Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2011

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 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report X a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number JIM WALLIS AND SON ROOFING, INC. PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 01/04/1985 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number JIM WALLIS AND SON ROOFING, INC 64-0632334 (EIN) 2c Sponsor's telephone number 228-392-4144 3270 BAY SHORE DRIVE D IBERVILLE, MS 39540-5317 2d Business code (see instructions) 238100 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3270 BAY SHORE DRIVE JIM WALLIS AND SON ROOFING, INC. D IBERVILLE, MS 39540-5317 3c Administrator's telephone number 228-392-4144 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **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 annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 82343 0 Total plan assets..... 7a 7b Total plan liabilities..... 82343 0 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -25499 **b** Other income (loss)..... 8b -25499 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 56844 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 56844 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h

8i

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

Transfers to (from) the plan (see instructions)

-82343

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Part IV	Plan	(:hara	cteristic	S

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

During the plan year:		Yes	No		Amo	ount	
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				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
Was the plan covered by a fidelity bond?	10c	Χ					2500
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
J Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com		Sched	ule SB	Form	_		
5500))						Yes	N.
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes Yes	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	e or sections,	ction 3	302 of E	RISA?	[Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or sections,	and e	302 of E	RISA?	[Yes	X N
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belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	12/05/2012	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.	12/05/2012	JAMES H. WALLIS, JR.
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Part V Compilance Questions	Pa	rt IV Plan Characteristics							
Part V Compliance Questions Yes No Amount	9a								
During the pien year:	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
a Was there a failure to transmit to the plan any participant contributions within the time period described in 23 CFR 25 50.3-127 (See instructions and DOL S Violutine) Filduring Young Composition (Program) 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 dishonestly? 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 perticipant loners? (If "Yes," enter amount as of year end.). If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10b	Par	t V Compliance Questions							
29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)			_		Yes	No	Amount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10 a.). c Was the pian covered by a fidelity bond?	а	Was there a failure to transmit to the plan any participant contributions within the	e time period described in program)	10a		х			
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g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	e	insurance service or other organization that provides some or all of the benefits	under the plan? (See	10e		х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10 h 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 10 h 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 10 h 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 10 h 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 you be a defined central to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). If you completed Ine 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If the providing the valver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 2, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 2, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 2, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, a	f	Has the plan failed to provide any benefit when due under the plan?		10f	1	х	•		
h if this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10 h 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	g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		х			
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))	h		ns and 29 CFR			х			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500). 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. 13 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 14 Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 25 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 26 Enter the minimum required contribution for this plan year. 27 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 26 Enter the amount contributed by the employer to the plan for this plan year. 27 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 28 Denter the minimum required contribution for this plan year. 29 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 20 Enter the minimum required contribution for this plan year. 20 Enter the amount contributed by the employer to the plan for this plan year. 20 Enter 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). 21 Expression of the left of a negative amount). 22 Will the minimum funding amount reported on line 12d be met by the funding deadline? 23 Has a resolution to terminate the plan been adopted in any plan year? 24 If you complete 2 In a section to terminate the plan been adopted in any plan year. 25 If Yes No In No	i			10i					
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C Enter the amount contributed by the employer to the plan for this plan year	lf								
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) e With the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	b	Enter the minimum required contribution for this plan year	***************************************			12b			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	С	Enter the amount contributed by the employer to the plan for this plan year	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. L	12c			
Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year?	d	· ·	-		. L	12d			
Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	e	Will the minimum funding amount reported on line 12d be met by the funding dea	dline?				Yes No N/A		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	Part	VII Plan Terminations and Transfers of Assets							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	13a	Has a resolution to terminate the plan been adopted in any plan year?				X Y	es No		
of the PBGC?		If "Yes," enter the amount of any plan assets that reverted to the employer this ye	ear	13	a		0		
which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. 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, if is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator James H. Wallis, Jr. James H. Wallis, Jr.									
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 abutuary, 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 James H. Wallis, Jr. BIGN James H. Wallis, Jr. James H. Wallis, Jr. James H. Wallis, Jr.	which assets or liabilities were transferred. (See instructions.)								
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HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN James H. Wallis, Jr.	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 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								
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN James H. Wallis, Jr.	SIG	tomen It la leller A.	James H. Wal	llis	5, J	r.			
SIGN James H. Wallis, Jr.						plan administrator			
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	HER	Signature of employer/plan sponsor Date	Enter name of indi	vidua	l signi	ng as	employer or plan sponsor		

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