:	17,2	80	4			115,729	
b	Total plan liabilities	7b				\bot				
_	Net plan assets (subtract line 7b from line 7a)	7c		17,2	80				115,729	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	<u> </u>					Total	-
а	(1) Employers	8a(1)		1,0	33			in it ji :	, et <u>1</u>	
	(2) Participants	8a(2)		2,4	08	121				
	(3) Others (including rollovers)	8a(3)					DOM.	e Pari		
b	Other income (loss)	8b	(:	9,07	7)	1		(
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							(5,636)	
	Benefits paid (including direct rollovers and insurance premiums	0-1	11	95,0	36			, i i i	A 1 1 5	6 27.0
	to provide benefits)	8d 8e		93,0	30	ı				
	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8f		8	07	1				
	A (1)	8g				T.				
	Other expenses	8h							195,843	
	Net income (loss) (subtract line 8h from line 8c)	8i							(201,479)	
	Transfers to (from) the plan (see instructions)	8i		-		0.000				
	rt IV Plan Characteristics	•,				1000				
b	2H 2J 2K If the plan provides welfare benefits, enter the applicable welfare feature	e codes fr	om the List of Plan Charac	teristic	Code	es in t	he insti	ructions:		
Pa	rt V Compliance Questions							. •		
Pa 10	During the plan year:				Yes		N/A	. •	Amount	_
	During the plan year:				Yes		FIRESPER		Amount	
10	During the plan year: Was there a failure to transmit to the plan any participant contribution	ntary Fidu	ciary Correction	10a	Yes		FIRESPER	. `	Amount	
10	During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volus Program) Were there any nonexempt transactions with any party-in-interest? (I	ntary Fidu	ciary Correction ude transactions		Yes	No	FIRESPER		Amount	
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volui Program) Were there any nonexempt transactions with any party-in-interest? (Direported on line 10a.)	ntary Fidu Do not incl	ciary Correction ude transactions	10b	Yes	No X	FIREMENT		Amount	
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volum Program) Were there any nonexempt transactions with any party-in-interest? (Directed on line 10a.) Was the plan covered by a fidelity bond?	ntary Fidu	ude transactions		Yes	No	FIREMENT		Amount	
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volui Program) Were there any nonexempt transactions with any party-in-interest? (Experience on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidely fraud or dishonesty?	o not incl	ude transactions that was caused	10b	Yes	No X	FIREMENT		Amount	
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? (Discreported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some or	o not included in the second of the second o	that was caused y an insurance benefits under	10b 10c 10d	Yes	No x x x	FIREMENT		Amount	
10 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volus Program) Were there any nonexempt transactions with any party-in-interest? (I reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fide by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of the plan? (See instructions.)	o not included in the second of the second o	that was caused y an insurance benefits under	10b 10c 10d	Yes	No x x x	FIREMENT		Amount	
10 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volue Program) Were there any nonexempt transactions with any party-in-interest? (Described on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidely fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of the plan? (See Instructions.)	o not included in the second of the second o	that was caused y an insurance benefits under	10b 10c 10d	Yes	No x x x	FIREMENT		Amount	
b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volus Program) Were there any nonexempt transactions with any party-in-interest? (I reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fide by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of the plan? (See instructions.)	Do not incl	that was caused y an insurance benefits under	10b 10c 10d	Yes	No x x x	FIREMENT		Amount	
b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? (Descripted on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of the plan? (See Instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of	ntary Fidu	that was caused y an insurance benefits under	10b 10c 10d 10e 10f	Yes	No x x x x x x x x	FIREMENT		Amount	
b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? (Descripted on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of the plan? (See Instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of If this is an individual account plan, was there a blackout period? (See	on not include the property of the persons because instruction of the person of the pe	that was caused y an insurance benefits under	10b 10c 10d 10e 10f 10g	Yes	No x x x x x x x x x x x x x x x x x x x	FIREMENT		Amount	
10 a b c c d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? (Discreported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of if this is an individual account plan, was there a blackout period? (See 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	Do not incl	that was caused y an insurance benefits under) ons and 29 CFR	10b 10c 10d 10e 10f 10g	Yes	No x x x x x x x x x x x x x x x x x x x	FIREMENT		Amount	
10 a b c c d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volu Program) Were there any nonexempt transactions with any party-in-interest? (I reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fide by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of If this is an individual account plan, was there a blackout period? (See 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3. Did the plan trust incur unrelated business taxable income?	Do not incl	that was caused y an insurance benefits under	10b 10c 10d 10e 10f 10g 10h	Yes	X X X X X	FIREMENT		Amount	
10	During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volur Program) Were there any nonexempt transactions with any party-in-interest? (I reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fide by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of 1f this is an individual account plan, was there a blackout period? (See 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3. Did the plan trust incur unrelated business taxable income?	ntary Fidu Do not incl Do not incl Ditty bond, Dersons b all of the gear end. e instruction equired no	that was caused y an insurance benefits under ons and 29 CFR otice or one of the	10b 10c 10d 10e 10f 10g 10h 10i 10j	e Sche	X X X X X X X X X	N/A			No
10	During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? (Descripted on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of the plan? (See Instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of If this is an individual account plan, was there a blackout period? (See 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3. Did the plan trust incur unrelated business taxable income? If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	ntary Fidu Do not incl Do not incl Ditty bond, Dersons b all of the Eyear end.	that was caused y an insurance benefits under ons and 29 CFR otice or one of the	10b 10c 10d 10e 10f 10g 10h 10i 10j	e Sche	X X X X X X X X	N/A			

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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 pl granting the waiver.	olan year, see instructions, and enter the date of the letter ruling Month
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), ar	
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 min	nus 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
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	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another of the PBGC?	
C If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	r plan(s), identify the plan(s) to
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s)
Part VIII Trust Information	
14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee or custodian's telephone number
	telephone number
Part IX IRS Compliance Questions	
15a Is the plan a 401(k) plan:	Yes No
1 (7)	Design-
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employe	ree deferrals and employer
matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	harbor test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the	"ourrent war
testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)	, 103 1140
2(a)(2)(ii))?	
ACCOUNTS AND ADMINISTRATION OF THE PROPERTY OF	Ratio
16a Check the box to indicate the method used by the plan to satisfy the coverage requiremen	nts under section 410(b): Percentage Test Average Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 40	01(a)(4) by combining Yes No
this plan with any other plans under the permissive aggregation rules? 17a Has the Plan been timely amended for all required law changes?	Yes No N/
17b Date of the last plan amendment/restatement for the required tax law changes was adopted	ted/Enter the applicable code(See
instructions for tax law changes and codes).	
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume su advisory letter, enter the date of that favorable letter / / and the	submitter plan that is subject to a favorable IRS opinion or eletter's serial number.
17d If the plan is an individually-designed plan and recieved a favorable determination letter from the determination letter from the plan is an individually-designed plan and recieved a favorable determination letter from the plan is an individually-designed plan and recieved a favorable determination letter from the plan is an individually-designed plan and recieved a favorable determination letter from the plan is an individually-designed plan and recieved a favorable determination letter from the plan is an individually-designed plan and recieved a favorable determination letter from the plan is an individually-designed plan and recieved a favorable determination letter from the plan is an individually-designed plan and recieved a favorable determination letter from the plan is an individually-designed plan and recieved a favorable determination letter from the plan is an individually-designed plan and recieved a favorable determination letter from the plan is an individually-designed plan and recieved a favorable determination letter from the plan is an individually-designed plan and recieved a favorable determination letter from the plan is a favorable determination from the plan is a favorable determination letter from the plan is a favorable determination from the plan is a favorable det	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA sect made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the	
19 Were in-service distributions made during the plan year?	
If Yes, enter amount	19
Were minimum required distributions made to 5% owners who have attained age 70 ½ (renot retired) as required under section 401(a)(9)?	egardless of whether or Yes No N/

5500-SF Electronic Filing Authorization

Plan Name:

Montgomery Oil Co., Inc. 401(K) Plan

EIN/PN:

64-0547054/001

Plan Year:

07/01/2015 - 06/30/2016

I hereby authorize Richard Bullock Jr.CPA 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

(sign)

(date)

Plan Sponsor

(sign)

(date)