	Form 5500-SF Short Form Annual Re			• •	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service		Benefit Plan			2009						
	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	d under sections 104 and 4065 of the Employee Act of 1974 (ERISA), and section 6058(a) of the			This Form is Open to Public						
	ension Benefit Guaranty Corporation		Revenue Code (the Code).			Inspection						
Pa	Persion benefit Guaranty Collporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information											
	calendar plan year 2009 or fisca		9	and ending	09/30/2	2010						
Α.	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan						
В	This return/report is for:	first return/report	final retur	n/report								
		an amended return/report	short plar	year return/report (less than 12 mo	onths)							
С	Check box if filing under:	Form 5558	automatic	extension	DFVC program							
		special extension (enter descriptio	on)									
Pa	art II Basic Plan Inform	nation—enter all requested information	ation									
	Name of plan				1b	Three-digit						
JIM V	VALLIS AND SON ROOFING, II	NC. PROFIT SHARING PLAN				plan number (PN) ▶ 001						
					1c	Effective date of plan 01/04/1985						
	Plan sponsor's name and addre VALLIS AND SON ROOFING, II	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 64-0632334						
	BAY SHORE DRIVE				2c	Plan sponsor's telephone number 228-392-4144						
	RVILLE, MS 39540-5317				2d	Business code (see instructions) 238100						
3a Plan administrator's name and address (if same as Plan sponsor, en JIM WALLIS AND SON ROOFING, INC. 3270 BAY SH				VE	3b	Administrator's EIN 64-0632334						
DIBERVILLE,				0-5317	C Administrator's telephone number 228-392-4144							
4 If the name and/or EIN of the plan sponsor has changed since the las				port filed for this plan, enter the	4b	EIN						
name, EIN, and the plan number from the last return/report. Sponsor					4c	PN						
5a	Total number of participants at	the beginning of the plan year				8						
b						7						
C	• •	th account balances as of the end of		· ·	5c	3						
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	le assets?	(See instructions.)		Yes No						
b		e annual examination and report of a				X Yes No						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
Pa	rt III Financial Informa											
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year						
а	Total plan assets		. 7a	10567	7	98507						
b	Total plan liabilities		7b		0	0						
С	Net plan assets (subtract line 7	b from line 7a)	7c	10567	7	98507						
8	Income, Expenses, and Transf			(a) Amount		(b) Total						
а	Contributions received or received (1) Employers	vable from:	8a(1)		0							
				(1)								
				0								
b	., ,			-717	0							
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			-7170						
d		ollovers and insurance premiums	8d		0							
е	, ,	ive distributions (see instructions)			0							
f		rice providers (salaries, fees, commissions)			0							
g	•				0							
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)				0						
i	Net income (loss) (subtract line	8h from line 8c)	8i			-7170						
j	Transfers to (from) the plan (se	e instructions)	8j		0							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D
- **b** 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)	10a		x					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x					
С	Was the plan covered by a fidelity bond?	10c	Х		25000				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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.)	10e		x					
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х					
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	10i							
Part	/I Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				· · · · · · · · · · · · · · · · · · ·				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of I	ERISA? Yes X No				
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	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								
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-						
b	Enter the minimum required contribution for this plan year			12b					
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 o negative amount)		[12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes No N/A				
Part	/II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u> .		Yes X 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 control of the PBGC?								
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
13c(1) Name of plan(s):				:(2) Ell	N(s) 13c(3) PN(s)				
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	se is (establ	ished.				

