## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	<ul> <li>Complete all entries in accor</li> </ul>	dance wit	h the instructions to the Form 5500	)-SF.				
		entification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participar	nt plan		
В	This return/report is for:	first return/report	final retur	n/report		_			
	X	an amended return/report	short plar	year return/report (less than 12 mor	nths)				
С	Check box if filing under:	Form 5558	automatic	extension	DFVC program				
		special extension (enter description	on)						
Pa	rt II Basic Plan Inform	nation—enter all requested inform	ation						
1a	Name of plan	·			1b	Three-digit			
JOBI	E & CO 401K PLAN					plan number	001		
				·	1.0	(PN)	-1		
					16	Effective date of 03/01/20			
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identifi	cation Num	ber	
JOBI	E & CO					(EIN) 61-1357			
31 E	RLANGER RD				<b>2c</b> Plan sponsor's telepho 859-342-9100			ımber	
	ANGER, KY 41018-1717				2d	Business code (s	see instructi	ons)	
						236110			
3a JOBI	Plan administrator's name and a	address (if same as Plan sponsor, e 31 ERLANG		e")	3b	<b>3b</b> Administrator's EIN 61-1357441			
		ERLANGER	, KY 41018	-1717	3c Administrator's telephone numb				
						859-342	-9100		
	•	in sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponsor's name  4c PN								
5a	Total number of participants at	the beginning of the plan year			5a	5a			
b	Total number of participants at		5b			3			
С	Total number of participants wif	th account balances as of the end o	f the plan y	rear (defined benefit plans do not				3	
	•				5c		<b>I</b> ▼1		
	•	0 , ,		(See instructions.)			^ Yes	No	
D				ndent qualified public accountant (IQFions.)			X Yes	No	
	If you answered "No" to either	er 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.				
Pa	rt III   Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	164445			1	73852	
b	·		. 7b	0					
С		'b from line 7a)	. 7с	164445	1		1	73852	
8	Income, Expenses, and Transfe			(a) Amount		(b) Total			
а	Contributions received or received	vable from:	. 8a(1)	0					
	• • • •	8a(2) 780							
	• •	ers (including rollovers)							
b	Other income (loss)	er income (loss)							
С	Total income (add lines 8a(1), 8	8a(2), 8a(3), and 8b)	. 8c			31969			
d		rollovers and insurance premiums	اءه	22154					
е	to provide benefits)	ive distributions (see instructions)	80		,				
f		rs (salaries, fees, commissions)		408	_				
g				0					
9 h	·	Be, 8f, and 8g)						22562	
i	•	e 8h from line 8c)						9407	
j		ee instructions)		0					

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Dar	t IV Plan Characteristics					
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instructions:	
	2E 2F 2G 2J 2K 2T 3D					
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	tic Coc	les in t	he instructions:	
art	V Compliance Questions					
0	During the plan year:		Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
С	Was the plan covered by a fidelity bond?	10c	X		15000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X		
f	Has the plan failed to provide any benefit when due under the plan?	10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				
art	VI Pension Funding Compliance					
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) Yes No					
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of I	ERISA? Yes No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver					
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		_	
b	Enter the minimum required contribution for this plan year	⊢	12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	L	12d			

## Part VII Plan Terminations and Transfers of Assets

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

13c(2) EIN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Yes X No

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	06/21/2011	MICHAEL HASTINGS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/21/2011	MICHAEL HASTINGS
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor