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.

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

F	Part I Annual Rep	oort Identification Information			
Fo	r calendar plan year 2016	or fiscal plan year beginning 01/01/2	016 and ending 12	2/31/2016	
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 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	nonths)	
С	Check box if filing under:	Form 5558 special extension (enter descr	automatic extension	DFVC program	
Р	art II Basic Plan	Information—enter all requested inf	formation		
	Name of plan	CO., INC. 401(K) PROFIT SHARING F		1b Three-digit plan number (PN) ▶	001
				1c Effective date 08	e of plan 5/01/1997
	Mailing address (include	employer, if for a single-employer plan) e room, apt., suite no. and street, or P.O ovince, country, and ZIP or foreign posta CO., INC.		(EIN) 64 2c Sponsor's te	ntification Number -0525845 lephone number
	. BOX 99 RKVILLE, MS 39760				le (see instructions) 11210
3a	1 Plan administrator's nar	me and address 🛚 Same as Plan Spon	nsor.	3b Administrator	's EIN 's telephone number
4		of the plan sponsor has changed since to number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
а	3 Sponsor's name			4c PN	
5a				5a	1
t	·	pants at the end of the plan year		5b	1
C		with account balances as of the end of t	the plan year (only defined contribution plans	5c	
C	d(1) Total number of activ	e participants at the beginning of the pla	an year	5d(1)	1
C	d(2) Total number of activ	ve participants at the end of the plan yea	ar	5d(2)	
	than 100% vested	. , ,	plan year with accrued benefits that were less	5e	
			n/report will be assessed unless reasonable car		
SE		ted and signed by an enrolled actuary, a	ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor		

06/09/2017

Date

ANDREW GASTON

Enter name of individual signing as plan administrator

Filed with authorized/valid electronic signature.

Signature of plan administrator

SIGN HERE Form 5500-SF 2016 Page **2**

b Are you claiming a waker of the annual examination and report of an independent qualified public accountant (ICPA) under 29 CF 250:014-48 (See instructions on waker eligibility and conditions. \(\) If you answered "No" to either line 6 as or line 6b, the plan cannot use Form \$500-\$F and must instead use Form \$590. \(\) If you answered "No" to either line 6 as or line 6b, the plan cannot use Form \$500-\$F and must instead use Form \$590. \(\) No \(\) Not determined PATE III \(\) Financial Information 7. Plan Assats and Liabilities. \(\) 26 (a) Beginning of Year \(\) (b) End of Year \(\) 3 Total plan sasets such tabilities. \(\) 7a \(\) 250813 \(\) 216841 b Total plan assets (subtract fine 7b from line 7a). \(\) 7c \(\) 250813 \(\) 216841 8. Income. Expenses, and Transfers for this Plan Year \(\) (a) Amount \(\) (b) Total 8. Income. Expenses, and Transfers for this Plan Year \(\) (a) Amount \(\) (b) Total 8. Income. Expenses, and Transfers for this Plan Year \(\) 8a(1) \(\) 2340 \(\) 2340 \(\) (2) Participants. \(\) 8a(2) \(\) 2340 \(\) 3. Others (notinding relovers). \(\) 8a(2) \(\) 2340 \(\) 5 Total income (loss) \(\) 5 Total income (loss) \(\) 8b \(\) 1002 \(\) 8c(2) \(\) 8c(3) \(\) and 8b). \(\) 8c \(\) 6 Seneths paid (including direct rollowers and insurance premiums to provide benefits) \(\) 6 Seneths paid (including direct rollowers and insurance premiums to provide benefits) \(\) 6 Seneths paid (including direct rollowers and insurance premiums to provide benefits) \(\) 9 Other expenses. \(\) 8g \(\) 1 Transfers to Codes in the instructions: \(\) 1 Transfers to Codes in the instructions: \(\) 274 \(\) 27 \(\) 3 \(\) 3 \(\) 1 Transfers t	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	' (See instructions.)						X Yes	No
If you answered "No" to either line 6s or line 6b, the plan cannot use Form 5500-\$F and must instead use Form 5500.	b									X Yes	П №
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		,							
7 Plan Assets and Liabilities 7 Ra 200813 216841 a Total plan assets	С						_	-		Not deter	rmined
a Total plan issets	Pa	t III Financial Information									
a Total plan issets	7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of	Year	
C Net plan assats (subtract line 7b from line 7a)	а	Total plan assets	7a							216841	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b	Total plan liabilities	7b								
a Contributions received or receivable from: (1) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	7c		250813	3				216841	
(1) Employers				(a) Amour	nt				(b) Tot	al	
(2) Participants	а		90/1)								
(3) Others (including rollovers)					2340)					
b Other income (loss)		` '									
C Total income (add lines Ba(1), Ba(2), Ba(3), and 8b)		· · · · · · · · · · · · · · · · · · ·			16292						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		• • •								18632	
e Certain deemed and/or corrective distributions (see instructions). 8											
f Administrative service providers (salaries, fees, commissions)		,	8d		47585						
g Other expenses	<u>e</u>	,			E040						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u> </u>				5018	<u>'</u>					
Net income (loss) (subtract line 8h from line 8c)		·				_				E2604	
Transfers to (from the plan (see instructions)											
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		, , ,								-33972	
9a	_	, , , , ,	8j								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10		·	f = = 1	ales form the Link of Di	01				the Control		
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Эa		reature co	odes from the List of Pi	an Cna	racteri	Stic Co	oaes in	tne instruc	ctions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruct	ions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Par	t V Compliance Questions									
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No	N/A		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			itions withi	n the time period						7	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					100	X					2340
reported on line 10a.)	b	<u> </u>			IVa						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			,		10b		Х				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		X				
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	·			10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides some	ne or all of	the benefits under	10e		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla	n?	·····	10f		X				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
	h	·	•		10h		X				
	i				10i						

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Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and come 5500) and line 11a below)						es No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12	ERIS	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				f 		es X No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	ruotior	20.000	d ontor t	ho data	of the letter	ruling
	gran	ting the waiver	onth _	15, and	_ Day		Year _	
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			406			
<u> </u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the leastive amount)			12d			_
<u>e</u>	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	s X No)
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brouging of the PBGC?					Yes X	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifich assets or liabilities were transferred. (See instructions.)	y the p	plan(s)) to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	e of trustee or custodian					s or custodi ne number	an's
Part	: IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-based narbor	^t [l "Prior ye test	ar" ADP
		,,,,, p ,		"Curre	ent year test	,,	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
17a	If the	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS deter/ and the serial number	opinio	n letter	or advi	sory lett	ter, enter the	e date of
	letter		ter the	e date	of the m	nost rece	ent determir	nation
	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepace?		from	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s [No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0080

2016

S	Department of Labor Bondele Beauthy Arministration		Rovenuo Code (Ina Codo	17(b) and 6058(a) of II)).	IO, IMOITIBI	This Form is Open to Public inspection
***************************************	Benefit Gueranty Corporation		accordance with the instr	uctions to the Form	5500-8F.	Lania mahaanan
For calen	der plan year 2016 or f	t Identification Information lacal plan year beginning	01/01/2016	and ending	12/	27 /0/12
With the second	nol hinti Jan ex 14 -11	X a single-employer plan				31/2016 ling this box must attach a
A Thisin	eturn/report is for;	_				lih the form instructions.)
		a one-participant plan	a foreign plan.	18.000 T 0.000000000000000000000000000000		
B This re	lum/report la	the first return/report	the final return/report			
	Matter appears	an amended return/report	a short plan year return	ofrecori (less than 12)	months):	
C Check	c box if filling under;	200	-	nighter frame ment were	242	27 (HZ)
O DINGE	COOX II MIND DIVIDITY	Form 5558	automatic extension		DFVC pr	oftgu
Part II	Basic Blan Infe	special extension (enter desc enter all requested in	- #	***************************************		1981 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
1a Name		nungrion—avior an Lodnagrad iv	iomerion		1b Thron	minant company to think the state.
		ber Co., Inc. 401(k)	Profit			namper Hailait
Sharing		100 100 100 100 100 100 100 100 100 100	.1 200 2 2 2		(PN)	
						lve date of plan 01/1997
2a. Plan	sponsor's name (emple	yer, if for a single-employer plan)	The state of the s	emerina de mistra de antre e		yer Identification Number
Maliin	ng address (include roo or town, state or provinc	rn, apt., sulle no. and street, or P.C ce, country, and ZIP or foreign post). Box)	rictleriet:		64-0525845
East Mi	ississippi Lum	bor Co., Inc.	வ வே பிர பாவிர், தத்த மகிர்	Actous)		sor's telaphona number
		50 50 50 505 (*10505* 55				2) 323-3554 ess code (see instructions)
P. O. E	вож: 9'9				321.	
Starkvi	1 MARCHET SC 74		110	70 CO		
	A 21 A	nd address K Same as Plan Spor		39760	9 by Orderla	latrator's EIN
	A TIME TO A TIME TO A	To Design (2) South and the obox	IDOI:		- Aumin	lianardi a mira
					3C Maniidi	latrator's taláphona númbár
4 If the	name and/or EIN of the EIN, and the plan nu	e plan sponsor has changed since to the from the last return/report;	the last return/report filed to	r this plan, enter the	4b EIN	
	ore name	modification and caracteropicis			4c PN	350
5a Tolal	number of participants	at the beginning of the plan year	runniya manananan			
				hilds fliste bie fur brack an fantenner.	5a	1,7
C Numb	er of participants with					
	1-4- 421- 111	account balances as of the end of t	he plan year (only defined o	anelo nöltudhínos	. 5b	12
comp	lete this item)	account balancos as of the end of t	he plan your (only defined o	coniribution plans	5b 5c	125
comp d(1) Tot	lete this item) al number of active par	account balances as of the end of t	the plan year (only defined o	contribution plans	5b 5c 5d(1)	125
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