

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>05/01/2009</u> and ending <u>04/30/2010</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information			
1a Name of plan JA WORLDWIDE HEALTH AND WELFARE BENEFITS TRUST 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) JA WORLDWIDE C/O TIM ARMIJO ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	1b Three-digit plan number (PN) ▶ <u>503</u>	1c Effective date of plan <u>05/01/1993</u>		
	2b Employer Identification Number (EIN) <u>84-1223492</u>	2c Sponsor's telephone number <u>719-540-8000</u>	2d Business code (see instructions) <u>611000</u>	

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	02/03/2011	TIM ARMIJO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/03/2011	TIM ARMIJO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") JA WORLDWIDE C/O TIM ARMIJO ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	3b Administrator's EIN 84-1223492 <hr/> 3c Administrator's telephone number 719-540-8000
--	---

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	980
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	728
b Retired or separated participants receiving benefits.....	6b	108
c Other retired or separated participants entitled to future benefits.....	6c	
d Subtotal. Add lines 6a , 6b , and 6c	6d	836
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

4A 4B 4D 4E 4H 4L

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	--

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☒ 6 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
---	--	--

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010		
A Name of plan JA WORLDWIDE HEALTH AND WELFARE BENEFITS TRUST	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500. JA WORLDWIDE	D Employer Identification Number (EIN) 84-1223492	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
EYEMED VISION CARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
86-0773195		9696899	954	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☒ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	44676
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
---	---	---

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010		
A Name of plan JA WORLDWIDE HEALTH AND WELFARE BENEFITS TRUST	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500. JA WORLDWIDE	D Employer Identification Number (EIN) 84-1223492	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier
CONNECTICUT GENERAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0303370	62308	3330083	582	05/01/2009	04/30/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☒ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☒ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	313668
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
---	---	---

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010		
A Name of plan JA WORLDWIDE HEALTH AND WELFARE BENEFITS TRUST	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500. JA WORLDWIDE	D Employer Identification Number (EIN) 84-1223492	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier

LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	VDT960383	507	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
4360	465

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WELLS FARGO INSURANCE SERV. PO BOX 202914
DALLAS, TX 75320

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4360	465	SALES AND SERVICE OVERRIDE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☒ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	83419
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
---	---	---

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010		
A Name of plan JA WORLDWIDE HEALTH AND WELFARE BENEFITS TRUST	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500. JA WORLDWIDE	D Employer Identification Number (EIN) 84-1223492	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier
LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	FLX962646	851	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
5274	543

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WELLS FARGO INSURANCE SERV. PO BOX 202914 DALLAS, TX 75320

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5274	543	SALES AND SERVICE OVERRIDE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	157841
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
---	---	---

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010		
A Name of plan JA WORLDWIDE HEALTH AND WELFARE BENEFITS TRUST	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500. JA WORLDWIDE	D Employer Identification Number (EIN) 84-1223492	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier
LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	OK 964280	719	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
724	75

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WELLS FARGO INSURANCE SERV. PO BOX 202914 DALLAS, TX 75320

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
724	75	SALES AND SERVICE OVERRIDE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☒ Other (specify) ▶ **ACCIDENTAL DEATH**

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	21658
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
---	---	---

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010		
A Name of plan JA WORLDWIDE HEALTH AND WELFARE BENEFITS TRUST	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500. JA WORLDWIDE	D Employer Identification Number (EIN) 84-1223492	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier
LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	FLX962647	465	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
9864	1020

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WELLS FARGO INSURANCE SERV. PO BOX 202914 DALLAS, TX 75320

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9864	1020	SALES & SERVICE OVERRIDE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☒ Other (specify) **► SUPPLEMENTAL & DEPENDENT LIFE**

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	96310
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs **►**

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. **►**

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010		
A Name of plan JA WORLDWIDE HEALTH AND WELFARE BENEFITS TRUST		B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 JA WORLDWIDE		D Employer Identification Number (EIN) 84-1223492

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
--

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CONNECTICUT GENERAL LIFE INSURANCE

06-0303370

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	INDEPENDENT CONTRACTOR	367372	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

WELLS FARGO INS. SERVICES

5755 MARK DABLING BLVD., SUITE 300
COLORADO SPRINGS, CO 80919

84-0865117

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	INDEPENDENT CONTRACTOR	30902	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

PARTNERS CAPITAL MANAGEMENT

7660 GODDARD STREET, SUITE 120
COLORADO SPRINGS, CO 80920

75-2327004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INDEPENDENT CONTRACTOR	19182	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MICHAEL L. ANDERSON & ASSOCIATES

2 NORTH CASCADE, SUITE 850
COLORADO SPRINGS, CO 80903

41-1799234

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	INDEPENDENT CONTRACTOR	11810	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
--	--	---

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010		
A Name of plan JA WORLDWIDE HEALTH AND WELFARE BENEFITS TRUST	B Three-digit plan number (PN) ►	503
C Plan sponsor's name as shown on line 2a of Form 5500 JA WORLDWIDE	D Employer Identification Number (EIN) 84-1223492	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	966109	2173607
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	346048	279168
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	86716	27087
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18562	286009
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	519585	664093
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	207256	194754
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2144276	3624718

Liabilities

g Benefit claims payable	1g	208077	287052
h Operating payables	1h	6150	3805
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	214227	290857

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1930049	3333861
---	-----------	---------	---------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5456055	
(B) Participants	2a(1)(B)	505433	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5961488

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	446	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		446

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	17890	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		17890

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	727566	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	752581	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-25015

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	178576	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		178576
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6133385

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	659592	
(3) Other	2e(3)	3705669	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4365261
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	16697	
(2) Contract administrator fees	2i(2)	281129	
(3) Investment advisory and management fees	2i(3)	19511	
(4) Other	2i(4)	46975	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		364312
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4729573

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1403812
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MICHAEL L ANDERSON & ASSOCIATES

(2) EIN: 41-1799234

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

JA WORLDWIDE
HEALTH AND WELFARE BENEFITS TRUST
Colorado Springs, Colorado

Audited Financial Statements
Years Ended April 30, 2010 and 2009

TABLE OF CONTENTS

Independent Auditors' Report	1
Statements of Net Assets Available for Benefits As of April 30, 2010 and 2009	2
Statements of Changes in Net Assets Available for Benefits Years Ended April 30, 2010 and 2009	3
Notes to Financial Statements	4 - 10



Michael L. Anderson
AND ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

2 N CASCADE, SUITE 850
COLORADO SPRINGS, CO 80903
PHONE (719) 260-7760
FAX (719) 633-8103

603 22ND AVE. W
PO BOX 1023
ALEXANDRIA, MN 56308
PHONE (320) 763-3157
FAX (320) 763-6177

Independent Auditors' Report

Health Plan Trustees and Audit Committee
JA Worldwide
Health and Welfare Benefits Trust
Colorado Springs, Colorado

We have audited the accompanying statements of net assets available for benefits of JA Worldwide Health and Welfare Benefits Trust as of April 30, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's Management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of JA Worldwide Health and Welfare Benefits Trust as of April 30, 2010 and 2009, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Michael L. Anderson & Associates
Colorado Springs, Colorado

September 1, 2010

JA Worldwide
Health and Welfare Benefits Trust
Statements of Net Assets Available for Benefits
As of April 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
Cash		
Cash in banks	\$ 2,424,051	\$ 966,109
Investments at fair value		
Money market funds	35,565	18,562
Stocks and mutual funds	858,847	726,841
	<u>894,412</u>	<u>745,403</u>
Receivables		
Participating employers' contributions	279,168	346,048
Other	27,087	86,716
	<u>306,255</u>	<u>432,764</u>
Property and equipment at cost		
Computer system	109,889	109,889
Less: Accumulated depreciation	<u>(109,889)</u>	<u>(109,889)</u>
	<u>-</u>	<u>-</u>
TOTAL ASSETS	<u><u>3,624,718</u></u>	<u><u>2,144,276</u></u>
LIABILITIES		
Accounts payable	<u>3,805</u>	<u>6,150</u>
TOTAL LIABILITIES	<u>3,805</u>	<u>6,150</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>3,620,913</u></u>	\$ <u><u>2,138,126</u></u>

See Accompanying Notes and Independent Auditors' Report

JA Worldwide
Health and Welfare Benefits Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended April 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Employers	\$ 5,456,055	\$ 6,285,733
Retirees and separated participants	<u>505,433</u>	<u>357,607</u>
	5,961,488	6,643,340
Investment income		
(Losses) / Gains on investments	153,561	(183,446)
Dividends	<u>18,336</u>	<u>15,462</u>
Total investment income	171,897	(167,984)
Less: Investment expenses and foreign taxes paid	<u>19,511</u>	<u>19,873</u>
Net investment income (loss)	<u>152,386</u>	<u>(187,857)</u>
TOTAL ADDITIONS	<u>6,113,874</u>	<u>6,455,483</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid for participants		
Health claims	3,626,694	4,588,707
Insurance premiums	<u>659,592</u>	<u>784,623</u>
	4,286,286	5,373,330
Administrative expenses	<u>344,801</u>	<u>407,825</u>
TOTAL DEDUCTIONS	<u>4,631,087</u>	<u>5,781,155</u>
NET INCREASE / (DECREASE) DURING YEAR	1,482,787	674,328
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>2,138,126</u>	<u>1,463,798</u>
End of year	\$ <u><u>3,620,913</u></u>	\$ <u><u>2,138,126</u></u>

See Accompanying Notes and Independent Auditors' Report

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2010 and 2009

NOTE 1 - DESCRIPTION OF PLAN

The following description of the JA Worldwide Health and Welfare Benefits Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan provides health and other benefits covering eligible employees in participating U.S. Junior Achievement offices. The plan is considered a "Single-employer plan" under current IRS / DOL regulations. Further discussion of the Plan's tax status is provided in Note 12. Individual Field Areas and the Headquarters of JA Worldwide, contribute to the Plan. Since May 1, 1990, the Plan has been "self-funded"; benefits are funded by accumulated contributions and investment income. In addition, stop-loss reinsurance is purchased by the Plan to fund benefits over a specific and aggregate amount. The Plan also purchases life insurance and accidental death and dismemberment benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits

The Plan provides health, dental, life, long-term disability and death benefits for those who are eligible, full-time employees of JA Worldwide and their beneficiaries and covered dependents. Full-time employees are defined as those who normally work 32 hours a week. Retirees and COBRA participants who meet the Plan requirements may also participate in the Plan. As required by law, the Plan provides continuation coverage to certain individuals separated from service. The maximum continuation period is normally 18 months for COBRA participants for medical and dental coverage.

Dental, disability, and life insurance claims of active and retired participants, dependents, and beneficiaries were processed by Mutual of Omaha for the period May 1, 2008 through December 31, 2008. Dental, disability, and life insurance claims of active and retired participants, dependents, and beneficiaries are processed by CIGNA Healthcare starting January 1, 2009 through April 30, 2010. Medical claims were processed by CIGNA HealthCare for the years ended April 30, 2010 and 2009.

Premiums

The Plan requires that the Headquarters of JA Worldwide and the individual Field Areas make monthly premium payments to the Plan for each participant. The premium rate is determined annually by the Plan Administrator. Each individual Field Area office may require participants to pay all or a portion of its premium subject to applicable state law, but the Field Area office remains ultimately responsible for such premiums. Retirees are responsible for paying 100% of their required premium. Eligible COBRA participants were responsible for paying 100% of their required premiums through February 28, 2009.

Beginning March 1, 2009, the American Recovery and Retirement Tax Act of 2009 ("ARRA") was passed and signed into law, which included a provision that the Federal Government subsidize health insurance premiums under COBRA for employees who were involuntarily terminated from employment between September 1, 2008 and December 31, 2009. Beginning March 1, 2009, ARRA requires the former employer to pay 65% of the terminated employee's COBRA payment for a period of up to 9 months until the terminated employee becomes eligible for coverage under another employer's plan. Since ARRA, the Continuing Extension Act of 2010 ("CEA") amended ARRA to further extend the period to qualify for COBRA premium reduction until May 31, 2010.

Other

The Plan's board of trustees, as Sponsor, has the right under the Plan to modify the benefits provided to active employees.

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2010 and 2009

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Date of Management's Review

Subsequent events were evaluated through September 1, 2010, which is the date the financial statements were available to be issued.

Estimates

The preparation of financial statements presented in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Valuation of Investments

The Plan's investments are stated at fair value. Quoted market prices are used whenever possible. Many factors contribute to "fair value"; however, in general, the Plan's independent investment advisors supply values based upon yields and market prices for funds of similar quality, composition and earning history.

Property and Equipment

Depreciation is provided principally on the straight-line method over the estimated useful life of the asset, which is generally three years on computer systems and software.

Post-retirement Benefits

The Plan does accrue post-retirement benefit obligations. This accrual is included in the claims incurred but not reported (IBNR) calculation.

Claims Incurred But Not Reported

Claims incurred but not reported (IBNR) are estimated by the Plan Administrator based upon industry practice, historic claims experience, and actual claims reported subsequent to the Plan's year-end, including utilizing the Plan's third-party administrator healthcare lag reports. An actuarial determination has not been obtained. Such estimated amounts are reported in the accompanying Note 7.

NOTE 3 - RECEIVABLES

All contributions receivable from employers and contributions from retired and separated participants as of April 30, 2010 and 2009 are considered collectible, and management believes no allowance for doubtful accounts is considered necessary.

**JA Worldwide
Health and Welfare Benefits Trust**

Notes to Financial Statements
April 30, 2010 and 2009

NOTE 4 - INVESTMENTS

Plan investments are held with an investment company. For the years ended April 30, 2010 and 2009, there were no specific investments that were greater than five percent of the total Plan assets. The table below summarizes investments by category as of April 30, 2010 and 2009.

	2010	Percent	2009	Percent
Money Market	35,565	4.0%	18,562	2.5%
Mutual Funds	194,754	21.8%	207,256	27.8%
Stocks	664,093	74.2%	519,585	69.7%
Total Investments	\$ 894,412	100.0%	\$ 745,403	100.0%

Income (loss) on investments was combined as follows:

	2010	2009
Change in Unrealized (Losses) / Gains	\$ 178,576	\$ (70,325)
Realized Gains (Losses)	(25,015)	(113,121)
(Losses) / Gains on Investments	\$ 153,561	\$ (183,446)

The method used for calculating cost basis on investments sold is first-in, first-out (FIFO). The first shares purchased are the first shares sold.

NOTE 5 - FAIR VALUE OF PLAN ASSETS AND LIABILITIES

Effective May 1, 2008, the Plan adopted FASB ASC 820-10 which provides a framework for measuring fair value under generally accepted accounting principles (GAAP). It defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. It requires that valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. It also establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3 inputs are unobservable inputs for the asset or liability.

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value (disclosures required by the Fair Value Measurements Topic of the FASB Accounting Standards Codification)

Cash, accounts receivable, other receivables, and accounts payable

The carrying amounts approximates fair value because of the short maturity of these instruments.

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2010 and 2009

NOTE 5 - FAIR VALUE OF PLAN ASSETS AND LIABILITIES (continued)

Investments

Investments in debt and equity securities are recorded at fair value on a recurring basis. Quoted market prices are readily available for the Plan's investments in stocks and mutual funds. Management believes that the valuations used in its financial statements are reasonable and are appropriately classified in the fair value hierarchy.

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the FASB ASC 820-10 fair value hierarchy in which the fair value measurement falls at April 30, 2010 and 2009.

		Fair Value Measurements Using		
	Fair Value	Quoted Prices (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
As of April 30, 2010				
Stocks and Mutual Funds	\$ 858,847	\$ 858,847	\$ -	\$ -
	\$ 858,847	\$ 858,847	\$ -	\$ -
As of April 30, 2009				
Stocks and Mutual Funds	\$ 726,841	\$ 726,841	\$ -	\$ -
	\$ 726,841	\$ 726,841	\$ -	\$ -

NOTE 6 – LINE OF CREDIT

The unsecured line of credit at April 30, 2010, totaled \$0, with an interest rate floor of five percent (5.00%). Interest is paid monthly on the last day of each month. The balance of principal plus interest is paid at maturity. The total amount of the line of credit is \$100,000. The availability period ended January 31, 2010. During the Availability Period, the borrower may borrow, repay, and borrow again from time to time under the line of credit.

The line of credit was renewed and advances under the line of credit will be available until May 31, 2011, with an interest rate floor of five percent (5.00%).

The unsecured line of credit at April 30, 2009, totaled \$0, with an interest rate of five percent (5.00%). Interest is paid monthly on the last day of each month. The balance of principal plus interest is paid at maturity. The total amount of the line of credit is \$100,000. There is no due date.

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2010 and 2009

NOTE 7 - BENEFIT OBLIGATIONS

The following tables present the components of the plan's benefit obligations and the related changes in the plan's benefit obligations.

Benefit Obligations
April 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Claims payable and claims incurred but not reported	\$ <u>287,052</u>	\$ <u>208,077</u>

Changes in Benefit Obligations
Years Ended April 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Benefit obligations, beginning of year	\$ 208,077	\$ 453,843
Benefit claims issued	3,877,650	4,883,611
Benefit claims paid	<u>(3,798,675)</u>	<u>(5,129,377)</u>
Benefit obligations, end of year	\$ <u>287,052</u>	\$ <u>208,077</u>

Plan expenses are paid by the Plan.

NOTE 8 - PREMIUMS TO INSURANCE CARRIER

The Plan purchases their stop-loss reinsurance from Connecticut General Life Insurance Company ("Connecticut General") to provide coverage for catastrophic claims. If a claim exceeds \$175,000 for an individual within one year, the stop-loss coverage pays the excess.

On January 1, 2009, the Plan changed from purchasing their disability and life insurance coverage with Mutual of Omaha to Connecticut General Life Insurance Company ("Connecticut General").

Payments from the Plan to the insurance carriers were as follows:

	<u>2010</u>	<u>2009</u>
Stop-loss fees	\$ 313,668	\$ 337,833
Long-term disability premiums	80,406	104,857
Life insurance premiums	<u>265,518</u>	<u>341,933</u>
Total	\$ <u>659,592</u>	\$ <u>784,623</u>

The amount received by the Plan in Stop Loss Reimbursements from Connecticut General for the years ended April 30, 2010 and 2009 totaled \$55,468 and \$451,184, respectively.

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2010 and 2009

NOTE 9 - CONCENTRATIONS OF CREDIT RISK

The Wells Fargo Checking account exceeds the federally insured maximum limit. Management is aware of the FDIC limitation. Frequently, the limit is exceeded for a short period of time in order to pay claims that are presented. Management considers the financial strength of the institution and are of the opinion that the risk of loss is minimal.

NOTE 10 - ADMINISTRATIVE SERVICE ONLY CONTRACT

CIGNA HealthCare processes and pays claims for the Plan for medical, dental, disability, and life insurance benefits of active and retired participants, dependents, and beneficiaries.

These contracts are known as “Administrative Service Only” (ASO) contracts. Administrative expenses are composed of the following amounts:

	2010	2009
Dental administration expenses	\$ 26,545	\$ 49,459
Medical administration expenses	254,584	297,902
Other administration fees	40,604	40,501
Professional fees	16,697	10,290
Office and miscellaneous administrative expenses	6,371	4,845
Monthly computer maintenance and internet expenses	0	4,828
Total	\$ <u>344,801</u>	\$ <u>407,825</u>

NOTE 11 - TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan reimburses JA Worldwide for office expenses, postage, and legal fees paid by JA Worldwide for the benefit of the Plan, which totals approximately \$8,238 and \$647 for the years ended April 30, 2010 and 2009, respectively. JA Worldwide provides administrative services to the Plan without compensation.

NOTE 12 - TAX STATUS

Any trust that is or may be established under the Plan to hold the Plan's assets is intended to qualify pursuant to the appropriate section of the Internal Revenue Code as a tax exempt organization. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service in March of 1993. The plan administrator and the Plan's legal counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the plan's financial statements.

NOTE 13 - ACCOUNTING FOR UNCERTAINTY IN INCOME TAX

The Plan has been formed under the Employee Retirement Income Security Act of 1974 and Section 501(c)(9) of the Internal Revenue Code. The Plan is exempt from federal and state income taxes as organizations described in Section 501(a) of the Internal Revenue Code. The Plan's open audit periods are for the years ended April 30, 2007 through 2009.

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2010 and 2009

NOTE 13 - ACCOUNTING FOR UNCERTAINTY IN INCOME TAX (continued)

In June 2006, the Financial Accounting Standards Board issued ASC 740-10 (formerly known as FASB Interpretation No. 48, *Accounting for Uncertainty in Income Taxes*), which prescribed a comprehensive model for how a Plan should measure, recognize, present, and disclose in its financial statements uncertain tax positions that a Plan has taken or expects to take on a tax return. The Plan has adopted ASC 740-10 and believes that the income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse affect on the Plan's financial status and changes in its financial status as a result of the implementation of ASC 740-10.

NOTE 14 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan may be terminated by agreement of the board of trustees, subject to the provisions of ERISA. In the event of plan termination, the assets of the plan would have to be used to benefit plan participants and any plan assets left over would be returned to the participants and/or area offices.

NOTE 15 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Schedule H of the Form 5500:

	2010	2009
Net assets available for benefits per the financial statements	\$ 3,620,913	\$ 2,138,126
Claims payable or incurred but not reported	(287,052)	(208,077)
Net assets available for benefits per the Schedule H of the Form 5500	\$ <u>3,333,861</u>	\$ <u>1,930,049</u>

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of the Form 5500:

Benefits paid on behalf of participants and Insurance premiums	\$ 3,626,694
Claims payable or incurred but not reported as of April 30, 2010	287,052
Claims payable or incurred but not reported as of April 30, 2009	(208,077)
Benefits paid per Schedule H of the Form 5500	\$ <u>3,705,669</u>

JA Worldwide Health & Welfare Benefits Trust
Plan Year Ended April 30, 2010
Form 5500 Plan #503

EIN: 84-1223492

Form 5500, Schedule H, Line 4i

Schedule of Investment Assets (Acquired and Disposed of Within Year)

(a) Identity of issue	(b) Description	(c) Costs of acquisitions	(d) Proceeds of dispositions
3Com Corp	Stock, no maturity date, interest rate, etc.	3,246	4,357
3M Corp	Stock, no maturity date, interest rate, etc.	1,228	1,299
Ace, Ltd	Stock, no maturity date, interest rate, etc.	6,518	8,611
Acuity Brands, Inc.	Stock, no maturity date, interest rate, etc.	12,659	14,313
Adaptec, Inc.	Stock, no maturity date, interest rate, etc.	129	116
AES Corp.	Stock, no maturity date, interest rate, etc.	610	1,256
Affiliated Managers Group	Stock, no maturity date, interest rate, etc.	139	156
Agrium	Stock, no maturity date, interest rate, etc.	1,293	2,761
Airgas Inc	Stock, no maturity date, interest rate, etc.	4,739	4,930
Albemarle Corp	Stock, no maturity date, interest rate, etc.	111	169
Alberto-Culver	Stock, no maturity date, interest rate, etc.	4,873	4,950
Alexander & Baldwin	Stock, no maturity date, interest rate, etc.	52	69
Allegheny Energy Inc	Stock, no maturity date, interest rate, etc.	742	739
Altera Corp	Stock, no maturity date, interest rate, etc.	5,371	8,417
American Electric Power	Stock, no maturity date, interest rate, etc.	555	721
Anadarko Petroleum	Stock, no maturity date, interest rate, etc.	8,504	12,431
Ansys, Inc.	Stock, no maturity date, interest rate, etc.	8,706	12,407
Associated Banc-Corp	Stock, no maturity date, interest rate, etc.	44	53
Assured Guaranty Ltd	Stock, no maturity date, interest rate, etc.	79	154
Autolive Inc	Stock, no maturity date, interest rate, etc.	467	864
Automatic Data Processing	Stock, no maturity date, interest rate, etc.	1,076	1,189
AXA	Stock, no maturity date, interest rate, etc.	27	65
Axcelis Technologies	Stock, no maturity date, interest rate, etc.	1,717	715
Bank of America Corp.	Stock, no maturity date, interest rate, etc.	1,264	1,838
Bank of New York	Stock, no maturity date, interest rate, etc.	13,032	12,517
Becton Dickinson & Co	Stock, no maturity date, interest rate, etc.	944	942
Blount International	Stock, no maturity date, interest rate, etc.	11	11
BOK Financial	Stock, no maturity date, interest rate, etc.	97	102
Bowne & Co Inc	Stock, no maturity date, interest rate, etc.	1,666	3,118
Bristol-Myers Squibb	Stock, no maturity date, interest rate, etc.	2,514	2,189
Bucyrus Intl Inc	Stock, no maturity date, interest rate, etc.	2,370	3,794
Capitaland Ltd	Stock, no maturity date, interest rate, etc.	6,101	5,634
Cardinal Health	Stock, no maturity date, interest rate, etc.	54	70
Cephalon Inc	Stock, no maturity date, interest rate, etc.	6,799	5,379
Cerner Corp	Stock, no maturity date, interest rate, etc.	79	87
CGI Group Inc	Stock, no maturity date, interest rate, etc.	556	836
Chattem	Stock, no maturity date, interest rate, etc.	6,591	7,164
Chevron-Texaco	Stock, no maturity date, interest rate, etc.	10,109	10,617
Chico's FAS Inc	Stock, no maturity date, interest rate, etc.	113	117
Chubb Corporation	Stock, no maturity date, interest rate, etc.	10,733	11,207
Church & Dwight Co.	Stock, no maturity date, interest rate, etc.	6,081	7,182
Cisco Systems Inc	Stock, no maturity date, interest rate, etc.	8,734	10,856
CMS Energy Corp	Stock, no maturity date, interest rate, etc.	83	110

JA Worldwide Health & Welfare Benefits Trust
Plan Year Ended April 30, 2010
Form 5500 Plan #503

EIN: 84-1223492

Form 5500, Schedule H, Line 4i

Schedule of Investment Assets (Acquired and Disposed of Within Year)

(a) Identity of issue	(b) Description	(c) Costs of acquisitions	(d) Proceeds of dispositions
Coca Cola Amtl Ltd	Stock, no maturity date, interest rate, etc.	54	81
Coca Cola	Stock, no maturity date, interest rate, etc.	2,212	2,787
Cognizant Technology	Stock, no maturity date, interest rate, etc.	4,114	8,271
Colgate-Palmolive Co.	Stock, no maturity date, interest rate, etc.	1,475	1,807
Comerica Bank	Stock, no maturity date, interest rate, etc.	62	74
ConocoPhillips	Stock, no maturity date, interest rate, etc.	6,489	6,754
Constellation Energy	Stock, no maturity date, interest rate, etc.	32	36
Core Laboratories	Stock, no maturity date, interest rate, etc.	67	132
Covidien Ltd	Stock, no maturity date, interest rate, etc.	7,923	8,226
Credit Suisse Group	Stock, no maturity date, interest rate, etc.	3,541	4,295
CVS Corporation	Stock, no maturity date, interest rate, etc.	16,635	18,652
Danaher Corp	Stock, no maturity date, interest rate, etc.	199	234
DBS Group Holdings	Stock, no maturity date, interest rate, etc.	2,957	4,705
Delaware Pooled Trst	Stock, no maturity date, interest rate, etc.	16,361	9,321
Deluxe Corp	Stock, no maturity date, interest rate, etc.	2,310	2,429
Deutsche Post AG ADR	Stock, no maturity date, interest rate, etc.	1,566	2,169
Devon Energy	Stock, no maturity date, interest rate, etc.	7,698	8,220
Diamond Offshore	Stock, no maturity date, interest rate, etc.	4,663	3,558
Discover Financial	Stock, no maturity date, interest rate, etc.	27	30
Dollar Thrifty Automotive	Stock, no maturity date, interest rate, etc.	1,307	8,263
DPL Inc	Stock, no maturity date, interest rate, etc.	631	662
Duke Energy	Stock, no maturity date, interest rate, etc.	1,053	1,211
Dupont de Nemours	Stock, no maturity date, interest rate, etc.	803	816
E. ON AG	Stock, no maturity date, interest rate, etc.	161	186
Eaton Vance	Stock, no maturity date, interest rate, etc.	8,155	9,313
EMC Corp.	Stock, no maturity date, interest rate, etc.	3,905	5,431
Emerson Electric	Stock, no maturity date, interest rate, etc.	3,570	2,668
Entergy Corp.	Stock, no maturity date, interest rate, etc.	193	241
Epoch Global Equity	Stock, no maturity date, interest rate, etc.	38,674	28,134
Epoch Intl Sm Cap	Stock, no maturity date, interest rate, etc.	1,268	782
Exelon Corp.	Stock, no maturity date, interest rate, etc.	454	485
Exxon Mobil	Stock, no maturity date, interest rate, etc.	3,263	2,796
FactSet Research Systems	Stock, no maturity date, interest rate, etc.	9,462	11,725
Fastenal Company	Stock, no maturity date, interest rate, etc.	4,936	4,867
First Energy Corp.	Stock, no maturity date, interest rate, etc.	2,050	2,084
France Telecom	Stock, no maturity date, interest rate, etc.	754	884
Fresenius Med Care	Stock, no maturity date, interest rate, etc.	220	220
General Dynamics	Stock, no maturity date, interest rate, etc.	1,228	1,176
General Motors Class E	Stock, no maturity date, interest rate, etc.	6,167	5,424
Genworth Contra Fund	Stock, no maturity date, interest rate, etc.	74,148	1,382
Gulf Island Fabrication	Stock, no maturity date, interest rate, etc.	20	20
Gymboree Corporation	Stock, no maturity date, interest rate, etc.	7,094	6,071
Hang Lung Properties	Stock, no maturity date, interest rate, etc.	148	263

JA Worldwide Health & Welfare Benefits Trust
Plan Year Ended April 30, 2010
Form 5500 Plan #503

EIN: 84-1223492

Form 5500, Schedule H, Line 4i

Schedule of Investment Assets (Acquired and Disposed of Within Year)

(a) Identity of issue	(b) Description	(c) Costs of acquisitions	(d) Proceeds of dispositions
Hansen Natural Co.	Stock, no maturity date, interest rate, etc.	4,006	3,408
Hexcel Corporation	Stock, no maturity date, interest rate, etc.	2,111	2,398
Honeywell Intl	Stock, no maturity date, interest rate, etc.	890	943
IBM Corp	Stock, no maturity date, interest rate, etc.	1,662	2,301
IHS Inc.	Stock, no maturity date, interest rate, etc.	10,342	11,478
Illinois Tool Works	Stock, no maturity date, interest rate, etc.	957	1,013
Immucor Inc.	Stock, no maturity date, interest rate, etc.	4,468	4,117
Ingersol-Rand	Stock, no maturity date, interest rate, etc.	9,263	10,667
Intel Corp	Stock, no maturity date, interest rate, etc.	895	923
International Power PLC	Stock, no maturity date, interest rate, etc.	72	92
Ishares MSCI EAFE Value Index	Stock, no maturity date, interest rate, etc.	625	658
Ishares Russell 1000	Stock, no maturity date, interest rate, etc.	1,175	1,389
Ishares Russell 3000	Stock, no maturity date, interest rate, etc.	374	376
Ishares Russell Mid	Stock, no maturity date, interest rate, etc.	2,214	2,818
IShares S&P 500	Stock, no maturity date, interest rate, etc.	1,336	1,414
Ishares S&P Global Utilities	Stock, no maturity date, interest rate, etc.	1,701	1,817
Jakks Pacific Inc	Stock, no maturity date, interest rate, etc.	23	13
Jarden Corporation	Stock, no maturity date, interest rate, etc.	80	136
Johnson & Johnson	Stock, no maturity date, interest rate, etc.	19,209	20,587
JP Morgan & Chase	Stock, no maturity date, interest rate, etc.	737	730
K-Swiss Inc	Stock, no maturity date, interest rate, etc.	30	21
KeyCorp	Stock, no maturity date, interest rate, etc.	74	52
Kraft Foods	Stock, no maturity date, interest rate, etc.	799	829
Kubota Corporation	Stock, no maturity date, interest rate, etc.	46	46
Lear Corp.	Stock, no maturity date, interest rate, etc.	1,001	69
LKQ Corp	Stock, no maturity date, interest rate, etc.	104	125
LM Ericsson	Stock, no maturity date, interest rate, etc.	1,767	1,614
Lockheed Martin Corp	Stock, no maturity date, interest rate, etc.	8,002	8,319
Lotsoff US Micro Cap	Stock, no maturity date, interest rate, etc.	1,487	995
Lowe's Companies, Inc	Stock, no maturity date, interest rate, etc.	1,738	1,367
Makita Corporation	Stock, no maturity date, interest rate, etc.	94	101
Marinemax Inc	Stock, no maturity date, interest rate, etc.	2,661	3,478
Marshall & Ilsley	Stock, no maturity date, interest rate, etc.	70	39
Mastercard Inc. Cl A	Stock, no maturity date, interest rate, etc.	593	976
MBIA Corp.	Stock, no maturity date, interest rate, etc.	18	34
McDonald's Corp.	Stock, no maturity date, interest rate, etc.	10,042	10,808
MI Schottenstein	Stock, no maturity date, interest rate, etc.	26	29
Mitsubishi UFJ Fin	Stock, no maturity date, interest rate, etc.	2,126	1,297
National Bank of Greece	Stock, no maturity date, interest rate, etc.	2,516	2,152
National Grid New	Stock, no maturity date, interest rate, etc.	1,437	1,665
Nike, Inc.	Stock, no maturity date, interest rate, etc.	2,831	3,597
Nintendo Co Ltd	Stock, no maturity date, interest rate, etc.	5,631	3,123
Northern Trust Corp.	Stock, no maturity date, interest rate, etc.	4,724	5,105

JA Worldwide Health & Welfare Benefits Trust
Plan Year Ended April 30, 2010
Form 5500 Plan #503

EIN: 84-1223492

Form 5500, Schedule H, Line 4i

Schedule of Investment Assets (Acquired and Disposed of Within Year)

(a) Identity of issue	(b) Description	(c) Costs of acquisitions	(d) Proceeds of dispositions
Novartis AG	Stock, no maturity date, interest rate, etc.	2,331	2,187
NRG Energy	Stock, no maturity date, interest rate, etc.	17	22
NV Energy	Stock, no maturity date, interest rate, etc.	243	288
O'Reilly Automotive	Stock, no maturity date, interest rate, etc.	7,641	7,201
Oceaneering Intl	Stock, no maturity date, interest rate, etc.	5,196	6,012
Old Republic Int'l	Stock, no maturity date, interest rate, etc.	41	48
Oracle Corporation	Stock, no maturity date, interest rate, etc.	381	448
Paccar	Stock, no maturity date, interest rate, etc.	3,298	2,646
Pactiv Corporation	Stock, no maturity date, interest rate, etc.	9,168	9,260
Pall Corporation	Stock, no maturity date, interest rate, etc.	3,678	2,454
Par Pharmaceutical	Stock, no maturity date, interest rate, etc.	1,598	1,519
Pepsico	Stock, no maturity date, interest rate, etc.	10,086	8,761
Pfizer Inc.	Stock, no maturity date, interest rate, etc.	4,843	5,296
PG&E Corporation	Stock, no maturity date, interest rate, etc.	263	305
Pinnacle West Capital Corp.	Stock, no maturity date, interest rate, etc.	651	741
Plains Exploration & Production	Stock, no maturity date, interest rate, etc.	6,902	8,734
PNC Financial Services	Stock, no maturity date, interest rate, etc.	651	633
Popular, Inc.	Stock, no maturity date, interest rate, etc.	906	659
PPL Corporation	Stock, no maturity date, interest rate, etc.	178	170
Praxair	Stock, no maturity date, interest rate, etc.	891	1,114
Proctor & Gamble	Stock, no maturity date, interest rate, etc.	12,373	10,228
Publicis Groupe SA	Stock, no maturity date, interest rate, etc.	1,860	2,444
Quest Diagnostics	Stock, no maturity date, interest rate, etc.	182	224
Ralcorp Holdings Inc	Stock, no maturity date, interest rate, etc.	7,367	7,981
Roche Holding, Ltd.	Stock, no maturity date, interest rate, etc.	2,867	2,717
Roper Industries Inc.	Stock, no maturity date, interest rate, etc.	7,780	9,233
Rosetta Resources	Stock, no maturity date, interest rate, etc.	21	24
Ross Stores	Stock, no maturity date, interest rate, etc.	5,436	6,481
Rovi Corporation	Stock, no maturity date, interest rate, etc.	100	114
Royal Caribbean	Stock, no maturity date, interest rate, etc.	48	92
RWE AG	Stock, no maturity date, interest rate, etc.	69	88
Rydex S&P 500 H	Stock, no maturity date, interest rate, etc.	33,928	40,053
SalesForce.com	Stock, no maturity date, interest rate, etc.	131	151
Sara Lee Corp.	Stock, no maturity date, interest rate, etc.	11,123	14,799
Secom Co. Ltd.	Stock, no maturity date, interest rate, etc.	2,918	2,773
Sempra Energy	Stock, no maturity date, interest rate, etc.	51	50
Smithfield Foods Inc	Stock, no maturity date, interest rate, etc.	105	93
Staples Inc	Stock, no maturity date, interest rate, etc.	10,795	10,101
Stericycle	Stock, no maturity date, interest rate, etc.	6,267	6,017
Stewart Information	Stock, no maturity date, interest rate, etc.	77	40
Stryker	Stock, no maturity date, interest rate, etc.	2,268	3,049
SunTrust Banks, Inc	Stock, no maturity date, interest rate, etc.	22	27
Sybase, Inc	Stock, no maturity date, interest rate, etc.	432	447

JA Worldwide Health & Welfare Benefits Trust
Plan Year Ended April 30, 2010
Form 5500 Plan #503

EIN: 84-1223492

Form 5500, Schedule H, Line 4i

Schedule of Investment Assets (Acquired and Disposed of Within Year)

(a) Identity of issue	(b) Description	(c) Costs of acquisitions	(d) Proceeds of dispositions
Target Corp	Stock, no maturity date, interest rate, etc.	1,327	1,220
Tesco Plc. ADR	Stock, no maturity date, interest rate, etc.	126	138
Thermo Electron Corp	Stock, no maturity date, interest rate, etc.	12,260	13,370
Total Fina	Stock, no maturity date, interest rate, etc.	76	58
Toyota Motor Corp.	Stock, no maturity date, interest rate, etc.	1,755	1,537
Tractor Supply Co.	Stock, no maturity date, interest rate, etc.	4,227	5,764
TreeHouse Foods	Stock, no maturity date, interest rate, etc.	44	45
Tupperware Corp	Stock, no maturity date, interest rate, etc.	519	769
UBS AG	Stock, no maturity date, interest rate, etc.	119	139
UGI Corporation	Stock, no maturity date, interest rate, etc.	25	25
Unisource Energy Co	Stock, no maturity date, interest rate, etc.	773	917
United Overseas Bank	Stock, no maturity date, interest rate, etc.	97	105
United Technologies Corp	Stock, no maturity date, interest rate, etc.	11,782	14,687
United Utilities PLC	Stock, no maturity date, interest rate, etc.	15	16
Universal Corp	Stock, no maturity date, interest rate, etc.	1,305	1,921
Universal Health Svc	Stock, no maturity date, interest rate, etc.	7,413	6,730
Vivendi SA Sponsored	Stock, no maturity date, interest rate, etc.	24	27
Vodafone Group, Plc.	Stock, no maturity date, interest rate, etc.	3,818	3,105
W W Grainger	Stock, no maturity date, interest rate, etc.	968	1,183
Wal-Mart Stores Inc	Stock, no maturity date, interest rate, etc.	3,064	3,227
Walgreen	Stock, no maturity date, interest rate, etc.	18,216	18,366
Warnaco Group Inc	Stock, no maturity date, interest rate, etc.	508	557
Waters Corp	Stock, no maturity date, interest rate, etc.	716	744
Western Union Company	Stock, no maturity date, interest rate, etc.	2,279	2,549
Williams Companies	Stock, no maturity date, interest rate, etc.	26	45
Willmar International	Stock, no maturity date, interest rate, etc.	1,127	2,100
Wyeth	Stock, no maturity date, interest rate, etc.	15,165	16,357
XL Capital, Ltd.	Stock, no maturity date, interest rate, etc.	802	1,625
		<u>752,581</u>	<u>727,566</u>

JA Worldwide Health & Welfare Benefits Trust
Plan Year Ended April 30, 2010
Form 5500 Plan #503

EIN: 84-1223492

Form 5500, Schedule H, Line 4i
Schedule of Investments (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment: including maturity date, rate of interest, collateral, par or maturity value	(d) Cost of Acquisition	(e) Current Value
N/A	3M Corp	Stock, no maturity date, interest rate, etc.	20,990	24,296
N/A	Abbott Laboratories	Stock, no maturity date, interest rate, etc.	3,013	2,814
N/A	Abercrombie & Fitch	Stock, no maturity date, interest rate, etc.	4,618	5,554
N/A	Adaptec, Inc.	Stock, no maturity date, interest rate, etc.	2,896	2,982
N/A	AES Corp	Stock, no maturity date, interest rate, etc.	977	1,719
N/A	Affiliated Managers Group	Stock, no maturity date, interest rate, etc.	12,067	14,816
N/A	Albermarle Corp	Stock, no maturity date, interest rate, etc.	5,684	9,360
N/A	Alexander & Baldwin	Stock, no maturity date, interest rate, etc.	2,032	2,526
N/A	Allegheny Energy Inc	Stock, no maturity date, interest rate, etc.	1,171	958
N/A	Amedisys Inc	Stock, no maturity date, interest rate, etc.	9,418	9,098
N/A	American Electric Power	Stock, no maturity date, interest rate, etc.	3,278	4,253
N/A	Arkansas Best Corp	Stock, no maturity date, interest rate, etc.	2,347	2,840
N/A	Asahi Glass ADR	Stock, no maturity date, interest rate, etc.	1,975	2,093
N/A	Associated Banc-Corp	Stock, no maturity date, interest rate, etc.	1,800	2,264
N/A	Assured Guaranty Ltd	Stock, no maturity date, interest rate, etc.	1,550	3,599
N/A	Astellas Pharma	Stock, no maturity date, interest rate, etc.	1,947	1,826
N/A	Autoliv Inc	Stock, no maturity date, interest rate, etc.	1,099	2,190
N/A	Automatic Data Processing	Stock, no maturity date, interest rate, etc.	8,417	8,674
N/A	AXA	Stock, no maturity date, interest rate, etc.	726	1,533
N/A	Banco Santander	Stock, no maturity date, interest rate, etc.	1,836	1,691
N/A	Bank of America Corp	Stock, no maturity date, interest rate, etc.	5,528	7,988
N/A	Baxter International, Inc.	Stock, no maturity date, interest rate, etc.	2,726	2,361
N/A	BE Aerospace Inc	Stock, no maturity date, interest rate, etc.	4,780	5,297
N/A	Becton Dickinson & Co	Stock, no maturity date, interest rate, etc.	7,421	7,026
N/A	Blount International	Stock, no maturity date, interest rate, etc.	2,588	2,614
N/A	BOK Financial	Stock, no maturity date, interest rate, etc.	11,679	13,281
N/A	Bucyrus Intl Inc	Stock, no maturity date, interest rate, etc.	2,622	4,589
N/A	Cardinal Health Inc	Stock, no maturity date, interest rate, etc.	2,145	2,740
N/A	Cerner Corp	Stock, no maturity date, interest rate, etc.	9,989	10,851
N/A	CGI Group Inc	Stock, no maturity date, interest rate, etc.	1,370	1,950
N/A	Chico's FAS Inc	Stock, no maturity date, interest rate, etc.	7,284	7,787
N/A	CMS Energy Corp	Stock, no maturity date, interest rate, etc.	3,852	5,138
N/A	Coca Cola Amtil Ltd	Stock, no maturity date, interest rate, etc.	1,513	2,300
N/A	Cognizant Technology	Stock, no maturity date, interest rate, etc.	3,639	8,075
N/A	Colgate-Palmolive Co.	Stock, no maturity date, interest rate, etc.	10,045	11,942
N/A	Comerica Bank	Stock, no maturity date, interest rate, etc.	1,049	1,890
N/A	Constellation Energy	Stock, no maturity date, interest rate, etc.	1,534	1,697
N/A	Core Laboratories	Stock, no maturity date, interest rate, etc.	4,617	8,544
N/A	Corning, Inc	Stock, no maturity date, interest rate, etc.	3,682	3,831

JA Worldwide Health & Welfare Benefits Trust
Plan Year Ended April 30, 2010
Form 5500 Plan #503

EIN: 84-1223492

Form 5500, Schedule H, Line 4i
Schedule of Investments (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment: including maturity date, rate of interest, collateral, par or maturity value	(d) Cost of Acquisition	(e) Current Value
N/A	Danaher Corp	Stock, no maturity date, interest rate, etc.	2,853	3,624
N/A	Delaware Pooled Trst	Stock, no maturity date, interest rate, etc.	49,941	43,194
N/A	Discover Financial	Stock, no maturity date, interest rate, etc.	2,357	2,705
N/A	Dupont de Nemours	Stock, no maturity date, interest rate, etc.	7,225	8,247
N/A	E. ON AG	Stock, no maturity date, interest rate, etc.	2,516	2,881
N/A	Ebay, Inc	Stock, no maturity date, interest rate, etc.	3,391	3,187
N/A	EDP Energias de Portugal	Stock, no maturity date, interest rate, etc.	596	603
N/A	EMC Corp.	Stock, no maturity date, interest rate, etc.	8,068	10,912
N/A	Entergy Corp.	Stock, no maturity date, interest rate, etc.	1,670	2,114
N/A	Epoch Global Equity	Stock, no maturity date, interest rate, etc.	75,880	65,765
N/A	Epoch Intl Sm Cap	Stock, no maturity date, interest rate, etc.	37,982	31,533
N/A	Exelon Corp.	Stock, no maturity date, interest rate, etc.	1,814	1,744
N/A	Federal-Mogul Corp	Stock, no maturity date, interest rate, etc.	3,027	2,891
N/A	Fresenius Med Care	Stock, no maturity date, interest rate, etc.	3,585	3,668
N/A	GE Contra	Stock, no maturity date, interest rate, etc.	50,660	10,077
N/A	General Dynamics	Stock, no maturity date, interest rate, etc.	8,420	8,629
N/A	Gulf Island Fabrication	Stock, no maturity date, interest rate, etc.	2,473	2,972
N/A	Hang Lung Properties	Stock, no maturity date, interest rate, etc.	2,509	4,000
N/A	Hewlett-Packard Co	Stock, no maturity date, interest rate, etc.	2,692	3,482
N/A	Honeywell Intl	Stock, no maturity date, interest rate, etc.	7,242	8,497
N/A	IberiaBank	Stock, no maturity date, interest rate, etc.	5,834	5,732
N/A	IBM Corp	Stock, no maturity date, interest rate, etc.	19,674	23,736
N/A	Illinois Tool Works	Stock, no maturity date, interest rate, etc.	7,511	8,585
N/A	Informatica Corp	Stock, no maturity date, interest rate, etc.	4,685	4,504
N/A	Ingersol-Rand	Stock, no maturity date, interest rate, etc.	6,403	9,948
N/A	Intel Corp	Stock, no maturity date, interest rate, etc.	8,456	9,067
N/A	International Power PLC	Stock, no maturity date, interest rate, etc.	833	1,184
N/A	Ishares Russell 1000	Stock, no maturity date, interest rate, etc.	1,464	1,575
N/A	Ishares S&P Global Utiliti	Stock, no maturity date, interest rate, etc.	450	450
N/A	Itochu Corp ADR	Stock, no maturity date, interest rate, etc.	2,103	1,999
N/A	Jakks Pacific Inc	Stock, no maturity date, interest rate, etc.	2,467	2,767
N/A	Jarden Corporation	Stock, no maturity date, interest rate, etc.	1,793	3,180
N/A	JB Hunt Transport	Stock, no maturity date, interest rate, etc.	8,629	8,537
N/A	Johnson & Johnson	Stock, no maturity date, interest rate, etc.	7,301	7,394
N/A	JP Morgan & Chase	Stock, no maturity date, interest rate, etc.	6,676	6,557
N/A	KeyCorp	Stock, no maturity date, interest rate, etc.	1,695	2,237
N/A	Kraft Foods	Stock, no maturity date, interest rate, etc.	7,206	7,400
N/A	K-Swiss Inc	Stock, no maturity date, interest rate, etc.	776	883
N/A	Kubota	Stock, no maturity date, interest rate, etc.	3,725	3,543

