For	m 5500-SF	Bonofit Plan					OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employed				2	2012		
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal F	This Form is Open to Put						
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.							spection		
Part I		lentification Information							
For calenda	ar plan year 2012 or fisca			and ending 1	2/31/	2012			
A This ret	urn/report is for:	X a single-employer plan a	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan		
B This ret	urn/report is:	the first return/report the	ne final return/report						
	[an amended return/report	short plan year returr	n/report (less than 12 mo	onths)			
C Check box if filing under: X Form 5558 automatic extension					DFVC program				
		special extension (enter description)				_			
Part II	Basic Plan Inform		on						
1a Name	of plan	·			1b	Three-digit			
JEFF MAY C	CONSTRUCTION CO., IN	NC. PROFIT SHARING PLAN				plan number			
						(PN) 🕨	001		
					1c	Effective date o	•		
23 Dian of	annor's name and addr	and include room or quite number (om	alover if for a single	omployor plan)	26	01/01,			
	CONSTRUCTION CO., I	ess; include room or suite number (em NC.	ployer, if for a single-	employer plan)	2b		82370		
				·	20	Sponsor's telep			
P. O. BOX 8	16				20	662-869			
SALTILLO, I	MS 38866				2d	Business code (23620	Business code (see instructions)		
3a Plan a	dministrator's name and	address Same as Plan Sponsor Nai	me Same as Plan	Sponsor Address	3b	3b Administrator's EIN			
 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the aname, EIN, and the plan number from the last return/report. 									
a Spons					4c	PN			
5a Total r	number of participants at	t the beginning of the plan year			5a				
b Total r	number of participants at	the end of the plan year			5b		3		
		count balances as of the end of the pla			۶a		2		
_					5c				
		during the plan year invested in eligible ne annual examination and report of an					X Yes No		
		See instructions on waiver eligibility an					X Yes No		
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.			
Caution: A	penalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se 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, it is true, correct, and complete.									
SIGN	Filed with authorized/va	lid electronic signature.	09/23/2013	JEFF MAY					
HERE Signature of plan administrator Date Enter name of individual signing as pla					gning as plan adr	ninistrator			
SIGN	Filed with authorized/va	lid electronic signature.	09/23/2013	JEFF MAY					
HERE	Signature of employe		Date	Enter name of individu					
Preparer's	name (including firm nar	ne, if applicable) and address; include	room or suite number				number (optional)		

a Total plan assets 7a b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c	Beginning of Year 126075 126075 (a) Amount			(b) End of Year 143218		
b Total plan liabilities	126075			143218		
C Net plan assets (subtract line 7b from line 7a)						
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers).						
a Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3)	(a) Amount			143218		
(1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3)				(b) Total		
(2) Participants						
(3) Others (including rollovers)		_				
	47760					
	17768	-		47700		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		-		17768		
to provide benefits)						
e Certain deemed and/or corrective distributions (see instructions) 8e						
f Administrative service providers (salaries, fees, commissions) 8f	625					
g Other expenses						
h Total expenses (add lines 8d, 8e, 8f, and 8g)				625		
i Net income (loss) (subtract line 8h from line 8c) 8i				17143		
j Transfers to (from) the plan (see instructions)						
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension feature codes from the 2J 3D	e List of Plan Character	stic Co	des in t	he instructions:		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the L	List of Plan Characteris	tic Cod	es in th	e instructions:		
Part V Compliance Questions						
10 During the plan year:		Yes	No	Amount		
a Was there a failure to transmit to the plan any participant contributions within the time pe 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Progra	am) 10a		x			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transa on line 10a.)			x			
C Was the plan covered by a fidelity bond?	10c		Х			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was or dishonesty?			x			
e Were any fees or commissions paid to any brokers, agents, or other persons by an insura insurance service or other organization that provides some or all of the benefits under the instructions.)	e plan? (See		x			
f Has the plan failed to provide any benefit when due under the plan?			Х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х			
 h If this is an individual account plan, was there a blackout period? (See instructions and 29 2520.101-3.) 	29 CFR		х			
I If 10h was answered "Yes," check the box if you either provided the required notice or on exceptions to providing the notice applied under 29 CFR 2520.101-3	ne of the		ĺ			
Part VI Pension Funding Compliance						
 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see inst 5500) and line 11a below) 	structions and complete	Sched	ule SB	(Form		
11a Enter the amount from Schedule SB line 39			11a			
12 Is this a defined contribution plan subject to the minimum funding requirements of section	on 412 of the Code or s	ection 3	302 of E	ERISA? Yes 🗙 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				
	Iviontn		, -			

