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

2016

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit TRUCKERS EXCHANGE, INC. RETIREMENT PLAN plan number 001 (PN) • 1c Effective date of plan 08/01/1982 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) 64-0465093 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number TRUCKERS EXCHANGE, INC. 601-939-6220 2d Business code (see instructions) 3049 HWY 80 EAST 488510 **PEARL, MS 39208 3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 19 5a Total number of participants at the beginning of the plan year 5b 19 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 18 5c complete this item)..... 16 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 15 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 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 Filed with authorized/valid electronic signature. 0/20/2017 MICHELE COOKSEY SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator

Date

Signature of employer/plan sponsor

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

SIGN HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2016 Page **2**

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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi ot use Fo	ndent qualified public a ions.) rm 5500-SF and mus	account t instea	ant (IC	PA) Form	5500.		Ŭ ▼ Y	es No
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐No	∐ Not d	etermined
<u>га</u> 7	rt III Financial Information Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End	l of Year	
<u>.</u>	Total plan assets	7a		752843				(b) Lilu	9140	94
	Total plan liabilities	7b		0						0
	Net plan assets (subtract line 7b from line 7a)	7c		752843					9140	94
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b)	Total	
а	Contributions received or receivable from:		, ,	75000						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		12136	_					
	(3) Others (including rollovers)	8a(3)		92065						
	Other income (loss)	8b		32003					1792	01
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							1792	.01
	to provide benefits)	8d		9375						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		8575						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							179	
i_	Net income (loss) (subtract line 8h from line 8c)	8i							1612	51
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2T $$ 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	nt
	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volume 1997).		•			X			7	
h	Program)			10a						
~	reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					75000
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 the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	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	he require	d notice or one of the	10i						

Form	5500	-SF	201	6

Page 3-	1
---------	---

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						∕es X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		T		
<u>b</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 l tive amount)			12d			
		he 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	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	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 brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t 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:	- LL ;		n-based narbor	^d [Prior ye test	ear" ADP
			ΙП '	"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
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
18	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 sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s [No	

-		Identification Information				
For	calendar plan year 2016 or fi	scal plan year beginning	10/01/2016	and ending	09/30/2017	
Α	This return/report is for:	x a single-employer plan a one-participant plan		an (not multiemployer) mployer information in a		
В	This return/report is:	the first return/report	the final return/report			
		an amended return/report	<u> </u>	n/report (less than 12 n	nonths)	
С	Check box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC pro	gram
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		The state of the s	
-	art II Basic Plan Info Name of plan	ormation enter all requested	information		1b Three-digit	
-	•	Inc. Retirement Plan			plan number	
	and an amount of the second of				(PN) ► 1c Effective date	001
					08/01/19	
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign post		ructions)	2b Employer Id (EIN) 64-	entification Number 0465093
	Truckers Exchange,		ar dodd (i'r lordgar) ddd i'r lord	acaone,	2c Sponsor's te (601) 93	,
	3049 Hwy 80 East				2d Business co 488510	de (see instructions)
	US Pearl MS 39208					
3a	Plan administrator's name a	and address 🗵 Same as Plan Sp	onsor		3b Administrato	or's EIN
- 4		ne plan sponsor has changed since Imber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN	or's telephone number
a	Sponsor's name				4c PN	
5a	Total number of participants	s at the beginning of the plan year	*******************************			19
b		s at the end of the plan year			5b	19
С	, ,	account balances as of the end of			5c	18
d	Total number of active pa	articipants at the beginning of the pla	an year		5d(1)	16
d	(2) Total number of active pa	articipants at the end of the plan yea	T	*****************	. 5d(2)	15
e	Number of participants that less than 100% vested .	terminated employment during the	plan year with accrued ber	efits that were	. 5e	
C	aution: A penalty for the lat	e or incomplete filing of this retur	n/report will be assessed	unless reasonable ca	ause is established	•
S		other penalties set forth in the instru and signed by an enrolled actuary, mplete.				
,	SIGN Mull	Cook	10-20-17	Michele Cookse	У	
8.333	IERE Signature of plan ad	Market Warner State Control of Control or Co	Date	Enter name of individe	ual signing as plan a	dministrator
	I was the	Cooh	10-20-17	Michele Cookse		
1000	SIGN Signature of employ		Date	Enter name of individu	·	ver or plan sponsor
(E) E23	1 - 0	name, if applicable) and address (i	Last States		Preparer's teleph	
	kip this question	The state of the s		,	Skip this qu	

	If you answered "No" to either line 6a or line 6b, the plan canno									
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	1 402	1)? .	[Yes	□ No □ N	lot determined	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities	2 12 12 4	(a) Beginning of	f Year	•		()	b) End of Yea	r	
а	Total plan assets	. 7a	7.5	52,84	43			9	14,094	
b	Total plan liabilities	7b			0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	7.5	52,8	43			9	14,094	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	-	75,0	00					
	(2) Participants	8a(2)		12,1	36			Series :		
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	. 8b	9	92,0	65					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	79,201	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		9,3	75					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f		8,5	7.5					
g	Other expenses	8g		aus ola so	rain more					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		e i e e e e					17,950	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					161,251			
į.	Transfers to (from) the plan (see instructions)	. 8j			,					
-	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for	eature code	es from the List of Plan Cl	naract	eristic	Code	es in the	instructions:		
	2E 2F 2G 2J 2T 3D				***		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code:	s from the List of Plan Cha	aracte	ristic	Code	s in the in	structions:		
ъ.	int V Compliance Questions				·····	·····	· · · · · · · · · · · · · · · · · · ·			
10	During the plan year:				Yes	No	N/A	Amo		
a		tions withir	the time period	T	169	110		Allio	uiit	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program)	*******	****************************	10a		x				
b	Were there any nonexempt transactions with any party-in-interest	,								
	reported on line 10a.)			10b		X				
			***************************************	10c	X	<u> </u>			75,000	
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth	er persons	s by an insurance			†				
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		x				
f	Has the plan failed to provide any benefit when due under the plan	n?	***************	10f		x				
ç	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х				
ŀ										
	2520.101-3.)			10h		X				
Í	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		<u> </u>				

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500 and line 11a below)	d complete	Schedule	SB		Yes 🛚	No
11a	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or se	ction 302	of		Yes 🗓	No No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	W	***************************************				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see it	instructions					ing
IF :	granting the waiver		D.	ау	Ye	ar	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			T			
b	Enter the minimum required contribution for this plan year.	*********	. 12b				
С	Enter the amount contributed by the employer to the plan for the 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 negative amount)		. 12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	************	. _	Yes [] No	□ N	/A
E-CHIPPINE	t VII Plan Terminations and Transfers of Assets			***************************************			
13a	A 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 bro	ought under	the		Yes	X No)
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	ntify the pla	n(s) to				
1	3c(1) Name of plan(s):	13c(2	EIN(s)		13	c(3) PN	(s)
Par	Mill Trust Information Skip These Overtices					***************************************	
	Name of trust		14b	Trust's E	IN		-
14a				Trust's E	or custo		
14a	Name of trustee or custodian			Trustee o	or custo		
14a	Name of trust Name of trustee or custodian IRS Compliance Questions - Skip These Questions		14d	Trustee o	or custo	per	
14a 14a Part	Name of trust Name of trustee or custodian INSTANCE Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b.		14d	Trustee of telephone	or custo	No No	
14a 14a Part	Name of trust Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		14d Yes Design-b	Trustee of telephone	or custo	Na "Prior ye	əar" ADP
14a 14a Part	Name of trust Name of trustee or custodian INSTANCE Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b.		Yes Design-b safe hart	Trustee of telephonological telephonolog	or custo	No "Prior yetest	əar" ADP
14a 14a 14a 15a 15b	Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Yes Design-b safe hart "Current ADP test	Trustee of telephonological telephonolog	or custo	Na "Prior ye	əar" ADP
14a 14a 14a 15a 15b	Name of trust Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-b safe hart "Current ADP test Ratio percenta	Trustee of telephonological telephonolog	or custo	No "Prior youtest N/A	ear" ADP
14a 14a 14a 15a 15b	Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Yes Design-b safe hart "Current ADP test Ratio	Trustee of telephonological telephonolog	Avera	No "Prior youtest N/A	processor
14a 14a 14a 15a 15b 16a	Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	1	Yes Design-b safe hart "Current ADP test Ratio percenta test Yes	Trustee of telephone	Avera	No "Prior yetest N/A uge it test	□ N/A
14a 14a 14a 15a 15b 16a 16b 17a	Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4 for the plan year by combining this plan with any other plan under the permissive aggregation rules? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IF	1	Yes Design-b safe hart "Current ADP test Ratio percenta test Yes	Trustee of telephone assed por year"	Averabenef	No "Prior yetest N/A uge it test No	N/A
14a 14a 14a 15a 15b 16a 16b 17a	IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4 for the plan year by combining this plan with any other plan under the permissive aggregation rules? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable If the letter / / and serial number	4) Sopinion I	Yes Design-b safe hart "Current ADP test Ratio percenta test Yes etter or act	Trustee of telephone assed por year"	Avera benefular, ent det	No "Prior yetest N/A uge it test No	N/A