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	11/23/2010	JAMES H. WALLIS, JR.
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	11/23/2010	JAMES H. WALLIS, JR.
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	Fame FEAA OF	<u> </u>				1					
	Form 5500-SF Department of the Treasury	epartment of the Treasury Benefit Plan					OMB Nos. 1210-0110 1210-0089				
	Internal Revenue Service Department of Labor	This form is required to be t	iled under sections 104 and 4065 of the Employee			2009					
	Employee Benefits Security Administration	Interna	al Revenue	Act of 1974 (ERISA), and section 6058(a) of the Revenue Code (the Code).			is Open to Public				
سيبس	Pension Benefit Guaranty Corporation	Complete all entries in acc	ordance	with the instructions to the Form 55	5500-SF.						
	Part I Annual Report Ide	entification Information				·····					
	or calendar plan year 2009 or fisca	l	10/01	/2009 and ending		09/30/20	10				
A	This return/report is for:	single-employer plan	single-employer plan multiple-employer plan (not multiemployer)								
В	This return/report is for:	first return/report	final re	turn/report		one-participa					
	Ē	an amended return/report	Short n	lan year return/report (less than 12 m	onthe)						
С	Check box if filing under:	Form 5558		atic extension	2111107						
-		special extension (enter descrip		allo extension		DFVC progra	am				
	Part II Basic Plan Inform		•	······································		· · · · · · · · · · · · · · · · · · ·					
·	A Name of plan	ation-enter all requested infor	mation		·						
	Jim Wallis and Son I	Roofing, Inc			1b	Three-digit					
	Profit Sharing Plan	Nooring, inc.				plan number (PN) ▶ 001					
	FIOLIC SHAFTING Plan				10	Effective date o					
						01/04/198					
28	Plan sponsor's name and addres	s (employer, if for single-employed	er plan)		2b						
	OIM WAILIS AND SON E	cooring, inc.	• •			2b Employer Identification Number (EIN) 64-0632334					
					2c	C Plan sponsor's telephone numb					
	3270 Bay Shore Drive	2				(228) 392-4					
	DIberville			<u>MS 39540-5317</u>	2d	Business code (238100	see instructions)				
3a	Plan administrator's name and ad	dress (if same as Plan sponsor,	enter "Sar	ne")	3h						
	ound			,		3b Administrator's EIN					
					3c	3c Administrator's telephone number					
4	If the name and/or EIN of the plan	opposition above d size - the L			(228) 392-4144						
•	name, EIN, and the plan number f	rom the last return/report. Spons	ast return/report filed for this plan, enter the or's name			4b EIN					
	-				4c	4c PN					
5a	Total number of participants at the beginning of the plan year										
b	Total number of participants at th		5a								
c	Total number of participants with	veer (defined benefit plans do not	5b								
	complete this item)			year (denired benefit plans do not	5c	c					
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)											
b	Are you claiming a waiver of the	PA)									
	under 29 CFR 2020, 104-46? (Se	e instructions on waiver eligibility	and cond	itions.)			🛛 Yes 🗌 No				
P	rt III Financial Informati	ba or 6b, the plan cannot use F	orm 5500	-SF and must instead use Form 55()0.						
7	Plan Assets and Liabilities	011			- F						
				(a) Beginning of Year		(b) End c	of Year				
a b	Total plan assets			105,67			98,507				
	Total plan liabilities				이		0				
	Net plan assets (subtract line 7b f		- 7c	105,67	7	·····	98,507				
8	Income, Expenses, and Transfers		<u>persona</u>	(a) Amount		(b) To	tal				
a	Contributions received or receival (1) Employers		. 8a(1)								
	(2) Participants				188						
	(3) Others (including rollovers)			(1						
h	Other income (loss)			(4						
	Total income (add lines 8a(1), 8a((7,170)							
	Benefits paid (including direct rolld		. <u>8c</u>				(7,170)				
ų	to provide benefits)	were and insurance premiums	8d	0							
е	Certain deemed and/or corrective		8e								
f	Administrative service providers (s	•	8f								
g	Other expenses						이 이상 이상 것은 것으로 있다. 같은 것이 있을 것은 것이 있는 것이 있는 것이 있는 것이 있는 것이 없다.				
	Total expenses (add lines 8d, 8e,										
	Net income (loss) (subtract line 8h				<u> </u>		0				
	Transfers to (from) the plan (see in			n de rener ann an start an start frankrigen an start general start start fra Eile	1		(7,170)				
4	the plan (see in	ion aoaono)	8j	0							

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Part IV **Plan Characteristics**

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E3D

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

Part V Compliance Questions

HERE

Signature of employer/plan sponsor

40											
10	During the plan year:		Yes	No	Amount						
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	102		X							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	d 10b		x							
C		100									
d		я <u>—</u>	X	x			2	25,)00		
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.)	10d		X							
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.)	10f		X							
h		10g		<u>X</u>							
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	10h 10i		X							
Part	VI Pension Funding Compliance		l					1000	<u>Sector</u>		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500))	mplete S	Sched	ule SB	(Form	П	Yes		 No		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	le or ser	tion 3	02 of F	-RISA2	H		H	10		
	(If res, complete 12a or 12b, 12c, 12d, and 12e below, as applicable)								10		
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, and inst	uctions,	and e	nter the	e date of t	the lette	er ruli	na			
	granting the waiver	nth		Day_		Year					
b	Enter the minimum required contribution for this plan year	•									
C	Enter the minimum required contribution for this plan year	•••••	··	12b							
a	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the let negative amount)	ofe		12c 12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		· L_		1	<u> </u>					
Part V	/II Plan Terminations and Transfers of Assets				Yes	No		N//	<u>`</u>		
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					<u> </u>		7			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Γ.	13a			res [XN	0		
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?					Π.	F				
C	 If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 										
	c(1) Name of plan(s):	Τ	1301	2) EIN	(e)	12	o/2) [-		
			150((3)	130	c(3) F	11(5)			
Cautio	n: A penalty for the late or incomplete filing of this activity in the second	<u> </u>		· · · · · · · · · · · · · · · · · · ·							
SB or S	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return t is true, correct and complete				and the second se	ble, a S	Sched	ule			
bellet, i	t is true, correct, and complete.			ine bei	St of my K	nowied	ye af	u			
SIGN HERE											
	Signature of plan administrator Date Enter name of in				lan admir	istrator	r		_		
SIGN	Tames H Wallo Nº 11-16-2010 James H. W	James H. Wallis, Jr.									

Date

Enter name of individual signing as employer or plan sponsor