	rm 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan			OMB Nos. 1210-011 1210-008				
	rtment of the Treasury rnal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).			ement	2017			
	epartment of Labor Benefits Security Administration					This Form is Open to Public Inspection			
Pension B	enefit Guaranty Corporation			tructions to the Form 5500	-SF.	Fublic Inspection			
Part I		Identification Information							
For calend	ar plan year 2017 or the	scal plan year beginning 07/01/2			0/2018	ing this have must attach a			
A This re	turn/report is for:	X a single-employer plan		lan (not multiemployer) (File mployer information in accor		-			
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 month	hs)				
C Check	box if filing under:	Form 5558	automatic extension	П	DFVC pr	ogram			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name				1	b Three				
CAPITAL BO	OLT AND SCREW, INC	C. 401(K) PROFIT SHARING PLA	Ν		•	number			
				1	(PN)				
					C Ellec	tive date of plan 07/01/1984			
Mailing	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Employer Identification Number (EIN) 64-0410752				
,	r town, state or provinc DLT AND SCREW, INC	e, country, and ZIP or foreign post	tal code (if foreign, see ins	tructions) 20	c Spon	sor's telephone number 601-856-7385			
				2	d Busin	ess code (see instructions)			
P. O. BOX 1 RIDGELAND	81), MS 39158					444190			
3a Dian a	dministrator's name ar	nd address X Same as Plan Spo	nçor	3	h Admir	nistrator's EIN			
			11301.						
				3	C Admir	nistrator's telephone number			
		e plan sponsor or the plan name h			b EIN				
	ian, enter the plan spol sor's name	nsor's name, EIN, the plan name a	and the plan number from		d PN				
C Plan N	lame								
5a Total	number of participants	at the beginning of the plan year.			5a	20			
b Total	number of participants	at the end of the plan year			5b	21			
		account balances as of the end of		-	5c	20			
d(1) Tot	al number of active par	rticipants at the beginning of the p	lan year		5d(1)	16			
d(2) Tot	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)	17			
		terminated employment during the			5e	0			
Caution: A	100% vested	or incomplete filing of this retur	n/report will be assessed	unless reasonable cause	is estat	lished.			
Under pen SB or Sche	alties of perjury and otl	her penalties set forth in the instru nd signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/report	t, includir	ng, if applicable, a Schedule			
SIGN		valid electronic signature.	01/25/2019	JERRY W. GIBSON					
HERE		5	_		signing	as plan administrator			
	Signature of plan a		Date	Enter name of individual	signing a	as plan auministrator			
SIGN		/valid electronic signature.	01/25/2019	JERRY W. GIBSON					
	Signature of emplo	yer/plan sponsor	Date	Enter name of individual	signing a	as employer or plan sponsor Form 5500-SF (2017)			

lotice, see Pape

v.170203

Administrative service providers (salaries, fees, commissions)

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

g Other expenses.....

2F 2G 2J 2K 2T 3D

Part IV Plan Characteristics

f

i

j

9a

b

2E

21142

80768

332085

6a 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public accountant (I	QPA) [] Yes [] No
С	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			
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	、
Ра	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	3165443	3497528
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	3165443	3497528
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	151344	
	(2) Participants	8a(2)	61250	
	(3) Others (including rollovers)	8a(3)		
b		8b	200259	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		412853
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	59626	
е	Certain deemed and/or corrective distributions (see instructions)	8e		

8f

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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	Da		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10)b		x	
C	Was the plan covered by a fidelity bond?)c	x		250000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?)d		х	
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		х	
f	Has the plan failed to provide any benefit when due under the plan?	Df		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10)g	Х		14708
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	Dh		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	Di			

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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) Ւ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)

Porm 5500-SF	Short Form Annu	ual Return/Repor Benefit Plan	rt of Small Empl	oyee	01	18 Nos 1210-01 1210-00		
Department of Labor	4065 of the Employee R 057(b) and 6058(a) of the	etirement	2017					
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	de).	Internal	This For	This Form is Open to				
	Complete all entries in	accordance with the inc	tructions to the Form St		Public	Inspection		
Part I Annual Report	Identification Information	n	adeaons to the Form 5:	500-SF.				
For calendar plan year 2017 or f	iscal plan year beginning	07/01/2017	and ending	067	30/2016			
A This return/report is for:	a single-employer plan	a multiple-employer p list of participating e a foreign plan	olan (not multiemployer) (mployer information in ac	Filers check	ion this has	nust attach a		
B This return/report is	a one-participant plan			and an and a start of the				
and a statute court is	the first return/report	the final return/report						
	an amended return/report		in/report (less than 12 m	anthey				
C Check box if filing under:	Form 5558		in the point (is a small 12 mil	unurs)				
	-	automatic extension				DFVC program		
Part II Basic Plan Info	special extension (enter desc	cription)						
a Name of plan	ormation-enter all requested in	nformation	115.40 - 111.10					
				1b Three	-digit			
Sharing Plan	rew, Inc. 401(k) Pro	tit			umber			
a contract to determine			-	(PN)	Ve date of p	0.0.2		
a Plan spaceou's news to the				07/0	ove date of p 01/1984	an		
	yer, if for a single-employer plan) m, apt., suite no and street, or P.C					tion Number		
City or town, state or provinc	rew, inc.	u, box) tal code (if foreign, see inst	(uctions)	(EIN)	52			
several poit and SCI	rew, Inc.	in the control of the sections		2c Spons	or's telepho	ne number		
			-	(601)856-7385				
P. O. Box 181				2d Busine	ess code (se	e instructions)		
Riddeland								
	nd address 🛛 Same las Plan Spor	MS	39158	4441	90			
a man danamatications manue an	id address A Same as Plan Spor	nsor.		3b Admini	istrator's EIN			
			-	2				
				JC Admini	istrator's tele	phone number		
If the name and/or EIN of the this plan, enter the plan spore	plan sponsor or the plan name ha	as changed since the last r	eturn/report filed for	4b EIN				
a Sponsor's name	nsor's name. EIN, the plan name a	and the plan number from t	he last return/report.					
C Plan Name				4d PN				
	at the basis is stated							
a Total number of participants .	at the beginning of the plan year			50				
a Total number of participants i b Total number of participants :	at the end of the plan year		•••••	5a				
 D Total number of participants : C Number of participants with a 	at the end of the plan year	the plan sector to the		5b		-		
 D Total number of participants : C Number of participants with a complete this item) 	at the end of the plan year	the plan year (only defined	contribution plans			2		
 b Total number of participants a c Number of participants with a complete this item) d(1) Total number of active participants 	at the end of the plan year	the plan year (only defined	contribution plans	5b		2		
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 b Total number of participants a c Number of participants with a complete this item) d(1) Total number of active participants who the number of participants who that 100% vested 	at the end of the plan year account balances as of the end of t ticipants at the beginning of the pla ticipants at the end of the plan yea terminated employment during the	the plan year (only defined an year ar plan year with accrued be	contribution plans	5b 5c 5d(1) 5d(2)		2		
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 b Total number of participants a c Number of participants with a complete this item) d(1) Total number of active participants who full to a number of active participants who full to a number of participants who full to an 100% vested aution: A penalty for the late on the participant of the participant of the penalties of peruny and on the participant of the participant o	at the end of the plan year account balances as of the end of t licipants at the beginning of the pla ticipants at the end of the plan yea terminated employment during the pr incomplete filling of this return	the plan year (only defined an year ar plan year with accrued be Vreport will bo assossed	contribution plans	5b 5c 5d(1) 5d(2) 5e e is establi	shed. , if applicabl	2 2 1 2		
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