	rm 5500-SF	Short Form Annu	al Return/Repoi Benefit Plan		oyee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	This form is required to be file			etirement	2017
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 55	00-SF.	Public Inspection
For calend		dentification Information cal plan year beginning 01/01/2	017	and ending 12	2/31/2017	
		a single-employer plan				king this box must attach a
A This ret	turn/report is for:	a one-participant plan		employer information in ac		-
<b>B</b> This retu	urn/report is					
		the first return/report	the final return/report	ι urn/report (less than 12 ma	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram
	-	special extension (enter descr		·		
Part II	Basic Plan Infor	rmation—enter all requested inf				
1a Name	of plan				1b Three	
EAST MISS	ISSIPPI LUMBER CO.,	INC. 401(K) PROFIT SHARING F	PLAN		plan (PN)	number 001
					· · · /	tive date of plan
		ver, if for a single-employer plan)			2b Empl	08/01/1997 oyer Identification Number
		n, apt., suite no. and street, or P.C e, country, and ZIP or foreign posta		structions)	(EIN)	
EAST MISSI	SSIPPI LUMBER CO.,	INC.			ZC Spor	nsor's telephone number 662-323-3554
	0				2d Busir	ness code (see instructions)
P. O. BOX 99 STARKVILLE	9 E, MS 39760					321210
20 Diana					<b>2b</b> Admi	nistante da FINI
<b>3a</b> Plan a	dministrator's name and	d address X Same as Plan Spor	isor.		3D Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
		plan sponsor or the plan name ha			4b EIN	
<b>a</b> Spons	or's name				<b>4d</b> PN	
C Plan N	lame					
5a Total	number of participants a	at the beginning of the plan year			5a	13
<b>b</b> Total	number of participants a	at the end of the plan year			5b	13
		account balances as of the end of			5c	5
		ticipants at the beginning of the pla			5d(1)	10
• •		ticipants at the end of the plan yea			5d(2)	10
		terminated employment during the			5e	0
Caution: A	A penalty for the late o	or incomplete filing of this return per penalties set forth in the instruct	n/report will be assesse	d unless reasonable cau		
SB or Sche		d signed by an enrolled actuary, a				
SIGN		valid electronic signature.	09/04/2018	ANDREW GASTON		
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual signing	as plan administrator
SIGN	Filed with authorized/	valid electronic signature.	09/04/2018	ANDREW GASTON		
HERE	Signature of employ		Date	Enter name of individu	ual signing	as employer or plan sponsor
For Paperw	OF REDUCTION ACT NOTICE	e, see the Instructions for Form 5500	гог.			Form 5500-SF (2017) v.170203

6a b c	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	an indeper and condit ot use Fo nsurance p	ndent qualified public accountant (lions.) rm 5500-SF and must instead us rogram (see ERISA section 4021)	QPA)       X       Yes       No         Se Form 5500.       ?       No       Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	216841	240246
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	216841	240246
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year
<b>a</b> Total plan assets	. 7a	2	16841			240246
<b>b</b> Total plan liabilities	. 7b					
<b>C</b> Net plan assets (subtract line 7b from line 7a)	. 7c	2	16841			240246
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) Total
a Contributions received or receivable from: (1) Employers	. 8a(1)					
(2) Participants	. 8a(2)		2340			
(3) Others (including rollovers)	. 8a(3)					
<b>b</b> Other income (loss)	. 8b		25711			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					28051
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	. 8f		4646			
g Other expenses	. 8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					4646
i Net income (loss) (subtract line 8h from line 8c)	. 8i					23405
<b>j</b> Transfers to (from) the plan (see instructions)	- 8j					
Part IV Plan Characteristics		-				
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E2E2F2G2J2K2T3D3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instructions:
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare the applicable welf	eature coo	les from the List of Pla	n Chara	acteris	tic Coo	des in the instructions:
Part V Compliance Questions						
<b>10</b> During the plan year:				Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	/oluntary F	Fiduciary Correction	10a	x		1080
<b>b</b> Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		x	
<b>C</b> Was the plan covered by a fidelity bond?			10c		X	
<b>d</b> 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 ot carrier, insurance service, or other organization that provides sor 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	an?		10f		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g		X	
<b>h</b> If this is an individual account plan, was there a blackout period? 2520.101-3.)	`		10h		x	
If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			

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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.)	ו(s) י	to				
1	3c(1) Ւ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)

page 3

		Ital D. I. Im			
Department of the Treesury Internal Revenue Service	This form is required to be	Benefit I	eport of Small En Plan	nployee	OMB Nos. 1210-011 1210-008
Department of Labor Employee Benefits Security Administration	This form is required to be find income Security Act of 197	ed under sections 1 4 (ERISA), and sect	04 and 4065 of the Employe ions 6057(b) and 6058(a) of he Code)	e Retirement	2017
Pension Benefit Guaranty Corporatio	N Complete II		he Code).	the Internal	This Form is Open to
For calendar plan year 2017 or	rt Identification Informatio	n	ne instructions to the For	m 5500-SF.	Public Inspection
2017 01	liscal plan year beginning	01/01/2017	and ending	_	
A This return/report is for:	X a single-employer plan	a multiple-emp	lover plan (not multise	12/:	31/2017
B This return/report is	a one-participant plan	list of participa a foreign plan	loyer plan (not multiemploye ating employer information is	er) (Filers checki n accordance wit	ng this box must attach a h lhe form instructions.)
- This return/report is	the first return/report	the final return/			
	an amended return/report				
C Check box if filing under:	Form 5558		ar return/report (less than 12	2 months)	
	special extension (enter data	automatic exter	nsion	DFVC pro	gram
Part II Basic Plan Inf	ormation-enter all requested in	nption)			
1a Name of plan	enter all requested in	formation			
East Mississippi Lu	umber Co., Inc. 401(k)	Descis		1b Three-o	lait
Sharing Plan	401(K)	Prolit		plan nu	mber
				(PN)	
2a Plan sponsor's name (emplo	over, if for a single-employer plan)				e date of plan 1/1997
Mailing address (include roo City or town, state or proving	m, apt., suite no. and street, or P.O	. Box)		2b Employe	er Identification Number
East Mississippi Lu	m, apt., suite no. and street, or P.O. Se, country, and ZIP or foreign posta mber Co., Inc.	al code (if foreign, se	e instructions)	(EIN)64	-0525845
				2c Sponso	's telephone number
P. O. Box 99				(662)	323-3554
				Zu Busines:	s code (see instructions)
Starkville					
3a Plan administrator's name an	addition and and a				
	address X Same as Plan Spons	SOF.	MS 39760	32121	0
	nd address 🛛 Same as Plan Spon	sor.	MS 39760	32121 3b Administ	0 rator's EIN
	a address XI Same as Plan Spon	SOF.	MS 39760	3b Administ	rator's EIN
	w address X Same as Plan Spon	sor.	MS 39760	3b Administ	0 rator's EIN rator's telephone number
	address XI Same as Plan Spon	sor.	MS 39760	3b Administ	rator's EIN
If the name and/or FIN of the				3b Administ	rator's EIN
If the name and/or FIN of the				3b Administ	rator's EIN
<ul> <li>If the name and/or EIN of the this plan, enter the plan spon</li> <li>a Sponsor's name</li> </ul>				3b Administ 3c Administ 4b EIN	rator's EIN
If the name and/or FIN of the				3b Administ 3c Administ	rator's EIN
If the name and/or EIN of the this plan, enter the plan spon a Sponsor's name C Plan Name	plan sponsor or the plan name has isor's name, EIN, the plan name an	changed since the la d the plan number fro	ast return/report filed for om the last return/report.	3b Administ 3c Administ 4b EIN	rator's EIN
<ul> <li>If the name and/or EIN of the this plan, enter the plan spon</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>a Total number of participants a</li> <li>b Total number of participants a</li> </ul>	plan sponsor or the plan name has sor's name, EIN, the plan name an all the beginning of the plan year	changed since the li d the plan number fro	ast return/report filed for om the last return/report.	3b Administ 3c Administ 4b EIN	rator's EIN rator's telephone number
<ul> <li>If the name and/or EIN of the this plan, enter the plan spon</li> <li>a Sponsor's name</li> <li>C Plan Name</li> <li>a Total number of participants a</li> <li>b Total number of participants with a</li> </ul>	plan sponsor or the plan name has isor's name, EIN, the plan name an al the beginning of the plan year at the end of the plan year	changed since the li d the plan number fro	ast return/report filed for om the last return/report.	3b Administ 3c Administ 4b EIN 4d PN	rator's EIN rator's telephone number
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<ul> <li>If the name and/or EIN of the this plan, enter the plan spon</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>a Total number of participants a</li> <li>b Total number of participants with ac complete this item)</li></ul>	plan sponsor or the plan name has sor's name, EIN, the plan name an all the beginning of the plan year at the end of the plan year ccount balances as of the end of the cipants at the beginning of the plan icipants at the end of the plan year arminated employment during the plan	changed since the li d the plan number fro e plan year (only defi year	ast return/report filed for om the last return/report. ned contribution plans	3b       Administ         3c       Administ         4b       EIN         4d       PN         5a       5b         5c       5d(1)         5d(2)       5d(2)	rator's EIN rator's telephone number          13         13         13         10         10
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<ul> <li>If the name and/or EIN of the this plan, enter the plan spon a Sponsor's name</li> <li>Plan Name</li> <li>Total number of participants a</li> <li>Total number of participants a</li> <li>Number of participants with accomplete this item)</li> <li>d(1) Total number of active parti</li> <li>d(2) Total number of active parti</li> <li>e Number of participants who te than 100% vested</li> <li>aution: A penalty for the late or nder penalties of perjury and other B or Schedule MB complete and complete data</li> </ul>	plan sponsor or the plan name has sor's name, EIN, the plan name an all the beginning of the plan year	changed since the li d the plan number fro e plan year (only defi year	ast return/report filed for form the last return/report. ned contribution plans d benefits that were less red unless reasonable cau ave examined this return/report And rew Gaston	3b       Administ         3c       Administ         3c       Administ         4b       EIN         4d       PN         5a       5b         5c       5d(1)         5d(2)       5e         se is established       5et, and to the best	rator's EIN rator's telephone number 13 13 5 10 10 0 ed. applicable, a Schedule of my knowledge and
<ul> <li>If the name and/or EIN of the this plan, enter the plan spon a Sponsor's name</li> <li>C Plan Name</li> <li>Total number of participants a</li> <li>Total number of participants a</li> <li>C Number of participants with a complete this item)</li></ul>	plan sponsor or the plan name has sor's name, EIN, the plan name an all the beginning of the plan year	changed since the li d the plan number fro e plan year (only defi year an year with accrued aport will be assess ns, I declare that I ha well as the electronic	ast return/report filed for form the last return/report. ned contribution plans d benefits that were less red unless reasonable cau ave examined this return/report Andrew Gaston Contribution plans	3b       Administ         3c       Administ         3c       Administ         4b       EIN         4d       PN         5a       5b         5c       5d(1)         5d(2)       5e         se is established       5et, and to the best	rator's EIN rator's telephone number 13 13 5 10 10 0 ed. applicable, a Schedule of my knowledge and
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v.170203