Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information						
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	and ending	12/31/2	2009		
Α -	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
В .	This return/report is for: first return/report	final retur	n/report				
	an amended return/report	onths)					
C	Check box if filing under: Form 5558	automatic	extension		DFVC program		
	special extension (enter description	on)					
Pa	Int II Basic Plan Information—enter all requested information	ation					
	Name of plan	ation		1b	Three-digit		
	GAR 401(K) PLAN				plan number		
					(PN)		
			1c	Effective date of plan 10/01/2006			
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number		
	GAR CORPORATION	μ.ω,			(EIN) 20-4000074		
				2c	Plan sponsor's telephone number		
578 F	HIGHLAND COLONY PARKWAY 300			24	601-519-0123 Business code (see instructions)		
	SELAND, MS 39157			Zu	541512		
3a	Plan administrator's name and address (if same as Plan sponsor, et	nter "Same	e ")	3b	Administrator's EIN		
BOM	GAR CORPORATION 578 HIGHLAI STE 300	ND COLO	NY PARKWAY	2-	20-4000074		
	RIDGELAND	, MS 3915	7	3C	Administrator's telephone number 601-519-0123		
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
ı	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN		
5a	Total number of participants at the beginning of the plan year			120			
b	Total number of participants at the end of the plan year	5b	124				
С	Total number of participants with account balances as of the end of	` .					
	complete this item)			5c	95		
ьа b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a		,		X Yes No		
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	500.	_		
Pa	rt III Financial Information			1			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
	Total plan assets	. 7a	83190	7	1895358		
b	Total plan liabilities	. 7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	83190	7 18953			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	30351	7			
	(2) Participants	8a(2)	51402	9			
	(3) Others (including rollovers)	8a(3)	271				
b	Other income (loss)	8b	37539	一 i			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1195652		
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	. 8d	12987	9			
е	Certain deemed and/or corrective distributions (see instructions) \ldots	. 8e		0			
f	Administrative service providers (salaries, fees, commissions)	. 8f	232	2			
g	Other expenses	. 8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			132201		
į	Net income (loss) (subtract line 8h from line 8c)	. 8i			1063451		
í	Transfers to (from) the plan (see instructions)	Qί		0			

		Form 5500-SF 2009 Page 2- 1					
Par	t IV	Plan Characteristics					
9a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C 2F 2G 2J 2K 2T 3D	haracteri	stic Co	des in	the instruction	ons:
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	haracteris	stic Cod	des in	the instructio	ns:
Part	٧	Compliance Questions					
10	Durir	ng the plan year:		Yes	No	Δ	mount
а	29 (there a failure to transmit to the plan any participant contributions within the time period described 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 report ne 10a.)	ed 10b		X		
С	Was	s the plan covered by a fidelity bond?	10c	X			1000000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra shonesty?	ud 10d		X		
е	insur	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			11776
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X		
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X			33327
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				
art	VI	Pension Funding Compliance				,	
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and				•	Yes X No
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the C	code or se	ection 3	302 of	ERISA?	Yes X No
•		'es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	_4				. lattan milian
а		ting the waiver					
lf y	ou co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	г			
b	Ente	r the minimum required contribution for this plan year			12b		
		r the amount contributed by the employer to the plan for this plan year			12c		
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)			12d		
е	•	he 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					
13a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes X No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a		
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou e PBGC?					Yes X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident h assets or liabilities were transferred. (See instructions.)	ify the pla	ın(s) to	1		
1	3c(1)	Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
_					_		

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 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.	07/28/2010	CHERYL OPPERMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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**

