_	rm 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089						
	Innal Revenue Service	This form is required to be filed			2017					
	Pepartment of Labor Benefits Security Administration	Income Security Act of 1974 (7(b) and 6058(a) of the I).	Internal	This Form is Open to					
Pension B	enefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I		Identification Information								
For calence	lar plan year 2017 or fis	scal plan year beginning 01/01/20			/31/2017					
A This re	turn/report is for:	X a single-employer plan	list of participating em			king this box must attach a with the form instructions.)				
	the second is	a one-participant plan	a foreign plan							
	urn/report is	the first return/report	n/report I the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)					
C Check	box if filing under:	X Form 5558	automatic extension	[DFVC p	rogram				
		special extension (enter descri	ption)							
Part II	Basic Plan Info	rmation—enter all requested info	ormation							
1a Name	•				1b Three					
WORSHAM	BROTHERS 401(K) P	LAN			plan (PN)	number 001				
				-	· /	tive date of plan				
						05/24/2000				
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)		2b Employer Identification Number (EIN) 64-0473969					
	r town, state or provinc BROTHERS	e, country, and ZIP or foreign posta	I code (if foreign, see instr	uctions)	2c Sponsor's telephone number 662-286-8446					
					2d Busir	ness code (see instructions)				
12 CANTRE CORINTH, M						238900				
	10 30034									
	administrator's name ar				3b Administrator's EIN 64-0473969					
WORSHAM	BROTHERS	12 CANTR CORINTH,	ELL ROAD MS 38834		3c Administrator's telephone number					
						662-286-8446				
4 If the	name and/or EIN of the	e plan sponsor or the plan name ha	s changed since the last re	eturn/report filed for	4b EIN					
this p	lan, enter the plan spo	nsor's name, EIN, the plan name ar			4d PN					
C Plan I	sor's name Name				40 PN					
• Harr	lano									
5a Total	number of participants	at the beginning of the plan year			5a	20				
		at the end of the plan year			5b	18				
		account balances as of the end of th			5c	2				
d(1) Tot	tal number of active pa	rticipants at the beginning of the pla	n year		5d(1)	15				
• •		rticipants at the end of the plan yea			5d(2)	14				
		terminated employment during the			5e	0				
Caution:	A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau						
SB or Sch	alties of perjury and ot edule MB completed an true, correct, and comp	her penalties set forth in the instruct nd signed by an enrolled actuary, as plete	tions, I declare that I have s well as the electronic ver	examined this return/rep sion of this return/report,	ort, includi , and to the	ng, if applicable, a Schedule best of my knowledge and				
SIGN		valid electronic signature.	09/13/2018	TERI GURLEY						
HERE	Signature of plan a		Date	Enter name of individu	al signing	as plan administrator				
SIGN					<u> </u>					
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor				
Ese Demen		a and the Instructions for Form FEOD	05			Form 5500 SE (2017)				

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

Form 5500-SF (2017) v.170203

6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	b 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.)										
с	C 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										
D -				-				· · ·			
_ Ра	rt III Financial Information										
	Plan Assets and Liabilities		(a) Beginning ((b) End				
<u>a</u>	Total plan assets	7a	1	71896				154988			
<u>b</u>	Total plan liabilities	7b		74000				454000			
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		71896				154988			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) 1	Fotal			
а	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)		1540							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		19822							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						21362			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	niums									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	f Administrative service providers (salaries, fees, commissions)		8f 150								
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						38270			
i	Net income (loss) (subtract line 8h from line 8c)	8i						-16908			
j	Transfers to (from) the plan (see instructions)	8j									
Ра	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2J $$ 3D	feature co	odes from the List of Pl	an Chai	racteri	stic Co	des in the ins	tructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amount			
а	Was there a failure to transmit to the plan any participant contribu										
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		x					
b	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.). 	? (Do not	include transactions	10b		X					
c	C Was the plan covered by a fidelity bond?			10c	х			30000			
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	100		Х		00000			
e	by fraud or dishonesty?							813			
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					

Х

Х

10g

10h

10i

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

i

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.....

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Part	VIF	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500) and line 11a below)	Sche	dule S	SB		Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ? 	tion	302 o	f	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver.	and	enter _ Da		of the le		uling
If y	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	6 X	No	
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) ℕ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)

