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Entry operation Revenue Code (the Code). This Form is Open to Puesion Bandit Guaranty Corporation Part I Annual Report Identification Information an antiple early corporation and ending 03/31/2018 A This return/report is for: a single-employer plan a nulliple-employer plan (not multipency) (Filers checking this box must attach a list of participant gemployer information in accordance with the form instructions.) B This return/report is for: a one-participant plan a foreign plan B This return/report is the first return/report a short plan year return/report a short plan year return/report C Check box if filing under: Form 5558 automatic extension DFVC program Special extension (netter description) DFVC program 001 1c An ame of plan 1b Three-digit plan number 001 INTED WAY OF SOUTHEAST MISSISSIPPI RETIREMENT PLAN 2b Employer Identification Number (EIN) 64-0410475 City or town, state or provine, country, and ZIP or foreign postal code (if foreign, see instructions) 813000 813000 I'O BOX 1648 ATTLEB MAY OF SOUTHEAST MISSISSIPPI RETIREMENT PLAN 3b Administrator's EIN 3c Ci D BOX 1648 ATTLEB MAY OF SOUTHEAST MISSISSIPPI RE
Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 03/31/2018 A This return/report is for: a one-participant plan a toreign plan a toreign plan b a single-employer plan a toreign plan b a single-employer plan a toreign plan b a one-participant plan a toreign plan b This return/report is for: a one-participant plan a toreign plan b This return/report a a one-participant plan a toreign plan b This return/report a a one-participant plan a toreign plan b This return/report a a one-participant plan a toreign plan b This return/report a a one-participant plan a toreign plan b This return/report a a one-participant plan a toreign plan b This return/report a a mended return/report a short plan year return/report a anonthis C Check box if filing under: b Form 5558 a untomatic extension b DFVC program b Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan unitED WAY OF SOUTHEAST MISSISSIPPI RETIREMENT PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 04/01/1983 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, a, suite on and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NITED WAY OF SOUTHEAST MISSISSIPPI C Sponsor's telephone number (EIN) d Business code (see instructions) sl3000 a anoneign pos
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a Sponsor's name 4d PN C Plan Name
5a Total number of participants at the beginning of the plan year
b Total number of participants at the end of the plan year
C Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 6
d(1) Total number of active participants at the beginning of the plan year
d(2) Total number of active participants at the end of the plan year
e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 1
than 100% vested
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.
SIGN Filed with authorized/valid electronic signature. 08/15/2018 TRACIE FOWLER
HERE 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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

6a	Were all of the plan's assets during the plan year invested in eligib			X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year (b) En	d of Year
а	Total plan assets	7a	100316	127036
b	Total plan liabilities	7b		

<u> </u>	rotar plan habilities	70		
С	Net plan assets (subtract line 7b from line 7a)	7c	100316	127036
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	21290	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	5430	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		26720
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		26720
j	Transfers to (from) the plan (see instructions)	8j	0	
Pa	rt 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:
	2C 3D

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:	Yes	No	Amount
а	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) 10	a	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	х	
С	Was the plan covered by a fidelity bond?	c X		1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10	d	x	
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.)10	e	x	
f	Has the plan failed to provide any benefit when due under the plan?	f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	g	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3)i		

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Page 3- 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple rm 5500) and line 11a below)	te Sch	edule S	B		Yes 🗌 I	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	section	n 302 o	f		Yes 🗌 I	No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructio nting the waiver		d enter Da		of the lett _ Year		_
If y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			-			
b	Ente	r the minimum required contribution for this plan year		12b			212	:90
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				0
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	a	12d			212	290
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		X	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	X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unc trol of the PBGC?	ler the] [Yes	X No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the ch assets or liabilities were transferred. (See instructions.)	plan(s)) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)	

Form 5500-SF							
	Short Form Annu		of Small Employee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		Benefit Plan his form is required to be filed under sections 104 and 4065 of the Employee Retir					
Department of Labor Employee Benefits Security Administration	57(b) and 6058(a) of the Internal e).	This Form is Open to Public Inspection					
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 5500-SF.	i ubile inspection			
	t Identification Information						
For calendar plan year 2017 or	fiscal plan year beginning	04/01/2017	and ending 03/	31/2018			
A This return/report is for:	X a single-employer plan ☐ a one-participant plan		an (not multiemployer) (Filers chec nployer information in accordance v				
B This return/report is	the first return/report						
	an amended return/report	the final return/report	n/report (less than 12 months)				
C Check box if filing under:	☐ Form 5558	automatic extension		rouram			
	special extension (enter descri			Jogram			
Part II Basic Plan Inf	formation-enter all requested info	. /					
	ormationenter all requested inf	omation					
1a Name of plan			1b Three				
NITED WAY OF SOUTH	EAST MISSISSIPPI RETIR	EMENT PLAN	(PN)	number 001			
			1c Effe	ctive date of plan			
			04/0)1/1983			
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O		(FIN	loyer Identification Number) 64-0410475			
City or town, state or provir UNITED WAY OF SOUTH	nce, country, and ZIP or foreign posta HEAST MISSISSIPPI	al code (if foreign, see inst	ructions) 2c Spo	2c Sponsor's telephone number 601-545-7141			
P O BOX 1648			20 Busi 8130	ness code (see instructions)			
			0130				
HATTIESBURG	NG 0000000000						
	MS 39403-1648	8					
	and address X Same as Plan Spon		3b Adm	inistrator's EIN			
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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).	X Yes 🗌 No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	🛛 Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🗌 Yes 📋 No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)

Part III Financial Information					
7 Plan Assets and Liabilities		(a) Beginning of	Year		(b) End of Year
a Total plan assets	7a	1	0,316		127,036
b Total plan liabilities	7b]	5	
C Net plan assets (subtract line 7b from line 7a)	7c	1	0,316		127,036
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)		1,290		
(2) Participants	8a(2)		0		
(3) Others (including rollovers)	8a(3)		0		
b Other income (loss)	8b		5,430		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				26,720
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0		
e Certain deemed and/or corrective distributions (see instructions)	8e		0		
f Administrative service providers (salaries, fees, commissions)	8f		0		
g Other expenses	8g		0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
i Net income (loss) (subtract line 8h from line 8c)	8i				26,720
j Transfers to (from) the plan (see instructions)	8j		0		
Part IV Plan Characteristics					
9a If the plan provides pension benefits, enter the applicable pension 2C 3D	n feature cod	es from the List of Plan	Character	istic Codes i	n the instructions:
b If the plan provides welfare benefits, enter the applicable welfare	feature code	s from the List of Plan (haracteri	stic Codes in	the instructions:
Part V Compliance Questions					
10 During the plan year:			Yes	No	Amount
a Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program).	Voluntary Fig	luciary Correction	0a	x	
b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)	st? (Do not in	clude transactions	0b	х	
c Was the plan covered by a fidelity bond?			Oc X		1,000,000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			0d	х	
e Were any fees or commissions paid to any brokers, agents, or o	ther persons	by an insurance			
carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of th	ne benefits under	0e	х	

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10f

10g

10h

10i

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.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

exceptions to providing the notice applied under 29 CFR 2520.101-3