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification	n Information					10/01/000	
For	calendar plan year 2009 or fiscal plan year b	eginning	01/01/2	009	and ending		12/31/200	9
Α	This return/report is for:	oloyer plan	multiple-e	mployer plan (i	not multiemployer)		one-participan	t plan
В	This return/report is for: first return.	report/	final retur	n/report				
	· =	ed return/report	short plan	year return/re	port (less than 12 m	onths)		
C	Check box if filing under: Form 5558	3	automatic	extension			DFVC program	n
•		tension (enter descri	ப iption)				_	
D,	art II Basic Plan Information—en							
<u> </u>	Name of plan	ter an requested mit	ormation .			1b	Three-digit	
	BOMGAR 401(K) PLAN						plan number	
							(PN) •	001
						1c	Effective date of 10/01/2006	
2-		- if fi				2h	Employer Identifi	
4d	Plan sponsor's name and address (employe BOMGAR CORPORATION	r, ii ior saigle-emplo	yei piani				(EIN) 20-4000	074
						2c	Plan sponsor's te	
	578 HIGHLAND COLONY PARKWA	Y				0.1	(601)519-0	
	STE 300			MC	39157	20	Business code (s 541512	ee instructions)
32	RIDGELAND Plan administrator's name and address (if same	ame as Plan sponso	r, enter "Same		39137	3b	Administrator's E	IN
Vu	SAME	anno do triam oponio	,	,			<u>,</u>	
						3c	Administrator's te	elephone number
-	If the name and/or EIN of the plan sponsor ha		a last saturales	nort filed for th	is plan anter the	1 1h	EIN	
4	name, EIN, and the plan number from the las	st return/report. Spo	e last returnite insor's name	port med for th	is plan, enter the	70	LIIV	
						4c	PN	
5a	Total number of participants at the beginning	g of the plan year			• • • • • • • • • • • • • • • • • • • •	. 5a		120
b	Total number of participants at the end of the	ie plan year	***************************************			. <u>5b</u>		124
C								95
	complete this item)					5c		X Yes No
6a	Were all of the plan's assets during the pla Are you claiming a waiver of the annual ex							₩ 163 ∐ 110
D	under 29 CFR 2520.104-46? (See instruction	annitation and repor ons on waiver eligibi	lity and condit	ions.)	public accountant (X Yes No
	If you answered "No" to either 6a or 6b,							
Pa	art III Financial Information							
7	Plan Assets and Liabilities			(a) Be	ginning of Year		(b) End	
а	Total plan assets		7a		831,9	07		1,895,358
b	Total plan liabilities		7b					
<u> </u>	Net plan assets (subtract line 7b from line 7	a)	7с		831,9	907		1,895,358
8	Income, Expenses, and Transfers for this P	lan Year		(:	a) Amount		(b) T	otal
а	Contributions received or receivable from: (1) Employers		8a(1)		303,5	517		
				<u></u>	514,0	 i		
	(2) Participants				2,7			
h	(3) Others (including rollovers)		į .		375,3			
b	· ·				3,3,3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	1,195,652
c d				 		+		
u	to provide benefits)	picinium	8d		129,8	379		
е						<u> </u>		
f	Administrative service providers (salaries, f	ees, commissions).	8f		2,3	322		
g						0 :		
~								
h	Total expenses (add lines 8d, 8e, 8f, and 8		8h	1				132,201
h i	Total expenses (add lines 8d, 8e, 8f, and 8 Net income (loss) (subtract line 8h from line	g)						132,201 1,063,451

			municine)	
Form	5500-	CE 2	വവ	

SIGN HERE

Signature of employer/plan sponsor

Page 2-
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		e describing to the control of the c								
	t IV	Plan Characteristics								
9a	If th	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
b	If th	2E 2F 2G 2J 2K 2T 3D e plan provides welfare benefits, enter the applicable welfare featu	ire codes from the l	ist of Plan Chara	cteris	tic Coc	des in t	he instruc	tions:	
D	11 (11	e plan provides wenare benefits, effer the applicable wenare reate	no occor nom mo s	not of Flair offara	010110					
Pari	t V	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amou	nt
	29	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	y Correction Progra	m)	10a		Х			
b		re there any nonexempt transactions with any party-in-interest? (Diline 10a.)			10b		Х			
С	W	as the plan covered by a fidelity bond?			10c	Х			1,	,000,000
d		the plan have a loss, whether or not reimbursed by the plan's fidel			10d		Х			
е	We	ere any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	persons by an insura e benefits under the	ance carrier, plan? (See	10e	Х				11,776
f	На	s the plan failed to provide any benefit when due under the plan?			10f		Х			
g		the plan have any participant loans? (If "Yes," enter amount as of			10g	Х				33,327
h	If ti	nis is an individual account plan, was there a blackout period? (See	e instructions and 29	OFR	10g	Λ	Х			33/32/
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10ii		***			
Part	: VI				10.					
11	ls t	nis a defined benefit plan subject to minimum funding requirements							П	Yes X No
12		his a defined contribution plan subject to the minimum funding requ							П	Yes X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							_	-
а	If a	waiver of the minimum funding standard for a prior year is being ar	mortized in this plar	year, see instru	ctions	, and e	enter th	e date of	the lette	er ruling
If	gra	nting the waivercomplete lines 3, 9, and 10 of Schedule ME	B (Form 5500), and	Ivion I skip to line 13.	ıın		Day		Teal_	
b		er the minimum required contribution for this plan year				Г	12b			
C		er the amount contributed by the employer to the plan for this plan				- 1	12c			
d	Sul	otract the amount in line 12c from the amount in line 12b. Enter the	result (enter a minu	us sign to the left	of a		12d			
е		the minimum funding amount reported on line 12d be met by the f						Yes	No	N/A
	: VII	Plan Terminations and Transfers of Assets								
13a	Has	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?						Yes X No
		es," enter the amount of any plan assets that reverted to the empl				1	13a			
b	We	re all the plan assets distributed to participants or beneficiaries, tra	insferred to another	plan, or brought	under	the co				Yes X No
С		uring this plan year, any assets or liabilities were transferred from t ich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	he pla	n(s) to)			
29	13c(′) Name of plan(s):				13	c(2) El	N(s)	13	3c(3) PN(s)
Cau	tion:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le ca	use is	establ	ished.		
Und SB o	er pe or Sc	nalties of perjury and other penalties set forth in the instructions, I chedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have	examined this ret	urn/re	port, ir	ncludin	g, if applic	cable, a / knowle	Schedule edge and
		1 /cm	7/28/10	Mike Morga	n					
SIG	17:55	Signature of plan administrator	Date	Enter name of i		ual sid	ning a	s plan adr	ministrat	tor
	77	orginature or pian administrator	7/28/10	The state of the				I market and a		
SIG	IN		120110		000 1000	8 70	Vas	8	()21	

Date

Enter name of individual signing as employer or plan sponsor