## 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 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	Complete all entries in accor	dance witl	h the instructions to the Form 5500	0-SF.	-
	art I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning 01/01/200	9	and ending 1	2/31/2	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	short plar	year return/report (less than 12 mor	nths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter description)				
Da	rt II Basic Plan Information—enter all requested inform				
	Name of plan	lation		1h	Three-digit
	VAN COMPANY 401(K) PLAN			10	plan number
0,					(PN) • 001
				1c	Effective date of plan
					04/01/1999
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
JAY-	VAN COMPANY, INC.			20	(EIN) 64-0601570 Plan sponsor's telephone number
P. O.	BOX 15427			20	601-545-1161
24 B	ONHOMIE ROAD			2d	Business code (see instructions)
	TIESBURG, MS 39404				238300
	Plan administrator's name and address (if same as Plan sponsor, e VAN COMPANY, INC. P. O. BOX 1		e")	3b	Administrator's EIN 64-0601570
JA 1 -	24 BONHON	IIE ROAD		30	Administrator's telephone number
	HATTIESBU	RG, MS 39	9404	)	601-545-1161
	the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
1	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	BN
5a	Total number of participants at the beginning of the plan year			<del>тс</del> 5а	
b	Total number of participants at the end of the plan year				40
C	Total number of participants at the end of the plan year			5b	33
C	complete this item)		The state of the s	5c	19
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No
	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				Yes   No
D-	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.	
	rt III   Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
	Total plan assets	. 7a	288465	_	419853
b	Total plan liabilities		000.405		0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7с	288465	)	419853
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:  (1) Employers	. 8a(1)	18725	5	
	(2) Participants		37790	,	
	(3) Others (including rollovers)				
b	Other income (loss)		92975	5	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				149490
d	Benefits paid (including direct rollovers and insurance premiums				
	to provide benefits)	. 8d	18102	2	
е	Certain deemed and/or corrective distributions (see instructions) $\dots$	. 8e			
f	Administrative service providers (salaries, fees, commissions)	. 8f			
g	Other expenses	. 8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			18102
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			131388
i	Transfers to (from) the plan (see instructions)	. 8i			

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Part IV	Plan	Charac	teristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		An	nount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in	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	X					155000
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				
е	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					3303
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 of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	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	10i	X					
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					[	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	RISA?.		Yes	X No
	(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 instruct granting the waiver							ing
_	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 of negative amount)		[	12d				
е	Will the 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							
3a	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 u of the PBGC?	ınder	the co	ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) EII	N(s)		13c(3)	PN(s)
				,				
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable					00F1-	0.0-1	o dulc
В о	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	09/29/2010	PATRICE DOUGLAS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/29/2010	PATRICE DOUGLAS
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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OMB Nos. 1210-0110

1210-0089

2009

This Form is Open to Public Inspection.

	Pension Benefit Guaranty Corporation	► Complete all entries in accord	dance with	the instructions to the Form 5500-	SF.	opodi.o
P	art I Annual Report Id	entification Information				
For	the calendar plan year 2009 or f	iscal plan year beginning	2009-	-01-01 and ending	2009-1	12-31
A ·	This return/report is for:	single-employer plan	multiple-er	mployer plan (not multiemployer)		e-participant plan
в .	This return/report is for:	first return/report	final return	/report		- Partia Parti
_		an amended return/report		•		
_	<del>.</del>	;	•	year return/report (less than 12 months)	´ —	
C	Check box if filing under:	·	automatic	extension	∐ DF	VC program
		special extension (enter description	)			
Pa	art II Basic Plan Inforn	nation enter all requested infor	mation.			
1a	Name of plan				1b Three	e-digit
	JAY-VAN COMPANY 401(k)	DT.AN				number 001
	5111 VIII GOIII IIVI 401 (K)	1111		<del> </del>	(PN)	tive date of plan
						9-04-01
2a	Plan sponsor's name and addres	ss (employer, if for single-employer pl	an)			oyer Identification Number
	JAY-VAN COMPANY, INC.					64-0601570
	P. O. BOX 15427					sponsor's telephone number
	24 BONHOMIE ROAD			<u> </u>		.) 545-1161
	HATTIESBURG	MS 39404			2383	ess code (see instructions)
3а	Plan administrator's name and a	ddress (If same as plan employer, en	ter "Same"	)		nistrator's EIN
	Same					
					3c Admir	nistrator's telephone number
						•
4	If the name and/or EIN of the pla	n sponsor has changed since the las	t roturn/ron	art filed for this plan antar the	4b EIN	· · · · · · · · · · · · · · · · · · ·
•	name, EIN and the plan number	from the last return. Sponsor's Name	t return/rep	<u> </u>		
					4c PN	
		ne beginning of the plan year			5a	40
b	Total number of participants at th	ne end of the plan year	• • •		<u>5b</u>	33
С		account balances as of the end of th			5c	19
6a	Were all of the plan's assets duri	ng the plan year invested in eligible a	ssets? (Se	e instructions.)		
		annual examination and report of an				
	under 29 CFR 2520.104-46? (Se	e instructions on waiver eligibility and	d conditions			XYes □No
	If you answered "No" to either	6a or 6b, the plan cannot use Form	1 5500-SF a	and must instead use Form 5500.		
Pa	rt III Financial Informa	ıtion				
7	Plan Assets and Liabilities		DE A	(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	288,465		419,853
b	Total plan liabilities		. 7b	0		0
С	Net plan assets (subtract line 7b	from line 7a)	. 7c	288,465		419,853
8	Income, Expenses, and Transfers	s for this Plan Year	96	(a) Amount		(b) Total
а	Contributions received or receiva		and placement of solidate (C.).	(w) randune		(w) i com
	(1) Employers		8a(1)	18,725		
	(2) Participants		8a(2)	37,790	Maria	
	(3) Others (including rollovers).		8a(3)			
b	Other income (loss)		. 8b	92,975		
C	Total income(add lines 8a(1), 8a(	(2), 8a(3), and 8b)	. 8c			149,490
d	Benefits paid (including direct roll	overs and insurance premiums		A STATE OF THE STA		
	to provide benefits)		- <u>8d</u>	18,102		
е	Certain deemed and/or corrective	e distributions (see instructions)	8e			
f	Administrative service providers (	(salaries, fees, commissions)	. 8f			
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8e,	, 8f, and 8g)	. 8h			18,102
i	Net income (loss) (subject line 8h	n from line 8c)	. 8i		L	131,388
i	Transfers to (from) the plan (see	instructions)	. 8i		新老耆	

	Form 5500-SF (2009)	Pa	age <b>2-</b>					
Par	rt IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature	e codes from the Lis	t of Plan Characte	eristic (	Codes	in the	instructions:	
	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature							
Par	irt V Compliance Questions		·					
10	During the plan year:				Yes	No	Α .	mount
а	Was there a failure to transmit to the plan any participant contribution v	within the time period	d described in					
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Program	)	10a		X		
~	on line 10a.)		-	10b		x		
С				10c	x			155,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelii	ty bond, that was ca	used by fraud					
	or dishonesty?			10d		х		
е	trains and interest to deliminations paid to diffy brokers, agents, or other per	sons by an insurance	ce carrier,					
	insurance services or other organization that provides some or all of the instructions.)	e benefits under the		10e	x			3,303
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 y	rear end.)		10g		х		
h	If this is an individual account plan, was there a blackout period? (See	instructions and 29						
	2520.101-3.)			10h		<u> </u>		
'	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	duired notice or one	of the	10i	x			
	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	? (If "Yes," see instr	uctions and comp	lete Sc	hedul	e SB (F	orm	Yes X No
12	ls this a defined contribution plan subject to the minimum funding requi							Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		+12 of the code o	Secur	11 302	OIER	ioar	Ties Elivo
а	and the second s	nortized in this plan	year, see instructi	ons, ar	id ent	er the	date of the le	attan muliman
if v	granting the waiver							atter ruling
b.	VOU completed line 12s, complete lines 2.0, and 40 of Cahadula MED	· · · · · · · · · · · · · · · · · · ·	Mo	nth		Day	'—— `	-
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (	(Form 5500), and s	kip to line 13.		— Г		·	-
C	Enter the minimum required contribution for this plan year	(Form 5500), and s	kip to line 13.		 - [	12b	·	-
c d	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year.	(Form 5500), and s · · · · · · · /ear · ·	kip to line 13.		· [	12b 12c	,	-
d	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan y  Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)	(Form 5500), and s /ear result (enter a minus	kip to line 13.	  fa	. [	12b 12c 12d		-
d e	Enter the minimum required contribution for this plan year  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 negative amount)	(Form 5500), and s /ear result (enter a minus	kip to line 13.	  fa	. [	12b 12c 12d	Yes	-
d e Part	Enter the minimum required contribution for this plan year  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 regative amount)	(Form 5500), and s /ear result (enter a minus unding deadline? .	kip to line 13.	 fa 	· [	12b 12c 12d		Year
d e	Enter the minimum required contribution for this plan year  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 regative amount)	(Form 5500), and s  vear  result (enter a minus  unding deadline?	kip to line 13.	 fa 	· [	12b 12c 12d		Year
d e Part I3a	Enter the minimum required contribution for this plan year  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 regative amount)	(Form 5500), and s  vear  result (enter a minus  unding deadline? .  ar or any prior year?	kip to line 13.		· [- ·  - ·  -	12b 12c 12d 		Year
d e Part I3a	Enter the minimum required contribution for this plan year  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 regative amount)	result (enter a minus	kip to line 13.  s sign to the left of	fa	·	12b 12c 12d 		Year
d e Part I3a	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan year year to the amount in line 12c from the amount in line 12b. Enter the regative amount year amount in line 12c from the amount in line 12b enter the regative amount year.  Will the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the full the minimum funding amount reported on line 12d be met by the full the full the minimum funding amount reported on line 12d be met by the full th	result (enter a minus	kip to line 13.  s sign to the left of	fa	·	12b 12c 12d 		YearNoN/A
e Part 13a b	Enter the minimum required contribution for this plan year  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 regative amount)	result (enter a minus	kip to line 13.  s sign to the left of	fa	·	12b 12c 12d  13a	☐Yes	YearNoN/AYes _X NoYes _X No
e Part 13a b	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan year year to the amount in line 12c from the amount in line 12b. Enter the regative amount year amount in line 12c from the amount in line 12b enter the regative amount year.  Will the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the minimum funding amount reported on line 12d be met by the full the full the minimum funding amount reported on line 12d be met by the full the full the minimum funding amount reported on line 12d be met by the full th	result (enter a minus	kip to line 13.  s sign to the left of	fa	·	12b 12c 12d 	☐Yes	YearNoN/A
e Part 13a b	Enter the minimum required contribution for this plan year  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 regative amount)	result (enter a minus	kip to line 13.  s sign to the left of	fa	·	12b 12c 12d  13a	☐Yes	YearNoN/AYes _X NoYes _X No
e Part 13a b	Enter the minimum required contribution for this plan year  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 regative amount)	result (enter a minus	kip to line 13.  s sign to the left of	fa	·	12b 12c 12d  13a	☐Yes	YearNoN/AYes _X NoYes _X No
d e Part 13a b c	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan year year the amount in line 12c from the amount in line 12b. Enter the regative amount)	(Form 5500), and s  vear  result (enter a minus  unding deadline?  ar or any prior year?  yer this year  sferred to another p  is plan to another pl	kip to line 13.  s sign to the left of the	f a		12b 12c 12d  13a rol	Yes	YearNoN/AYes _X NoYes _X No
d e Part I3a b c	Enter the minimum required contribution for this plan year 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 regative amount)	(Form 5500), and s  vear  result (enter a minus	kip to line 13.  s sign to the left of the	f a	· · · · · · · · · · · · · · · · · · ·	12b 12c 12d	Yes	YearNoN/AYes _X NoYes _X NoYes _X No13c(3) PN(s)
d e e Part 13a b c C Cauti Jnder	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year	(Form 5500), and s  vear  result (enter a minus  unding deadline? .  ar or any prior year?  yer this year  sferred to another p  is plan to another pl	kip to line 13.  s sign to the left of the	ause is	· · · · · · · · · · · · · · · · · · ·	12b 12c 12d	Yes	YearNoN/AYes _X NoYes _X NoYes _X No
d e e Part 13a b c C Cauti Jnder	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year	(Form 5500), and s  vear  result (enter a minus  unding deadline? .  ar or any prior year?  yer this year  sferred to another p  is plan to another pl	kip to line 13.  sign to the left of the l	ause is	· · · · · · · · · · · · · · · · · · ·	12b 12c 12d	Yes	YearNoN/AYes _X NoYes _X NoYes _X No
d e Part 13a b c c Cauti Under	Enter the minimum required contribution for this plan year 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 regative amount)	(Form 5500), and s  vear  result (enter a minus  unding deadline? .  ar or any prior year?  yer this year  sferred to another p  is plan to another pl	kip to line 13.  s sign to the left of the	ause is	· · · · · · · · · · · · · · · · · · ·	12b 12c 12d	Yes	YearNoN/AYes _X NoYes _X NoYes _X No
d e e Part 13a b c c Cauti Under	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year	result (enter a minus unding deadline?  ar or any prior year? yer this year  sferred to another plain is plan to another plan is plan to another	kip to line 13.  sign to the left of the l	plan(s)  ause is report, ort, and	to	12b 12c 12d 13a rol	☐Yes IN(s)  d. applicable, a of my knowled	YearNoN/AYes _X NoYes _X NoYes _X No
d e Part 13a b c c Cauti Under	Enter the minimum required contribution for this plan year  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 regative amount)  Will the minimum funding amount reported on line 12d be met by the function of the plan terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year of the plan assets distributed to participants or beneficiaries, transfer of the PBGC?  If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  In penalty for the late or incomplete filling of this return/report will be repenalties of perjury and other penalties set forth in the instructions, I dear or schedule MB completed and signed by an enrolled actuary, as well as the figure of plan administrator  Signature of plan administrator  Signature of plan administrator	result (enter a minus unding deadline?	sign to the left of the left o	der the	to	12b 12c 12d 13a rol	☐Yes IN(s)  d. applicable, a of my knowled	YearNoN/AYes _X NoYes _X NoYes _X No