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No		
	lf "Ye	es," 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 the pBGC?	control		Yes X No	
С	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.)					
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual	Return/Report of Benefit Plan	f Small Employ	/ee		OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee				!		2012	
Department of Labor Employee Benefits Security Adminis Pension Benefit Guaranty Corpora	ction 6057(b) and 6058(ode).	a) of	is Open to Public respection				
Part I Annual Rep	Complete all entries in according to the second	ccordance with the instruc	tions to the Form 5500	1-3r.	<u> </u>		
For calendar plan year 2012 o		01/01/2012	and ending	12	2/31/2012		
A This return/report is for:	x a single-employer plan	a multiple-employer pla	n (not multiemployer)	Γ	a one-particip	pant plan	
B This return/report is:	the first return/report	the final return/report		L			
,	an amended return/report		/report (less than 12 mo	nths)			
C Check box if filing under:	x Form 5558	automatic extension		Г	DFVC progra	m	
• Check box II ming under.	special extension (enter descrip	ليبيا		Ĺ		4175	
Part II Basic Plan 1a Name of plan	Information enter all requested i	nformation		16	Three-digit	1	
ia wante or plan					plan number		
Jeff May Constr	uction Co., Inc. Profit S	haring Plan		<u> </u>	(PN) ►	001	
					Effective date of 01/01/1998		
2a Plan sponsor's name and	d address; include room or suite number	(employer, if for a single-em	olover plan)	1		fication Number	
	uction Co., Inc.	(autho) at it is a chight and		1	(EIN) 64-07		
				2c	Sponsor's telep	hone number	
P. O. Box 816					(662) 869-1755		
1. 0. 200 010						(see instructions)	
US Saltillo	MS 38866	·····			236200		
3a Plan administrator's nam	ie and address [X] Same as Plan Spo	nsor Name 🔲 Same as P	lan Sponsor Address	3b	Administrator's	EIN	
				3c	Administrator's	telephone number	
A 1000 11 min		1 1 1 1		46	F 13.1		
	of the plan sponsor has changed since th number from the last return/report.	e last return/report filed for tr	lis plan, enter the	4b			
a Sponsor's name				4c	PN		
	ants at the beginning of the plan year			5a	T	3	
	ants at the end of the plan year	****		5b		3	
C Number of participants v	with account balances as of the end of the	e plan year (defined benefit p	lans do not			•	
-				<u>5c</u>		3	
	sets during the plan year invested in eligi			•••••		X Yes No	
• •	er of the annual examination and report of	• • •	blic accountant (IQPA)			XYes No	
	1-46? (See instructions on waiver eligibilit		al must instead use Es				
	to either line 6a or line 6b, the plan ca						
	late or incomplete filing of this return nd other penalties set forth in the instruct		· · · ·			a Sabadula	
	led and signed by an enrolled actuary, as						
SIGN Alu	a. IA		Jeff May				
HERE Signature of plan	administrator	Date 9-16-13	Enter name of individua	l signin	a as nian admin	istrator	
			Effer france of storwards	a oignin	g us pluit durini		
SIGN HERE Signature of emp		Data	Cator nome of individua	Jaianin		r nlon en ener	
	loyer/plan sponsor irm name, if applicable) and address; inc	Date	Enter name of individua	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		number (optional)	
r reparers name (monuting r	im name, ir applicable) and address, inc	aute room of solite number (t	(puoliai)	1 i i che		number (optional)	
E	Act Notice and OWR Control Number		Earm ECOD RE			Form 5500-SE (2012)	

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

Part III Financial Information

Pa	t III Financial Information	T					
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of	Year
a	Total plan assets	7a	126,075		143,21		143,218
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	126,075				143,218
-	income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Tot	al
а	Contributions received or receivable from:	0-(1)					
	(1) Employers	8a(1)					
	(2) Participants	8a(2)	· · · · · · · · · · · · · · · · · · ·				
	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	17,76	8			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80					17,768
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					0.000000000
	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f	62	5			
		+					<u></u>
	Other expenses	8g					625
*	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
	Net income (loss) (subtract line 8h from line 8c)						17,143
Same	Transfers to (from) the plan (see instructions)	. 8j	I				
Pa	rt IV Plan Characteristics						*******
E-GENERAL ST	If the plan provides welfare benefits, enter the applicable welfare featu						
Pa	rt V Compliance Questions					r	
<u>10</u>	During the plan year:			Ye	s No	A	mount
a	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correct	ion Program)	10a	x		
b 	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)			10b	x		
C	Was the plan covered by a fidelity bond?		*****	10c	x		·····
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?			10d	x		
е	Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of t instructions.)	he benefits	under the plan? (See	10e	x		
f	Has the plan failed to provide any benefit when due under the plan?		**********	10f	x		
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year and	\	10g	x		
9 h		ee instructi	ons and 29 CFR	10g	x		
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	required n		101			
1	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)						Yes 🗶 N
_11	11a Enter the amount from Schedule SB line 39 11a						
12	Is this a defined contribution plan subject to the minimum funding re	quirement	s of section 412 of the Code or se	ction 302	of ERIS.	A?	🗌 Yes 🗶 N
<u> </u>	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	is applicab	le.)				
a		amortized	in this plan year, see instructions,			e of the lette	r ruling Year
lf	you 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		
	and the contract regence contractor of the part year						

Form 5500-SF 2012	Page 3-
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C	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		
e	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?	Y 🗌	es 🗴 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 contro of the PBGC?		E	Yes X No
¢	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.)			
1	3c(1) Name of plan(s): 13c	(2) EIN(s)	13c(3) PN(s)
				<u></u>
Part	VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

5500-SF Electronic Filing Authorization

Plan Name: Jeff May Construction Co., Inc. Profit Sharing Plan EIN/PN: 64-0782370/001 Plan Year: 01/01/2012 - 12/31/2012

I hereby authorize Linda Crawford at Nail McKinney P A to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

Plan Sponsor

sign \mathcal{O} (date)