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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	Complete all entries in accordance	dance wit	h the instructions to the Form 550	0-SF.					
	art I Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	1	and ending $$	3/31/2	2011				
Α .	「Fhis return/report is for: Single-employer plan ☐	multiple-e	employer plan (not multiemployer)		one-participant plan				
	This return/report is for: first return/report	final retur	n/report						
_	an amended return/report		year return/report (less than 12 mor	nths)					
_		11113)	□ pc/(0 ====================================						
C	Check box if filing under:		extension		DFVC program				
	special extension (enter description	on)							
Pa	rt II Basic Plan Information—enter all requested information	ation							
	Name of plan			1b	Three-digit				
VERI	N GEDDIE, INC. 401K PROFIT SHARING PLAN AND TRUST AGRI	EEMENT			plan number 002				
				4.	(PN) •				
				10	Effective date of plan 01/01/1974				
22	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number				
	Sepulsons name and address (employer, in for single-employer)	piari)		20	(EIN) 64-0532283				
				2c	Plan sponsor's telephone number				
	VY STREET SVILLE, MS 39437				601-477-3385				
LLLIN	SVILLE, INO 33437			2d	Business code (see instructions) 444130				
20	Discontinuity in the test of the second address of the second addr		. 11\	26					
VERI	Plan administrator's name and address (if same as Plan sponsor, et al. In IVY STR	EET		SD	Administrator's EIN 64-0532283				
	ELLISVILLE,	MS 39437	7	3c	Administrator's telephone number				
					601-477-3385				
	the name and/or EIN of the plan sponsor has changed since the last		port filed for this plan, enter the	4b	EIN				
I	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c PN					
52	Total number of participants at the hadisping of the plan year				2				
	Total number of participants at the beginning of the plan year			5a					
b	Total number of participants at the end of the plan year			5b	0				
С	Total number of participants with account balances as of the end of complete this item)		•	5c	0				
60	·				X Yes No				
	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	and conditi	ions.)		Yes No				
	If you answered "No" to either 6a or 6b, the plan cannot use Fo								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	. 7a	1263	3	0				
b	Total plan liabilities	. 7b)	0				
С	Net plan assets (subtract line 7b from line 7a)	7с	1263	3	0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:				(1)				
	(1) Employers	. 8a(1)	C	,					
	(2) Participants	8a(2)	C)					
	(3) Others (including rollovers)	. 8a(3)	C)					
b	Other income (loss)	. 8b	C)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			0				
d	Benefits paid (including direct rollovers and insurance premiums		4265	,					
	to provide benefits)	. 8d	1263	_					
е	Certain deemed and/or corrective distributions (see instructions) \ldots	. 8e	(_					
f	Administrative service providers (salaries, fees, commissions)	8f	(_					
g	Other expenses	. 8g	()					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1263				
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			-1263				
i	Transfers to (from) the plan (see instructions)		()					

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Part IV	Plan	Characteristics	c
railiv i	ГІАП	CHALACLEH SUC:	

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D

b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Co	des in t	the instr	uction	S:	
art	٧	Compliance Questions							
0	Duri	ng the plan year:		Yes	No		Ar	nount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X					75000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did 1	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h	X					
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i	X					
art	VI	Pension Funding Compliance			1				
1	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					[Yes	No
2		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
_		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		0			Г		
а	lf a v	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- ting the waiver							
lf y	-	ompleted 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	r the amount contributed by the employer to the plan for this plan year			12c				
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).								
е	Will 1	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						X Yes	No
		es," enter the amount of any plan assets that reverted to the employer this year		Γ	13a			•	0
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?			ontrol			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne plai	n(s) to			•	_	
1	3c(1)	Name of plan(s):		13	c(2) EI	N(s)		13c(3)	PN(s)
aut	ion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
Inde B o	r pen	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retuedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.	urn/rep	oort, ir	cludin	g, if app			
		led with authorized/valid electronic signature. 06/24/2011 STEVE GEDDIE							

SIG		Filed with authorized/valid electronic signature.	06/24/2011	STEVE GEDDIE
HEI	RE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIG	SIGN HERE			
		Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor