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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pe	nsion Be	enefit Guaranty Corporation	▶ Complete all entries in acco	ordance	with the instruc	tions to the Form 550	0-SF.		
	rt I		Identification Information						
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/20	012		and ending	12/31/2	2012	
		urn/report is for:	X a single-employer plan □	吕		an (not multiemployer)		a one-particip	oant plan
ВТ	his ret	urn/report is:	the first return/report	ద	al return/report				
			an amended return/report	a short	t plan year return	/report (less than 12 m	onths)	_	
C	check b	box if filing under:	Form 5558	autom	atic extension			DFVC progra	m
			special extension (enter descrip	otion)					
Pa	rt II	Basic Plan Infor	rmation—enter all requested infor	rmation					
1a	Name	of plan					1b	Three-digit	
EMHC	SLM I	EMPLOYEES SAVING	SS PLAN					plan number	
							4 -	(PN) •	001
							1C	Effective date of 07/01/	
22	Dlop or	nanaar'a nama and ada	dress; include room or suite number	/omploye	or if for a single	ampleyer plan)	2h		
		ISSIPPI HOLDING CO		(employe	er, ir ior a sirigie-e	employer plan)	20	Employer Identif	
							20	Sponsor's telep	
506 A	CADE	MY ROAD					20	662-323	
STAR	KVILL	E, MS 39759					2d	Business code (see instructions)
								44420	,
3a	Plan a	dministrator's name an	nd address XSame as Plan Sponso	r Name	Same as Plan	Sponsor Address	3b	Administrator's I	ΞIN
			_		_				
							3с	Administrator's t	elephone number
4	If tho r	name and/or EIN of the	e plan sponsor has changed since th	o lact rati	urn/report filed fo	r this plan, optor the	4h	EIN	
4			be plain sponsor has changed since in moder from the last return/report.	ie iasi reil	in/report med to	i this plan, enter the	40	EIN	
а		or's name					4c	PN	
5a	Total r	number of participants	at the beginning of the plan year				5a		16
b	Total r	number of participants	at the end of the plan year				5b		0
С	Numb	er of participants with a	account balances as of the end of the	e plan vea	ar (defined bene	fit plans do not			
					`	•	5c		0
6a	Were	all of the plan's assets	s during the plan year invested in elig	gible asse	ts? (See instruct	ions.)			X Yes No
b	Are yo	ou claiming a waiver of	the annual examination and report	of an inde	pendent qualifie	d public accountant (IQ	PA)		
			? (See instructions on waiver eligibility	-					X Yes No
	If you	answered "No" to eit	ther line 6a or line 6b, the plan ca	nnot use	Form 5500-SF	and must instead use	Form	5500.	
			or incomplete filing of this return/i						
			ner penalties set forth in the instruction of signed by an enrolled actuary, as						
		true, correct, and comp		well as III	ie electionic vers	sion of this return/repon	ı, anu i	to the best of my	knowledge and
		· 							
SIGN		Filed with authorized/\	valid electronic signature.	02	2/05/2013	M. EUGENE MERKL			
HER	E	Signature of plan ac	dministrator	Da	ate	Enter name of individ	lual sig	ıning as plan adn	ninistrator
SIGN	١	Filed with authorized/v	valid electronic signature.	02	2/05/2013	M. EUGENE MERKL			
HER		Signature of employ	ver/plan sponsor	Da	ate	Enter name of individ	lual sin	ıning as emplove	r or plan sponsor
Prep	arer's		ame, if applicable) and address; incl						number (optional)
		-				•		-	,

Form 5500-SF 2012 Page **2**

7 Plan Assets and Liabilities 7 2 281919 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Pa	rt III Financial Information									
a Total plan sesets	7	•		(a) Beginning of Yea	ır			(b) En	d of Y	ear	
b Total plan isobilities. 7b (c) I plan sassets (substract line 7b from line 7a). 7c (a) 45919 (b) 0 C Net plan assets (substract line 7b from line 7a). 7c (a) 45919 (b) 0 B Income, Expresses, and Transfers for his Plan Year (a) Amount (b) Total (c) Total (c) Expresses, and Transfers for his Plan Year (c) Employers (c) Porticipations received or receivable from: (c) Employers (c) Porticipations received or receivable from: (d) Employers (c) Porticipations (c) Por	a		7a	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `				(8) =:	<u>u 0. 1</u>		0
C Net plan assats (subtract line 7b from line 7a)											
8 Income, Expenses, and Transfers for this Plan Year 2 Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (5) Participants. (6) Other income (loss). (6) Other income (loss). (7) Employers. (8) Other income (loss). (8) Other income (loss		·		26191							0
a Contributions received or receivable from: (1) Employers							25332 287251 -261919 Odes in the instructions: No Amount X X X				
(2) Participants		·		(a) runount				(2)	Total		
(3) Others (including rollovers)		(1) Employers	8a(1)								
b Other income (loss) 8b 22777 C Total income (losd) lines 8a(1), 8a(2), 8a(3), and 8b) 8c 226332 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 283559 e Certain deemed and/or corrective distributions (see instructions) 8d 283559 g Other expenses 8g		(2) Participants	8a(2)	260)5						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 86	b	Other income (loss)	8b	2272	7						
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2533	2
F Administrative service providers (salaries, fees, commissions)	d	, , ,	8d	28355	9						
Solution	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8l, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	369	2						
i Net income (loss) (subtract line Bh from line 8c)	g	Other expenses	8g								
Transfers to (from) the plan (see instructions) 8j	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							28725	51
Transfers to (from) the plan (see instructions) 8j	ī	Net income (loss) (subtract line 8h from line 8c)	8i						-	26191	9
Part IV Plan Characteristics Part IV Plan Characteristics Part IV Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 2J 2K	j	Transfers to (from) the plan (see instructions)	8i								
9a	Pai	t IV Plan Characteristics	, ,	L		·					
Part V Compliance Questions		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:	
10 During the plan year: a 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)	b		eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions		
10 During the plan year: a 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)	_	 									
a 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) 10a		<u> </u>			1		T	1			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) 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.)						Yes	No		Am	ount	
c Was the plan covered by a fidelity bond?		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					10b		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.) 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.)	С	Was the plan covered by a fidelity bond?			10c	X					5000
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.)	d		-		10d		X				
instructions.)	е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,							
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					10e		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)						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		If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR			X				0
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	_		1-3		10i						
5500) and line 11a below)									<u> </u>		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	11								[Yes	X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	_11a	Enter the amount from Schedule SB line 39					11a				
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	12	Is this a defined contribution plan subject to the minimum funding	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						X No		
granting the waiver		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	а		-			and e	_	ne date d			ıling
	If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b Enter the minimum required contribution for this plan year	b	Enter the minimum required contribution for this plan year					12b				

d Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	Form 5500-SF 2012 Page 3 - 1				
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
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)	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?	X	res No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	e control X Yes			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550	00-SF.				
F	Part I Annual Report Identification Information					
For	r calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending	12	/31/2012			
Α	This return/report is for: x a single-employer plan a multiple-employer plan (not multiemployer)	L	a one-particip	ant plan		
В	This return/report is:					
	an amended return/report a short plan year return/report (less than 12 r	months)				
G	Check box if filing under: Form 5558 automatic extension	Γ	DFVC prograi	m		
_	special extension (enter description)	bor				
٦	Part II Basic Plan Information enter all requested information					
÷	Name of plan		Three-digit			
• -		,	olan number	001		
	Emhc/Slm Employees Savings Plan		(PN) ► Effective date of			
			07/01/1997			
2a	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) East Mississippi Holding Company, Inc.	1	2b Employer Identification Number (EIN) 64-0822429			
			Sponsor's telept			
	506 Academy Road		· · ·	see instructions)		
US	S Starkville MS 39759		444200			
	Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address	3b /	Administrator's 8	EIN		
		3c /	Administrator's t	elephone number		
				·		
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	4b i	EIN			
	name, EIN, and the plan number from the last return/report.					
_a	• Million	4c	PN			
	Total number of participants at the beginning of the plan year	L		16		
b	· · ·	. <u>5b</u>	 	0		
С	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	. 5c		0		
.— 6а	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)			XYes No		
b						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)			XYes No		
_	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use					
	caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca					
U	Inder penalties of perjury and other peralties set forth in the instructions, I declare that I have examined this return/o	eport, inc	luding, if application	able, a Schedule		
	B or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/repo elief, it is true correct, and complete.)π, anα ισ I) the best or my	Knowledge and		
		= 1, 1,	=01-1 Ja	PRES.		
	SIGN /1. Ingres - VIPEL D., POES. 215113. 191. LUGENE	<u>~/~ u</u>	<u>-K/L/V/~</u>			
Ľ	HERE Signature of plan administrator Date Entername of individu		- , ,			
1	SIGN / 1/18 CM / " 10/4 / / / / / / / / / / / / / / / / / /		erk (10)	e, MRES.		
	HERE Signature of employer/plan sponsor Date Enter name of individu					
P	reparer's name (including firm name, if applicable) and address; include room or suite number (optional)	Prepa	rer's telephone	number (optional)		
		5:150				

Part III Financial Information							·	
7 Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year	
a Total plan assets	7a	261,91	9					0
b Total plan liabilities	7b	***************************************	0					
C Net plan assets (subtract line 7b from line 7a)	7c	261,91	.9					0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	al	
a Contributions received or receivable from:	00(4)							
(1) Employers	8a(1) 8a(2)	2,60	15	 				
(2) Participants	8a(3)			 				
b Other income (loss)	8b	22,72	27					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1			25,	332
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	283,55	59					
e Certain deemed and/or corrective distributions (see instructions)	8e			<u> </u>				
f Administrative service providers (salaries, fees, commissions)	8f	3,69	92					
g Other expenses	8g			ļ				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						287,	
Net income (loss) (subtract line 8h from line 8c)	8i			1			(261,9	19)
Transfers to (from) the plan (see instructions)	[8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension fe	alure code	es from the List of Plan Characte	eristic	Code	s in th	ne instruction	S:	
2E 3D 2J 2K								
b If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	istic (Codes	in the	e instructions:		
Part V Compliance Questions					,	_		
10 During the plan year:				Yes	No	A	mount	
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	lary Corre	clion Program)	10a		x			
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			
C Was the plan covered by a fidelity bond?	··· ·		10c	x				5,000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.)	f the bene	fits under the plan? (See	10e		х			
f Has the plan failed to provide any benefit when due under the plan			10f		х			
			10g	х				0
g Did the plan have any participant toans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (1 0		 			
2520.101-3.)			10h		х			
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	-3	Though of one of the	10i	:				
Part VI Pension Funding Compliance						T		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s X No
11a Enter the amount from Schedule SB line 39					11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code o	r secl	lion 30	2 of E	ERISA?	∐ Ye	s 🔀 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
a If a waiver of the minimum funding standard for a prior year is being granting the waiver	ig amortize	ed in this plan year, see instructi	ions, nth	and e	nter ti D	ne date of the ay		ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule								
b Enter the minimum required contribution for this plan year			********		12b			
•	-							

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	Enter the amount contributed by the employer to the plan	ı for this plan year		12c				
d	Subtract the amount in line 12c from the amount in line 1 negative amount)	2b. Enter the result (enter a minus sign to the left of		12d				
е	Will the minimum funding amount reported on line 12d be	e 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 a	ny pian year?		X Ye	es 🔲	No		
	If "Yes," enter the amount of any plan assets that reverte	d to the employer this year	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13a			C	
b	Were all the plan assets distributed to participants or ber of the PBGC?					X Yes	□ No	
С	If during this plan year, any assets or liabilities were tran- which assets or liabilities were transferred. (See instructi		plan(s) to					
1	13c(1) Name of plan(s):		13c	(2) EIN((s)	13c(3) PN(s)	
Part	t VIII Trust Information (optional)							
14a I	14a Name of trust				14b Trust's EIN			