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 01/01/2008 and ending 12/31/2008

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
J.J. TAYLOR COMPANIES, INC. PROFIT SHARING RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1959

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
J.J. TAYLOR COMPANIES, INC.

655 NORTH A1A
JUPITER, FL 33477

2b Employer Identification Number (EIN) 04-2234512

2c Sponsor's telephone number 561-354-2900

2d Business code (see instructions) 424800

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.	04/06/2011	STUART SHAPIRO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/06/2011	STUART SHAPIRO
	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")
J.J. TAYLOR COMPANIES, INC.

655 NORTH A1A
JUPITER, FL 33477

3b Administrator's EIN
04-2234512

3c Administrator's telephone number
561-354-2900

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**	836
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**	778
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	82
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	860
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	860
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	795
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	123
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:
3D 2E 2J 2K 2F 2G

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		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)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

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 01/01/2008 and ending 12/31/2008

A Name of plan
J.J. TAYLOR COMPANIES, INC. PROFIT SHARING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
J.J. TAYLOR COMPANIES, INC.

D Employer Identification Number (EIN)
04-2234512

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
GREAT WEST LIFE AND ANNUITY

(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
84-0467907	68322	455386-01	795	01/01/2008	12/31/2008

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
49123	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
NRP FINANCIAL INC
711 HIGH ST
DES MOINES, IA 50392

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
38141			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NFP SECURITIES INC
PO BOX 26945
NEW YORK, NY 10087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10982			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	

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	3418641
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	2246617
c	Additions: (1) Contributions deposited during the year	7c(1)	647673		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	101009		
	(4) Transferred from separate account	7c(4)	991472		
	(5) Other (specify below)	7c(5)	58157		
	▶ LOAN PAYMENTS,CONTRIB TO FORFEITURE				
	(6)Total additions			7c(6)	1798311
d	Total of balance and additions (add **b** and **c(6)**).			7d	4044928
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	624905		
	(2) Administration charge made by carrier	7e(2)	1382		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	626287
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	3418641

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 ☐ paid in cash, or ☐ 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**	
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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A Name of plan
J.J. TAYLOR COMPANIES, INC. PROFIT SHARING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
J.J. TAYLOR COMPANIES, INC.

D Employer Identification Number (EIN)
04-2234512

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	653716	863725
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20498493	14390083
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2246617	3418641
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	23398826	18672449
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	23398826	18672449

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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	861533	
(B) Participants	2a(1)(B)	2110658	
(C) Others (including rollovers)	2a(1)(C)	266259	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3238450
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	63397	
(F) Other	2b(1)(F)	101009	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		164406
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-6950186
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		-3547330
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1111478	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1111478
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		57069
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	10500	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	0	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10500
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1179047
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		-4726377
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: GRANT THORNTON **(2)** EIN: 36-6055558

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		800000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n		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)

ASSETS HELD FOR INVESTMENT PURPOSES

J.J. Taylor Companies, Inc. Profit Sharing Retirement Plan
01-JAN-08 to 31-DEC-08

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1TRRIX			164,197.95	138,993.08
1TRRAX			316,272.57	239,359.21
1TRRBX			622,801.77	403,596.46
1TRRCX			241,641.97	182,500.92
1TRRDX			51,040.99	36,931.27
1RERFX			378,093.87	229,557.91
1ANWPX			2,599,705.39	1,784,888.72
1SIEIX			61,728.09	46,650.36
1WSTYX			688,911.12	668,612.95
1AREEX			456,854.87	235,868.53
1ESPAX			371,133.35	226,897.01
1FSCTX			1,271,220.90	933,468.46
1LRSCX			469,367.42	334,596.36
1MXIN6			36,983.02	27,649.11
1ALMRX			418,313.55	217,935.42
1NTIAX			108,128.36	75,323.76
1FLSTX			128,403.74	119,590.40
1JAMCX			1,352,443.16	938,716.70
1RFNCX			610,220.45	392,698.26
1AGTHX			2,098,849.63	1,489,951.91
1CIEAX			2,261,538.22	1,675,057.11
1NYVTX			708,429.94	484,926.49
1ABALX			2,204,115.89	1,667,536.93
1MGFIX			201,565.24	167,039.75
1BIMXBI			300,713.81	307,958.39
1PFXYX			1,335,463.73	1,363,777.43
1PORT		3.550	3,293,576.71	3,418,624.30
			22,751,715.71	**17,808,707.20**
PARTICIPANT LOANS	VARIOUS	6.000-10.250	863,560.92	863,724.90
FORFEITURES			15.14	16.39

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 04-2234512

ASSETS HELD FOR INVESTMENT PURPOSES

J.J. Taylor Companies, Inc. Profit Sharing Retirement Plan
01-JAN-08 to 31-DEC-08

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1TRRIX	T. Rowe Price Retirement Income Fund
1TRRBX	T. Rowe Price Retirement 2020 Fund
1TRRDX	T. Rowe Price Retirement 2040 Fund
1ANWPX	American Funds New Perspective A
1WSTYX	Ivy Science & Technology Y
1ESPAX	Evergreen Special Values Fund A
1LRSCX	Lord Abbett Small-Cap Value Fund
1ALMRX	Alger Mid Cap Growth Fund Inst'l
1FLSTX	Fidelity Advisor Leveraged Co Stk - T
1RFNCX	American Funds Fundamental Inv R3
1CIEAX	BlackRock Index Equity Fund Inv A
1ABALX	American Funds Amer Balanced Fund A
1BIMXBI	Maxim Bond Index
1PORT	Key Guaranteed Portfolio Fund
1TRRAX	T. Rowe Price Retirement 2010 Fund
1TRRCX	T. Rowe Price Retirement 2030 Fund
1RERFX	American Funds EuroPacific R5
1SIEIX	RidgeWorth International Equity Index I
1AREEX	American Century Real Estate - A
1FSCTX	Fidelity Advisor Small Cap T
1MXIN6	Maxim Index 600
1NTIAX	Columbia Mid Cap Index A
1JAMCX	JP Morgan Mid Cap Value Fund A
1AGTHX	American Funds Growth Fund A
1NYVTX	Davis NY Venture A
1MGFIX	Managers Bond Fund
1PFXYX	UBS PACE Government Secs Fix-Income Y

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

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.

▶ **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning 01/01/2008 , and ending 12/31/2008 ,

A Name of plan
J.J. TAYLOR COMPANIES, INC. PROFIT SHARING RETIREMENT

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
J.J. TAYLOR COMPANIES, INC.

D Employer Identification Number
04-2234512

Part I Service Provider Information (see instructions)

1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1** 0

2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
GREAT WEST LIFE AND ANNUITY	84-0467907	Contract administrator

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
RECORDSKEEPER		10500	12

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)

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Official Use Only

(a) Name	**(b)** Employer identification number (see instructions)	**(c)** Official plan position

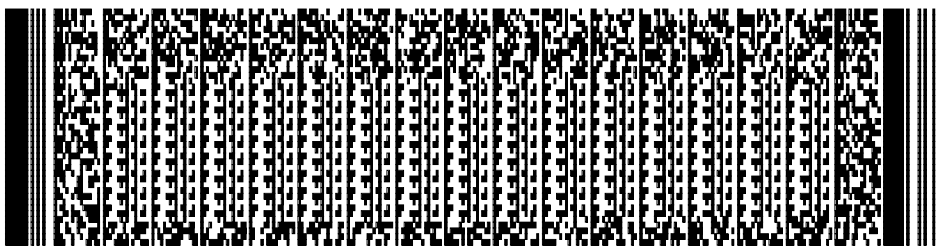
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	**(e)** Gross salary or allowances paid by plan	**(f)** Fees and commissions paid by plan	**(g)** Nature of service code(s) (see instructions)

(a) Name	**(b)** Employer identification number (see instructions)	**(c)** Official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	**(e)** Gross salary or allowances paid by plan	**(f)** Fees and commissions paid by plan	**(g)** Nature of service code(s) (see instructions)

(a) Name	**(b)** Employer identification number (see instructions)	**(c)** Official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	**(e)** Gross salary or allowances paid by plan	**(f)** Fees and commissions paid by plan	**(g)** Nature of service code(s) (see instructions)



1 0 0 8 6 0 0 2 0 H

Official Use Only

Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name _____ **(b)** EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ **(b)** EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

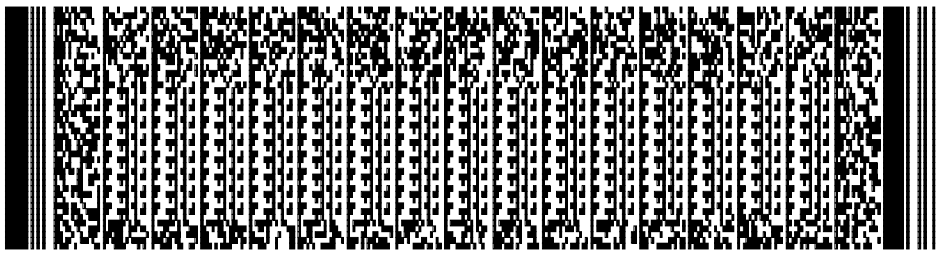
(a) Name _____ **(b)** EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____



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Official Use Only

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an Attachment to Form 5500.**

OMB No. 1210-0110

2008

This Form is Open to Public Inspection.

For calendar year 2008 or fiscal plan year beginning 01/01/2008 , and ending 12/31/2008 ,

A Name of plan J.J. TAYLOR COMPANIES, INC. PROFIT SHARING RETIREMEN	**B** Three-digit plan number ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 J.J. TAYLOR COMPANIES, INC.	**D** Employer Identification Number 04-2234512

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions . . . . . **1** $ 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 20-3691708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? . . . . . ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 7.

5 If a waiver of the minimum funding standard for a prior plan year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver . . . . . ▶ Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6a	Enter the minimum required contribution for this plan year	**6a** $
b	Enter the amount contributed by the employer to the plan for this plan year	**6b** $
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c** $

If you completed line 6c, skip lines 7 and 8 and complete line 9.

7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? . . ☐ Yes ☐ No ☐ N/A

Part III Amendments

8 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.) . . . . . ☐ Increase ☐ Decrease ☐ No

Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements . . . . ☐ ratio percentage test ☐ average benefit test



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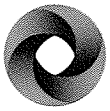
Financial Statements and Report of Independent Certified Public Accountants

J. J. Taylor Companies, Inc.
Profit Sharing Retirement Plan

December 31, 2008 and 2007

Contents

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Report of Independent Certified Public Accountants	1
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Schedule H, Line 4i - Schedule of assets (held at end of year)	13



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Report of Independent Certified Public Accountants

To the J. J. Taylor Companies, Inc. Profit Sharing
Retirement Plan and Participants

We were engaged to audit the financial statements of J. J. Taylor Companies, Inc. Profit Sharing Retirement Plan (The "Plan") as of December 31, 2008 and 2007, and for the year ended December 31, 2008, as listed in the accompanying table of contents. These financial statements and supplemental schedule as of December 31, 2008 are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note J, which was certified by Orchard Trust Company, LLC, the custodian of the Plan, except for comparing such information to the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2008 and 2007 and for the year ended December 31, 2008, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Fort Lauderdale, Florida
August 12, 2009

J. J. Taylor Companies, Inc. Profit Sharing Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2008	2007
ASSETS		
Investments, at fair value	$ 18,672,449	$ 23,398,826
Receivables		
Participant contributions	45,544	68,688
Employer contributions	24,639	38,629
Total receivables	70,183	107,317
Net assets available for benefits	$ 18,742,632	$ 23,506,143

The accompanying notes are an integral part of these financial statements.

J. J. Taylor Companies, Inc. Profit Sharing Retirement Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2008

Additions to net assets attributed to:	
Investment income:	
Net depreciation (loss) in fair value of investments	$ (6,950,186)
Interest	164,406
Total investment loss	(6,785,780)
Contributions:	
Participant	2,087,514
Employer	847,543
Rollover	266,259
Total contributions	3,201,316
Total additions, net of investment loss	(3,584,464)
Deductions from net assets attributed to:	
Benefits paid to participants	1,168,547
Administrative expenses	10,500
Total deductions	1,179,047
Net decrease in net assets available for benefits	(4,763,511)
Net assets available for benefits:	
Beginning of year	23,506,143
End of year	$ 18,742,632

The accompanying notes are an integral part of this financial statement.

NOTE A - DESCRIPTION OF THE PLAN

The following description of the J. J. Taylor Companies, Inc. Profit Sharing Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of J. J. Taylor Companies, Inc. ("JJTC") and certain affiliated companies who are age 18 or older, as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Plan Amendment

Effective April 1, 2007, the Plan was amended and restated. The amended and restated plan allows participant loans.

Contributions

Participants are automatically enrolled in the Plan on their first day of eligibility at a contribution rate of 3% unless a waiver of participation is submitted. Participants may elect to contribute in whole percentages ranging from 1%-75% of eligible pre-tax compensation as defined in the plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions, subject to certain limitations under the Internal Revenue Code ("IRC"). Participants may also contribute amounts representing distributions from other qualified plans ("rollovers"). Participants direct the investment of their contributions into various investment options offered by the Plan.

JJTC may make a discretionary matching contribution equal to a percentage of the participant's contribution or additional contributions at the discretion of the Board of Directors of JJTC. For 2008, JJTC made a matching contribution equal to 50% of the first 10% of the participant's contribution. No additional contributions were made by JJTC in 2008. Contributions are subject to certain limitations. All contributions during a Plan year are subject to maximum dollar limitations established by the IRC. For the year ended December 31, 2008, the total maximum allowable tax-deferred contribution to the Plan under the IRC from employee sources was $15,500, plus catch-up contributions of $5,000 for eligible employees.

Investment Options

Upon enrollment in the Plan, a participant may direct their contributions plus actual earnings thereon to be invested in any of the investment options offered by the Plan. Participants may change their investment options daily.

(continued)

NOTE A - DESCRIPTION OF THE PLAN - Continued

Participant Accounts

Each participant's account is credited with the participant's contributions, any discretionary JJTC contributions, and a proportionate share of Plan earnings and charged with an allocation of administrative expenses as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants must work 1,000 hours per year to get credit for a year of service. Participants vest in JJTC contributions based upon the following schedule:

Years of Service	Vested Percentage
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years or more	100%

Participant Loans

Participants may borrow from their accounts a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range up to five years. The loans are secured by the balance in the participant's account and bear interest at the rate commensurate with the local prevailing rates as determined by the Plan administrator. Loans can be paid off at any time.

Forfeited Accounts

Forfeitures of nonvested account balances are used by JJTC to reduce the discretionary matching contributions for the plan year in which the forfeiture occurs. As of December 31, 2008 and 2007, there were approximately $16 and $1,000, respectively, of forfeited non-vested accounts. These accounts will be used to reduce future JJTC discretionary contributions. In 2008, JJTC contributions were reduced by approximately $116,000 from forfeitures.

(continued)

NOTE A - DESCRIPTION OF THE PLAN - Continued

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. If a participant meets certain criteria, benefits may also be received as an in service withdrawal.

Benefits are recorded as deductions from net assets available for benefits when paid.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. The fair value of the Great-West Guaranteed Portfolio Fund in 2008 and 2007 is based on a discounted cash flow valuation methodology where the interest rate for this portfolio investment contract is reset at least as frequently as annually. Participant loans are valued at cost, which approximates fair value.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

Administration of the Plan

Certain administrative functions are performed by officers or employees of JJTC. No such officers or employees receive compensation from the Plan. Certain administration expenses, such as professional fees, are paid directly by JJTC. Fees paid by JJTC were approximately $20,000 and $16,000 for 2008 and 2007, respectively.

NOTE C - RISKS AND UNCERTAINTIES

The Plan provides for investment options in a variety of investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, market volatility, and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits. The Plan's investment portfolio has incurred a significant decline in fair value, consistent with the general decline in financial markets. However, because the values of individual investments fluctuate with market conditions, the amount of losses that will be recognized in subsequent periods, if any, cannot be determined.

Net Depreciation in Fair Value of Investments

Net realized and unrealized depreciation of investment is recorded in the accompanying statement of changes in net asset available for benefits as net depreciation (loss) in fair value of investments and includes gains and losses on investments bought and sold as well as held during the year.

NOTE D - INVESTMENTS

The following presents investments that represent five percent or more of the Plan's net assets at December 31:

	2008	2007
Great West Key Guaranteed Portfolio Fund	$ 3,418,641	$ 2,246,618
American Funds New Perspective A	1,784,889	3,138,245
Blackrock Index Equity Fund Inv A	1,675,057	2,551,339
American Funds - American Balanced Fund A	1,667,537	2,318,772
American Funds Growth Fund A	1,489,952	2,375,450
UBS PACE Government SECs Fix Income	1,363,777	-
JP Morgan Mid Cap Value Fund A	938,717	1,492,469
Fidelity Advisor Small Cap	933,468	1,342,428

During 2008, the Plan investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $6,950,186 as follows:

	2008
Mutual funds	$ 6,950,186

NOTE E - INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2007, the Plan entered into a non-benefit responsive investment contract, Guaranteed Portfolio Fund, with Great-West Life & Annuity Insurance Company ("Great-West"), a related party to Orchard Trust Company, LLC. Great-West maintains the contributions in a general account. The account is credited with earnings on underlying investments to which it adds interest at a rate of approximately 3.55% and 3.53% for 2008 and 2007, respectively, and charged for participant withdrawals and administrative expenses.

NOTE F - FAIR VALUE MEASUREMENTS

The Plan adopted Financial Accounting Standards Board Statement of Financial Accounting Standards ("SFAS") No. 157, "Fair Value Measurements," effective January 1, 2008. The adoption of SFAS No. 157 did not result in any significant changes to net assets available for benefits or the change in net assets available for benefits. SFAS No. 157 establishes a framework for measuring fair value. That framework provides 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 unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under SFAS No. 157 are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds - Valued at the net asset value ("NAV") of shares held by the Plan at year-end.

(continued)

NOTE F - FAIR VALUE MEASUREMENTS - Continued

Guaranteed investment contract - Stated on a discounted cash flow valuation methodology, where the interest rate for these portfolio investment contracts are reset at least as frequently as annually.

Participant loans - Valued at amortized cost, which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 14,390,083	$ -	$ -	$ 14,390,083
Guaranteed funds	-	-	3,418,641	3,418,641
Participant loans	-	-	863,725	863,725
	$ 14,390,083	$ -	$ 4,282,366	$ 18,672,449

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2008:

	Guaranteed Funds	Participant Loans
Balance, beginning of year	$ 2,246,617	$ 653,716
Realized gains	-	-
Unrealized gains related to instruments still held at the reporting date	101,009	-
Purchases, sales, issuances and settlements (net)	1,071,015	210,009
Total assets at fair value	$ 3,418,641	$ 863,725

NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, JJTC has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants will become 100 percent vested in their accounts.

NOTE H - TAX STATUS

The Internal Revenue Service has determined and informed JJTC by letter dated August 25, 2005, that the Plan and related trust are designed in accordance with the applicable regulations of the ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

NOTE I - RELATED PARTY TRANSACTIONS

Plan investments include a guaranteed investment contract managed by Orchard Trust Company, LLC, that is also the custodian of the Plan. Therefore, these transactions qualify as party-in-interest.

Administration expenses paid directly to the custodian totaled approximately $10,500 during the year ended December 31, 2008.

NOTE J - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Orchard Trust Company, LLC certified that the following data included in the financial statements and supplemental schedule is complete and accurate.

a. Investments, as shown in the statements of net assets available for benefits as of December 31, 2008 and 2007.

b. Investment loss as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2008.

c. Schedule H, Line 4i - Schedule of Assets (Held at End of Year), December 31, 2008.

The Plan's independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information certified by the custodian to the related information included in the financial statements and supplemental schedule.

NOTE K - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500, as of December 31, 2008 and 2007, respectively:

	2008	2007
Net assets available for benefits per the financial statements	$ 18,742,632	$ 23,506,143
Less: Participant contributions due at end of the plan year	(45,544)	(68,688)
Less: Employer Contributions due at end of the plan year	(24,639)	(38,629)
Net assets available for benefits per the Form 5500	$ 18,672,449	$ 23,398,826

The following is a reconciliation of total contributions per the financial statements to Form 5500:

	Year Ended December 31, 2008
Total contributions per the financial statements	$ 3,201,316
Add: Contributions received in 2008 for 2007 Plan year	107,317
Less: Contributions due at end of 2008 Plan year	(70,183)
Total contributions per Form 5500	$ 3,238,450

SUPPLEMENTAL SCHEDULE

J. J. Taylor Companies, Inc. Profit Sharing Retirement Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2008

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	American Funds New Perspective A	Mutual Fund	**	$ 1,784,889
	Blackrock Index Equity Fund Inv A	Mutual Fund	**	1,675,057
	American Funds American Balanced Fund A	Mutual Fund	**	1,667,537
	American Funds Growth Fund A	Mutual Fund	**	1,489,952
	UBS PACE Government SECS Fixed Income Y	Mutual Fund	**	1,363,777
	JP Morgan Mid Cap Value Fund A	Mutual Fund	**	938,717
	Fidelity Advisory Small Cap	Mutual Fund	**	933,468
	Ivy Science & Technology Y	Mutual Fund	**	668,614
	Davis NY Venture A	Mutual Fund	**	484,927
	T. Rowe Price Retirement 2020 Fund	Mutual Fund	**	403,597
	American Funds Fundamental Inv R3	Mutual Fund	**	392,698
	Lord Abbett Small Cap Value A	Mutual Fund	**	334,596
	Maxim Bond Index	Mutual Fund	**	307,958
	T. Rowe Price Retirement 2010 Fund	Mutual Fund	**	239,359
	American Century Real Estate-A	Mutual Fund	**	235,869
	American Funds Europacific R5	Mutual Fund	**	229,558
	Evergreen Special Values Fund A	Mutual Fund	**	226,897
	Alger Mid Cap Growth Institutional	Mutual Fund	**	217,935
	T. Rowe Price 2030 Fund	Mutual Fund	**	182,501
	Managers Bond Fund	Mutual Fund	**	167,040
	T. Rowe Price Retirement Income Fund	Mutual Fund	**	138,993
	Fidelity Advisor Leveraged Co Stk – T	Mutual Fund	**	119,590
	Columbia Mid Cap Index A	Mutual Fund	**	75,324
	Ridgeworth Internation Equity Index I	Mutual Fund	**	46,650
	T. Rowe Price Retirement 2040 Fund	Mutual Fund	**	36,931
	Maxim Index 600	Mutual Fund	**	27,649
*	Participant Loans	Loans, interest rates ranging from 6.0% to 10.25%	**	863,725
*	Great-West Key Guaranteed Fund Portfolio	Guaranteed Investment	**	3,418,641
				$ 18,672,449

* Represents a party-in-interest
** Not applicable as the Plan is participant directed