	rm 5500-SF	Short Form Anna	ual Return/Repor Benefit Plan	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089			
	artment of the Treasury rnal Revenue Service	This form is required to be fil	This form is required to be filed under sections 104 and 4065 of the Employee Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).						
D Employee B	epartment of Labor Senefits Security Administration								
Pension B	enefit Guaranty Corporation	 Complete all entries in 	accordance with the inst	,	500-SF.	Public Inspection			
Part I		ldentification Information							
For calend	iar plan year 2017 or f	iscal plan year beginning	01/01/2017	and ending	12/3	1/2017			
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p list of participating e	elan (not multiemployer) (mployer information in ac	Filers check	ing this box must attach a ith the form instructions.)			
D m		a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/report		:				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pr	rogram			
		special extension (enter des	cription)			-			
Part II	Basic Plan Info	ormation-enter all requested in	nformation						
1a Name		·			1b Three	e-digit			
WORSHAM	BROTHERS 401	(K) PLAN				number 001			
					(PN)				
						tive date of plan 4 / 2 0 0 0			
Mailin	g address (include roo	over, if for a single-employer plan) om, apt., suite no. and street, or P.	O, Box)		2b Employer Identification Number (EIN) 64 - 0473969				
Worsha	m Brothers	ce, country, and ZIP or foreign pos	stal code (if foreign, see ins	tructions)		sor's telephone number 286 - 8446			
12 Cant	trell Road					ess code (see instructions)			
Corint	n	MS 38834							
	administrator's name a	nd address Same as Plan Spo	DNSOr.			nistrator's EIN 73969			
12 CANT	RELL ROAD					nistrator's telephone number 86-8446			
CORINTH	[MS 38834							
4 If the	name and/or EIN of th	e plan sponsor or the plan name h	has changed since the last	return/report filed for	4b EIN				
	sor's name	onsor's name, EIN, the plan name	and the plan number from	the last return/report.	4d PN				
c Plan N	Name								
				·····	F -				
		s at the beginning of the plan year			5a 5b	20			
		s at the end of the plan year account balances as of the end o			5b	18			
comp	lete this item)				5c	2			
		articipants at the beginning of the p			5d(1)	15			
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ear		5d(2)	14			
than	100% vested	o terminated employment during th			5e	0			
Caution: A	A penalty for the late	or incomplete filing of this return	rn/report will be assessed	unless reasonable cau	use is estab	lished.			
SB or Sche	alties of perjury and o edule MB completed a true, correct, and gom	ther penalties set forth in the instru and signed by an enrolled actuary, aplete.	actions, I declare that I have as well as the electronic ve	e examined this return/re ersion of this return/repor	port, includir t, and to the	ng, if applicable, a Schedule best of my knowledge and			
SIGN	Dere De	<i>k</i>	9/13/18	TERI GURLEY		·····			
HERE	Signature of plan,	administrator	Date	Enter name of individ	ual sianina a	as plan administrator			
SIGN	Ju a	4 Ola	9/13/18	TERI GURLEY					
HERE	Signature of emplo		Date	Enter name of individ	ual signing a	as employer or plan sponsor			
For Paperw	ork Reduction Act Noti	ce, see the Instructions for Form 550	00-SF.		<u> </u>	Form 5500-SF (2017) v.170203			

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
b	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.)	X 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.	
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
	rt III Financial Information	

_7					- T			
	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year	
а	Total plan assets	7a		171,	896			154,988
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		171,	896			154,988
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)		1,	540			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		19,	822			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						21,362
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		38,	120			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f			150			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						38,270
i	Net income (loss) (subtract line 8h from line 8c)	8i						-16,908
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
b Pai	2E 2F 2J 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions	eature coc	les from the List of Plar	n Chara	acteris	ic Codes	in the instructions:	
10	During the plan year:					No		
	 Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V 	tione withi			Yes		Amount	
	Program)	oluntary F	iduciary Correction	10a	Yes	x	Amount	
k		oluntary F ? (Do not	iduciary Correction	10a 10b	Yes		Amount	
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	oluntary F ? (Do not?	iduciary Correction		X	x	Amount	30,000
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	oluntary F ? (Do not fidelity bo	include transactions nclude transactions nd, that was caused	10b		x	Amount	30,000
C	 Were there any nonexempt transactions with any party-in-interest 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 	(oluntary F ? (Do not fidelity bo ner person ne or all of	include transactions include transactions nd, that was caused s by an insurance the benefits under	10b 10c		X X	Amount	30,000 813
C	 Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty? 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.) 	(oluntary F ? (Do not fidelity bo ner person ne or all of	include transactions include transactions nd, that was caused s by an insurance the benefits under	10b 10c 10d	X	X X	Amount	
C	 Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan 	(oluntary F ? (Do not fidelity bo ner person ne or all of n?	include transactions include transactions nd, that was caused s by an insurance the benefits under	10b 10c 10d 10e	X	X X X X	Amount	
 f 	 Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan 	(oluntary F ? (Do not fidelity bo ner person ne or all of n? 	include transactions include transactions nd, that was caused s by an insurance the benefits under end.)	10b 10c 10d 10e 10f	X	X X X X X X X X X X X X X X X X X X X	Amount	

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)		SB			Yes	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 section SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					Yes 🛛	No
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and nting the waiver	l enter _ Da		e date c	of the le		_
lf	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					
С	Ente	the amount contributed by the employer to the plan for this plan year	12c					
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)	12d					
е	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	Х	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 under the trol of the PBGC?				Yes	X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ch assets or liabilities were transferred. (See instructions.)	to					
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13	c(3) PN(s)	