## 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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accordance	rdance witl	n the instructions to the Form 550	0-SF.					
		dentification Information								
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/20	10	and ending 1	2/31/2	2010				
Α -	This return/report is for:	xingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan			
	This return/report is for:	first return/report	final retur	n/report						
		an amended return/report	short plan	year return/report (less than 12 mo	nths)					
C	Check box if filing under:	Form 5558	automatio	extension		DFVC progr	am			
		special extension (enter descripti	ion)							
Pa	rt II Basic Plan Inform	mation—enter all requested inforn	nation							
1a	Name of plan				1b	Three-digit				
C.A.	JONES MANAGEMENT GROU	JP, LLC 401K RETIREMENT SAVIN	IGS PLAN			plan number	001			
						(PN) <b>•</b>				
					1c	Effective date of				
22	Plan enoneor's name and addr	ress (employer, if for single-employe	ır nlan)		07/01/2008 <b>2b</b> Employer Identification Numbe					
	JONES MANAGEMENT GROU		i piari)		20	(EIN) 26-238				
					2c	Plan sponsor's	telephone number			
	BOX 1022 RAY, KY 42071-0018				0.1		59-1650			
					2a	Business code 424920	(see instructions)			
3a	Plan administrator's name and	address (if same as Plan sponsor,	enter "Same	e")	3b	Administrator's	EIN			
C.A.	JONES MANAGEMENT GROU	JP, LLC P.O. BOX 1 MURRAY, N	022			26-238	38172			
		Worldviii	(1 4207 1 0)		3с	Administrator's	telephone number 59-1650			
4	f the name and/or FIN of the nis	an sponsor has changed since the la	ast return/re	nort filed for this plan, enter the	<b>4b</b> EIN					
		er from the last return/report. Spons		port med for this plan, enter the	40	CIIN				
					4c	4c PN				
5a	Total number of participants at	t the beginning of the plan year			5a	5 <b>a</b> 9				
b	Total number of participants at	t the end of the plan year			5b	b				
С	• •	rith account balances as of the end o		` .	5c		76			
62	•			(See instructions.)			X Yes No			
	•	. , ,		ident qualified public accountant (IQ						
	under 29 CFR 2520.104-46? (	(See instructions on waiver eligibility	and conditi	ons.)			X Yes No			
			Form 5500-	SF and must instead use Form 55	00.					
Pa	rt III   Financial Inform	ation		Γ	1					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
	Total plan assets		<u>7a</u>	1072010			1316263			
					0					
	•	7b from line 7a)	7с	1072010	,	131626				
8	Income, Expenses, and Trans			(a) Amount	(b) Total					
а	Contributions received or rece  (1) Employers	ivable from:	8a(1)	70923	3					
	., . ,			118990	90					
		s)	• •							
b	, ,	,	• •	128719	19					
С	, ,	8a(2), 8a(3), and 8b)				318632				
d		rollovers and insurance premiums		7.107/						
		·		74379	_					
е		tive distributions (see instructions)			_					
f	Administrative service provide	rs (salaries, fees, commissions)	<u>8f</u>		_					
g	•						7.4070			
h		8e, 8f, and 8g)					74379			
į		e 8h from line 8c)					244253			
J	Transfers to (from) the plan (se	ee instructions)	8i							

	Fo	orm 5500-SF 2010 Page <b>2-</b>								
Par	t IV	Plan Characteristics								
Эа		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C $F=2G=2J=2K=3D$	naracteri	stic Co	des ir	the instr	uctio	าร:		
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	stic Cod	des in	the instru	uction	ıs:		
art	t V	Compliance Questions		1	Г	1				
0		g the plan year:		Yes	No		Ar	nount		
а		there a failure to transmit to the plan any participant contributions within the time period described FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in <b>10a</b>		X					
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to 10a.)	ed <b>10b</b>		Х					
С	Was	the plan covered by a fidelity bond?	10c	X					1000	0000
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau	10d		Х					
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See ctions.)	10e	Х					3	3277
f	Has t	he plan failed to provide any benefit when due under the plan?	10f		X					
g	Did th	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					52	2959
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		Χ					
i	If 10h	was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI I	Pension Funding Compliance								
1		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and a					[	Yes	<u> </u>	No
2	Is this	s a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or se	ection 3	302 of	ERISA?		Yes	s X	No
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ng the waiver						letter r ear	-	
If	-	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			24,					
b	Enter	the minimum required contribution for this plan year			12b					
С	Enter	the amount contributed by the employer to the plan for this plan year		[	12c					
d	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ive amount)	eft of a		12d					
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N	N/A
art	VII	Plan Terminations and Transfers of Assets							_	_
32	⊔ac a	recolution to terminate the plan been adented during the plan year or any prior year?						Ye	×	No

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X No

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

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

SIGN	Filed with authorized/valid electronic signature.	09/22/2011	CHARLES A. JONES
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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0040

2010

OMB Nos. 1210-0110 1210-0089

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-		•	dance with	the instructions to the Form 5500	-SF.					
		ntification Information								
For	calendar plan year 2010 or fiscal p	olan year beginning (	01/01/2	2010 and ending		12/31/201	0			
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan			
В	This return/report is for:	first return/report	final retur	n/report		_				
	<u></u>	an amended return/report	short plan	year return/report (less than 12 mon	ths)					
С	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am			
	$\overline{\sqcap}$ :	special extension (enter descriptio	n)							
Pa	art II Basic Plan Informa	tion—enter all requested informa	ation							
	Name of plan				1b	Three-digit				
	C.A. JONES MANAGEMEN	T GROUP, LLC 401K RE	TIREME	NT SAVINGS PLAN		plan number				
						(PN) ▶	001			
					1c	Effective date of	•			
2-					26	07/01/200				
Za	Plan sponsor's name and address C.A. JONES MANAGEMEN	s (employer, it for single-employer) IT GROUP, LLC	pian)			(EIN) 26 - 238	fication Number			
		,		<u> </u>			telephone number			
	P.O. BOX 1022			<u> </u>		270-759-1	•			
	MURRAY	KY 42071-0018			2d		(see instructions)			
20			-1 "0	"\	2 h	424920	EIN!			
Ja	Plan administrator's name and add C.A. JONES MANAGEMEN	dress (il same as Plan sponsor, er IT GROUP, LLC	iter Same	; )	30	Administrator's 26-238817				
	P.O. BOX 1022				3c		telephone number			
	MURRAY	KY 42071-001	8			270-759-1	650			
			st return/report filed for this plan, enter the			4b EIN				
	name, EIN, and the plan number fr	om the last return/report. Sponsol	r's name		4c	PN				
5a	Total number of participants at the	e beginning of the plan year			5a		96			
	Total number of participants at the			<b>-</b>	5b					
C	Total number of participants with	• •		<u> </u>	่อม		98			
·	•				5с		76			
6a	Were all of the plan's assets duri	ng the plan year invested in eligibl	e assets?	(See instructions.)			X Yes No			
b				dent qualified public accountant (IQP						
	•	• •		ons.)			X Yes No			
Da	rt III Financial Informati		orm 5500-	SF and must instead use Form 550	0.					
		OH .								
7	Plan Assets and Liabilities		_	(a) Beginning of Year	_	(b) End of Year				
	Total plan assets		7a	1072010			1316263			
b	Total plan liabilities		7b	100016			1316263			
<u>C</u>	Net plan assets (subtract line 7b f		7c	1072010	10 13					
8	Income, Expenses, and Transfers			(a) Amount		(b)	Total			
а	Contributions received or receival  (1) Employers		8a(1)	70923						
	(2) Participants		8a(2)	118990	-1					
	` '		8a(3)	11000	4					
b	Other income (loss)		8b	128719	9					
c	Total income (add lines 8a(1), 8a(		8c	120713		318632				
d	Benefits paid (including direct rolle	, , , , , ,	00				310032			
u	to provide benefits)	•	8d	74379	9					
е	Certain deemed and/or corrective	e distributions (see instructions)	8e							
f	Administrative service providers (	salaries, fees, commissions)	8f							
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8e,	8f, and 8g)	8h				74379			
i	Net income (loss) (subtract line 8	h from line 8c)	8i				244253			
	Transfers to (from) the plan (see i	instructions)	8i							

	Form 5500-SF 2010	P	age <b>2-</b>							
	IV Plan Characteristics							<del></del>		
9a	If the plan provides pension benefits, enter the applicable pension fea 2E 2F 2G 2J 2K 3D	ature codes from the	List of Plan Char	acteris	stic Co	des in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the	List of Plan Chara	cteris	ti <b>c</b> Cod	des in t	the instructio	ns:		
Part	V Compliance Questions								<del></del>	
10	During the plan year:				Yes	No	Δ	mount		
а	Was there a failure to transmit to the plan any participant contribution					Х		mount		
L	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		Λ			<u> </u>	
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	Do not include trans	actions reported	10b		Х				
C	Was the plan covered by a fidelity bond?			10c	Х			10	000000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	lelity bond, that was	caused by fraud	10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of t instructions.)	persons by an insur	ance carrier, e plan? (See		x				3277	
f	Has the plan failed to provide any benefit when due under the plan?			10e	-	7,5	-		5277	
				10f		X	:			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	-		10g	Х		ashua hiifi ka ka aa aa a		52959	
i	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)		***************************************	10h		Х				
•	exceptions to providing the notice applied under 29 CFR 2520,101-3			10i						
Part	VI Pension Funding Compliance						l			
11	Is this a defined benefit plan subject to minimum funding requiremen	ts? (If "Yes," see ins	structions and com	plete	Sched	ule SB	(Form	Пус	. П м-	
12	5500))							Yes Yes		
••	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	•	in 4 (2 of the Code	o se	COOT	502 OI I	ERISA!	□ 163	_ M	
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this pla	n year, see instruc	ctions, th	and e	nter th	e date of the	: letter rı 'ear	uling	
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule N							••••		
· b	Enter the minimum required contribution for this plan year				L	12b				
	Enter the amount contributed by the employer to the plan for this plan				_	12c	******			
d	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)	e result (enter a min	us sign to the left	of a		12d	•			
е	Will the minimum funding amount reported on line 12d be met by the				_		Yes	No	□ N/A	
Part	and the same of th									
13a	Has a resolution to terminate the plan been adopted during the plan	vear or any prior vea	ar?					☐ Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the emp	· · · · · · · · · · · · · · · · · · ·				13a				
b	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?	ansferred to another	plan, or brought	under	the co	ntrol		Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)							_	_	
1	13c(1) Name of plan(s):					13c(2) EIN(s)			13c(3) PN(s)	
Caut	on: A penalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonabl	le cau	se is	estahli	ished.	<del></del>		
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a , it is true, correct, and complete.	declare that I have	examined this retu	rn/rec	ort. in	cluding	n, if applicab	le, a Sch lowledge	nedule e and	
SIGI	~ CL.17	7-14-11	CHARLES A.	JON	ES					
HER		Date	Enter name of in	dividu	al sio	nino as	olan admini	istrator		
	CICA	7-11-11	CHARLES A	TON		ang as	i hian aanuu	30000		

7-14-11

Date

SIGN HERE

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

CHARLES A. JONES