JA Worldwide Health & Welfare Benefits Trust
Plan Year Ended April 30, 2010
Form 5500 Plan #503

EIN: 84-1223492

Form 5500, Schedule H, Line 4i
Schedule of Investments (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment: including maturity date, rate of interest, collateral, par or maturity value	(d) Cost of Acquisition	(e) Current Value
N/A	Lafarge SA	Stock, no maturity date, interest rate, etc.	1,905	1,945
N/A	LKQ Corp	Stock, no maturity date, interest rate, etc.	6,093	7,396
N/A	Lotsoff US Micro Cap	Stock, no maturity date, interest rate, etc.	36,963	44,185
N/A	Lowe's Companies Inc	Stock, no maturity date, interest rate, etc.	8,932	10,929
N/A	Makita Corporation	Stock, no maturity date, interest rate, etc.	4,308	4,154
N/A	Marinemax Inc	Stock, no maturity date, interest rate, etc.	383	1,171
N/A	Marshall & Ilsley	Stock, no maturity date, interest rate, etc.	1,296	1,966
N/A	Mastercard Inc. Cl A	Stock, no maturity date, interest rate, etc.	2,094	3,473
N/A	MBIA Corp.	Stock, no maturity date, interest rate, etc.	495	1,542
N/A	McDonald's Corp.	Stock, no maturity date, interest rate, etc.	3,107	3,671
N/A	Merck & Co. Inc	Stock, no maturity date, interest rate, etc.	7,401	6,763
N/A	MI Schottenstein	Stock, no maturity date, interest rate, etc.	2,179	2,605
N/A	Nalco Holding Co	Stock, no maturity date, interest rate, etc.	2,940	3,042
N/A	National Grid New	Stock, no maturity date, interest rate, etc.	1,019	2,134
N/A	NRG Energy	Stock, no maturity date, interest rate, etc.	427	604
N/A	Old Republic Int'l	Stock, no maturity date, interest rate, etc.	933	1,516
N/A	Oracle Corporation	Stock, no maturity date, interest rate, etc.	2,737	3,596
N/A	Pfizer Inc	Stock, no maturity date, interest rate, etc.	6,096	6,103
N/A	PG&E Corporation	Stock, no maturity date, interest rate, etc.	2,480	2,891
N/A	Philip Morris INTL	Stock, no maturity date, interest rate, etc.	3,200	3,288
N/A	Plains Exploration & Product	Stock, no maturity date, interest rate, etc.	7,945	7,943
N/A	PPL Corporation	Stock, no maturity date, interest rate, etc.	2,720	2,278
N/A	Praxair	Stock, no maturity date, interest rate, etc.	8,721	9,215
N/A	Proctor & Gamble	Stock, no maturity date, interest rate, etc.	6,968	8,578
N/A	Quest Diagnostics	Stock, no maturity date, interest rate, etc.	7,263	8,060
N/A	Roche Holding, Ltd.	Stock, no maturity date, interest rate, etc.	3,516	3,349
N/A	Rosetta Resources	Stock, no maturity date, interest rate, etc.	8,675	10,134
N/A	Rovi Corporation	Stock, no maturity date, interest rate, etc.	8,539	10,213
N/A	Royal Caribbean	Stock, no maturity date, interest rate, etc.	765	2,079
N/A	RWE AG	Stock, no maturity date, interest rate, etc.	2,077	2,460
N/A	Salesforce.com	Stock, no maturity date, interest rate, etc.	7,903	10,358
N/A	Sanofi-Aventis	Stock, no maturity date, interest rate, etc.	1,869	1,740
N/A	Sempra Energy	Stock, no maturity date, interest rate, etc.	918	885
N/A	Serco Group PLC ADR	Stock, no maturity date, interest rate, etc.	3,410	4,551
N/A	Smithfield Foods Inc	Stock, no maturity date, interest rate, etc.	1,640	2,792
N/A	Southern Co.	Stock, no maturity date, interest rate, etc.	1,043	1,210
N/A	Stewart Information	Stock, no maturity date, interest rate, etc.	1,747	876
N/A	Stryker	Stock, no maturity date, interest rate, etc.	6,853	9,133
N/A	SunTrust Banks Inc	Stock, no maturity date, interest rate, etc.	1,052	1,391

JA Worldwide Health & Welfare Benefits Trust
Plan Year Ended April 30, 2010
Form 5500 Plan #503

EIN: 84-1223492

Form 5500, Schedule H, Line 4i
Schedule of Investments (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment: including maturity date, rate of interest, collateral, par or maturity value	(d) Cost of Acquisition	(e) Current Value
N/A	Sybase, Inc.	Stock, no maturity date, interest rate, etc.	2,327	3,384
N/A	Target Corp.	Stock, no maturity date, interest rate, etc.	7,329	9,668
N/A	Tesco Plc ADR	Stock, no maturity date, interest rate, etc.	3,030	3,353
N/A	Total Fina	Stock, no maturity date, interest rate, etc.	2,141	1,795
N/A	Toyota Motor Corp.	Stock, no maturity date, interest rate, etc.	1,985	1,927
N/A	Transocean Sedco Forex	Stock, no maturity date, interest rate, etc.	1,438	1,808
N/A	TreeHouse Foods	Stock, no maturity date, interest rate, etc.	7,637	7,358
N/A	Tupperware	Stock, no maturity date, interest rate, etc.	2,367	3,728
N/A	UBS AG	Stock, no maturity date, interest rate, etc.	3,233	3,762
N/A	UGI Corporation	Stock, no maturity date, interest rate, etc.	1,533	1,732
N/A	United Overseas Bank	Stock, no maturity date, interest rate, etc.	4,499	5,384
N/A	United Technologies Corp	Stock, no maturity date, interest rate, etc.	10,315	11,542
N/A	United Utilities	Stock, no maturity date, interest rate, etc.	248	278
N/A	Vivendi SA Sponsored	Stock, no maturity date, interest rate, etc.	1,938	1,940
N/A	Vodafone Group, Plc.	Stock, no maturity date, interest rate, etc.	1,548	1,621
N/A	W W Grainger	Stock, no maturity date, interest rate, etc.	7,837	9,838
N/A	Wal-Mart Stores Inc	Stock, no maturity date, interest rate, etc.	9,584	10,192
N/A	Warnaco Group Inc	Stock, no maturity date, interest rate, etc.	2,463	3,014
N/A	Waters Corp	Stock, no maturity date, interest rate, etc.	2,572	3,887
N/A	Williams Companies	Stock, no maturity date, interest rate, etc.	1,179	2,101
N/A	Wilmar International	Stock, no maturity date, interest rate, etc.	1,793	3,900
N/A	XL Capital, Ltd.	Stock, no maturity date, interest rate, etc.	1,055	2,207
N/A	XTO Energy Inc	Stock, no maturity date, interest rate, etc.	9,193	9,219
			814,342	858,847