

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>05/01/2010</u> and ending <u>04/30/2011</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 checked="" 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 <u>JA WORLDWIDE HEALTH AND WELFARE BENEFITS TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>503</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1993</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>503</u>	1c Effective date of plan <u>05/01/1993</u>	
1b Three-digit plan number (PN) ▶	<u>503</u>				
1c Effective date of plan <u>05/01/1993</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>JA WORLDWIDE</u> <u>C/O TIM ARMIJO</u> <u>ONE EDUCATION WAY</u> <u>COLORADO SPRINGS, CO 80906</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>84-1223492</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>719-540-8000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>611000</u></td> </tr> </table>	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>	
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.	03/15/2012	TIM ARMIJO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/15/2012	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

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
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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	812
b Retired or separated participants receiving benefits.....	6b	66
c Other retired or separated participants entitled to future benefits.....	6c	
d Subtotal. Add lines 6a , 6b , and 6c	6d	878
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
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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)

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011		
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.
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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
84-1223492		9696899	927	01/01/2010	12/31/2010

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

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(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	38190
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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011		
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.
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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	940	05/01/2010	04/30/2011

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

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	(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	338032
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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011		
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	519	01/01/2010	12/31/2010

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
4465	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
MERCER HEALTH & BENEFITS 4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2737			7

(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	
1728			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	

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	(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	73290
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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011		
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.
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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	879	01/01/2010	12/31/2010

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
5708	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
MERCER HEALTH & BENEFITS 4565 PAYSPHERE CIRCLE CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3432			7

(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	
2276			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	
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	136341
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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011

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.
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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	742	01/01/2010	12/31/2010

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
778	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

MERCER HEALTH & BENEFITS
4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
468			7

(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	
310			3

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2010
v.092308.1

(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	18586
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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011		
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	419	01/01/2010	12/31/2010

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
9147	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
MERCER HEALTH & BENEFITS 4565 PAYSPHERE CIRCLE CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5664			7

(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	
3483			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	
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	84822
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
			2010
			This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning **05/01/2010** and ending **04/30/2011**

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
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	(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(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 13 31 38 49 50 56 62	CLAIM ADMINISTRATION/ASO	343101	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MERCER HEALTH & BENEFITS

4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674

(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?
16	INDEPENDENT CONT/ADVISORY	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input 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 CONT/ADVISORY	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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 CONT./AUDITOR	10522	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
CONNECTICUT GENERAL LIFE INSURANCE	12 13 31 38 49 50 56 62	0
(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.
CARECENTRIX	3 HUNTINGTON QUADRANGLE 200S MELVILLE, NY 11747	HOME HEALTH CARE SERVICES VENDOR - INDIRECT COMPENSATION RECEIVED BY CIGNA FROM THIS VENDOR TO DEFRAY CIGNA'S COSTS FOR THE INFRASTRUCTURE CHANGES REQUIRED TO UTILIZE THIS VENDOR'S PROVIDER NETWORK AND ACCESS IT'S DISCOUNTS. FOR CALENDAR YEAR 2010, C
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
CONNECTICUT GENERAL LIFE INSURANCE	12 13 31 38 49 50 56 62	0
(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.
COATLITION AMERICA	TWO CONCOURSE PARKWAY, SUITE 300 ATLANTA, GA 30328	INDIRECT COMPENSATION RECEIVED BY CIGNA FROM THIS VENDOR TO DEFRAY COSTS FOR THE INFRASTRUCTURE CHANGES REQUIRED TO UTILIZE THIS VENDOR'S MEDICAL PROVIDER NETWORK/DISCOUNTS. FOR CALENDAR YEAR 2010, CIGNA RECEIVED INDIRECT COMPENSATION FROM THIS VENDOR
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
CONNECTICUT GENERAL LIFE INSURANCE	12 13 31 38 49 50 56 62	0
(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.
MULTIPLAN	115 FIFTH AVENUE NEW YORK, NY 10003	INDIRECT COMPENSATION RECEIVED BY CIGNA TO DEFRAY COSTS FOR THE INFRASTRUCTURE CHANGES REQUIRED TO UTILIZE THIS VENDOR'S PROVIDER NETWORK/DISCOUNTS. FOR CALENDAR YEAR 2010, CIGNA RECEIVED INDIRECT COMPENSATION FROM THIS VENDOR OF APPROXIMATELY \$0.30

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
CONNECTICUT GENERAL LIFE INSURANCE	12 13 31 38 49 50 56 62	0
(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.
NATIONAL HEALTH BENEFITS 17851 N 85TH STREET, SUITE 105 SCOTTSDALE, AZ 85255	INDIRECT COMPENSATION RECEIVED BY CIGNA TO DEFRAY COSTS FOR THE INFRASTRUCTURE CHANGES REQUIRED TO UTILIZE THIS VENDOR'S PROVIDER NETWORK/DISCOUNTS. FOR CALENDAR YEAR 2010, CIGNA RECEIVED INDIRECT COMPENSATION FROM THIS VENDOR OF APPROXIMATELY \$0.04	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CONNECTICUT GENERAL LIFE INSURANCE	12 13 31 38 49 50 56 62	0
(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.
VSP 333 QUALITY DRIVE RANCHO CORDOVA, CA 96670 06-1227840	INDIRECT COMPENSATION RECEIVED BY CIGNA FROM THIS VENDOR FOR CIGNA'S EXPENSES ASSOCIATED WITH ADMINISTERING PLANS WITH VISION BENEFITS THROUGH VSP. FOR CALENDAR YEAR 2010, CIGNA RECEIVED INDIRECT COMPENSATION FROM THIS VENDOR OF APPROXIMATELY \$0.58 P	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CONNECTICUT GENERAL LIFE INSURANCE	12 13 31 38 49 50 56 62	0
(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.
BLOOMINGTON HOSPITAL PO BOX 1149 BLOOMINGTON, IN 47402 35-1720796	NETWORK HOSPITALS HAVE CONTRACTED WITH SAGAMORE HEALTH NETWORK (AN AFFILIATE OF CONNECTICUT GENERAL) TO PAY NETWORK ADMINISTRATION FEES. FOR CALENDAR YEAR 2010, CONNECTICUT GENERAL RECEIVED INDIRECT COMPENSATION FROM THESE HOSPITALS OF APPROXIMATELY	

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: PARTNERS CAPITAL MANAGEMENT	b EIN: 75-2327004
c Position: INVESTMENT ADVISOR	
d Address: 7660 GODDARD STREET, SUITE 120 COLORADO SPRINGS, CO 80920	e Telephone: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Explanation: THE PLAN CHANGED INVESTMENT STRATEGY FROM AN ACTIVE MANAGED PORTFOLIO TO A PASSIVE INVESTMENT APPROACH. THE PLAN NO LONGER HAS AN INVESTMENT ADVISOR. THE FINANCE COMMITTEE OF THE ORGANIZATION AND THE PLAN TRUSTEES NOW MONITOR THE INVESTMENTS.

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Explanation:

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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011		
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	2173607	930089
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	279168	187096
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	27087	1276
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	286009	251394
(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)	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)	194754	3526383
(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	3624718	4896238

Liabilities

g Benefit claims payable	1g	287052	397666
h Operating payables	1h	3805	3329
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	290857	400995

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3333861	4495243
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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)	5324916	
(B) Participants	2a(1)(B)	405328	
(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)		5730244

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	950	
(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)		950

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	9569	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	58601	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		68170

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

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	848542	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	878220	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-29678

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	290699	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		290699
(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		6060385

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)	681856	
(3) Other	2e(3)	3890277	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4572133
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)	14898	
(2) Contract administrator fees	2i(2)	275867	
(3) Investment advisory and management fees	2i(3)	422	
(4) Other	2i(4)	35683	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		326870
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4899003

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1161382
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
4a 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	
4b 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	
4c 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	
4d 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	
4e Was this plan covered by a fidelity bond?.....	X		3000000
4f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4g 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	
4h 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	
4i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
4j 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		
4k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
4l Has the plan failed to provide any benefit when due under the plan?		X	
4m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
4n 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)

JA WORLDWIDE
HEALTH AND WELFARE BENEFITS TRUST
Colorado Springs, Colorado

Audited Financial Statements
Years Ended April 30, 2011 and 2010

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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, 2011 and 2010, 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, 2011 and 2010, 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

Michael L. Anderson & Associates
Colorado Springs, Colorado

January 10, 2012

JA Worldwide
Health and Welfare Benefits Trust
Statements of Net Assets Available for Benefits
As of April 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
Cash		
Cash in banks	\$ 1,181,483	\$ 2,424,051
Investments at fair value		
Money market funds	-	35,565
Stocks, bonds, and mutual funds	<u>3,526,383</u>	<u>858,847</u>
	3,526,383	894,412
Receivables		
Participating employers' contributions	187,096	279,168
Other	<u>1,276</u>	<u>27,087</u>
	188,372	306,255
Property and equipment at cost		
Computer system	109,889	109,889
Less: Accumulated depreciation	<u>(109,889)</u>	<u>(109,889)</u>
	-	-
TOTAL ASSETS	<u><u>4,896,238</u></u>	<u><u>3,624,718</u></u>
LIABILITIES		
Accounts payable	<u>3,329</u>	<u>3,805</u>
TOTAL LIABILITIES	<u>3,329</u>	<u>3,805</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>4,892,909</u></u>	\$ <u><u>3,620,913</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, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Employers	\$ 5,324,916	\$ 5,456,055
Retirees and separated participants	<u>405,328</u>	<u>505,433</u>
	5,730,244	5,961,488
Investment income		
Gains (Losses) on investments	261,021	153,561
Dividends	<u>69,120</u>	<u>18,336</u>
Total investment income	330,141	171,897
Less: Investment expenses and foreign taxes paid	<u>422</u>	<u>19,511</u>
Net investment income (loss)	<u>329,719</u>	<u>152,386</u>
TOTAL ADDITIONS	<u>6,059,963</u>	<u>6,113,874</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid for participants		
Medical, dental, and vision claims	3,737,957	3,626,694
Insurance premiums	681,856	659,592
Wellness program	<u>41,706</u>	<u>-</u>
	4,461,519	4,286,286
Administrative expenses	<u>326,448</u>	<u>344,801</u>
TOTAL DEDUCTIONS	<u>4,787,967</u>	<u>4,631,087</u>
NET INCREASE / (DECREASE) DURING YEAR	1,271,996	1,482,787
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>3,620,913</u>	<u>2,138,126</u>
End of year	\$ <u><u>4,892,909</u></u>	\$ <u><u>3,620,913</u></u>

See Accompanying Notes and Independent Auditors' Report

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2011 and 2010

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, accidental death and dismemberment, and long term disability 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. Retiree 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.

Medical, dental, disability, and life insurance claims of active and retired participants, dependents, and beneficiaries are processed by CIGNA Healthcare for the years ended April 30, 2011 and 2010.

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.

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. The COBRA premium reduction under ARRA is not available for individuals who are involuntarily terminated after May 31, 2010. Individuals who were involuntarily terminated on or before May 31, 2010 may continue to pay reduced premiums for up to 15 months or as long as they are not eligible for another group health plan or Medicare. COBRA participants, who don't qualify for the ARRA subsidy, are responsible for paying 100% of their required premiums.

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2011 and 2010

NOTE 1 - DESCRIPTION OF PLAN (continued)

Other

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

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 January 10, 2012, 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 advisor had supplied them with 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.

Postretirement Benefits

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for both of the following

- (1) Currently retired or terminated employees and their beneficiaries and dependents
- (2) Active employees and their beneficiaries and dependents after retirement for service with participating area offices.

The postretirement benefit obligation represents the amount that is to be funded by future active employee contributions from the Plan's participating Field Areas, participating retiree contributions, and from future earnings on Plan assets. Before an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2011 and 2010

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Postretirement Benefits (continued)

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

For measurement purposes, a 9.0% annual rate of increase in the per capita cost of covered health care benefits was assumed for April 30, 2012; the rate was assumed to decrease gradually to 5.0%. The April 30, 2010 postretirement benefit obligation was determined using the April 30, 2011 postretirement benefit obligation, adjusted using the standard actuarial projection techniques. The April 30, 2010 breakdown of the postretirement benefit obligation amongst the participants that are currently retired, fully eligible for benefits, and not yet fully eligible for benefits was not available. The actuary believes that the postretirement benefit obligation amongst the various groups has not changed materially for the prior year. For comparison purposes, the Plan Trustees and management have elected to use for the participant groups for April 30, 2010, the same percentage as actuarially determined for the three groups for April 30, 2011. (See Note 7)

The following were other significant assumptions used in the valuations as of April 30, 2011 and 2010:

- (1) Assembly of Participant Data Base - A participant data base for active employees and former employees and dependents who are retired and receiving postretirement medical benefits was defined from Junior Achievement USA's data base.
- (2) Review of Claim Experience - The per capita medical claim costs are based on a review of claims experience from January 1, 2009 through September 30, 2011 and anticipated claims based on plan provisions.
- (3) Actuarial Valuation - Based on the participant data base, claim costs, and the actuarial assumptions, the future obligations of the postretirement medical plan were identified.
- (4) Discount rate 5.0% Per Year
- (5) Initial Health Coverage Claims Costs Less Than 65 - \$10,248; 65 or Over \$5,677
- (6) Mortality Static IRS 2011 Annuitant-Distinct Mortality Table

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement obligation.

Other Plan Benefits or 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 for estimating the IBNR calculation. Such estimated amounts are reported in the accompanying Note 7.

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2011 and 2010

NOTE 3 - RECEIVABLES

All contributions receivable from participating U.S. Junior Achievement Field Area offices and contributions from retired and separated participants as of April 30, 2011 and 2010 are considered collectible, and management believes no allowance for doubtful accounts is considered necessary.

Concentrations of credit risk with respect to receivables are limited due to the large number of participating U.S. Junior Achievement Field Area offices in the Plan. As of April 30, 2011 and 2010, the Plan has no significant concentrations of credit risk.

NOTE 4 - INVESTMENTS

Plan investments are held with an investment company. The table below summarizes investments by category as of April 30, 2011 and 2010.

	2011	Percent	2010	Percent
Money Market	\$ -0-	0.0%	\$ 35,565	4.0%
Mutual Funds	3,526,383	100.0%	194,754	21.8%
Stocks	-0-	0.0%	664,093	74.2%
Total Investments	<u>\$ 3,526,383</u>	<u>100.0%</u>	<u>\$ 894,412</u>	<u>100.0%</u>

For the year ended April 30, 2010, there were no specific investments that were greater than five percent of the total Plan assets.

For the year ended April 30, 2011, the Plan is invested in two Vanguard mutual funds, which are greater than five percent of the total Plan assets. One of the mutual funds is Vanguard's 500 Index Fund, which attempts to invest in large capitalized stocks that make up the Standard & Poor's 500 Index. The other mutual fund is Vanguard's Total Bond Market Index Fund, which is invested in broad, market-weighted bonds with maturities ranging from five to ten years. The fund tries to invest in at least 80% of its assets in the Barclays Capital U.S. Aggregate Float Adjusted Index.

	2011	Percent	2010	Percent
Vanguard 500 Index Fund	\$ 1,931,508	54.8%	-0-	0.0%
Vanguard Total Bond Market Index Fund	1,594,875	45.2%	-0-	0.0%
Total Investments	<u>\$ 3,526,383</u>	<u>100.0%</u>	<u>\$ -0-</u>	<u>-0.0%</u>

**JA Worldwide
Health and Welfare Benefits Trust**

Notes to Financial Statements
April 30, 2011 and 2010

NOTE 4 - INVESTMENTS (continued)

Income (loss) on investments was combined as follows:

	2011	2010
Change in Unrealized Gains (Losses) - Investments with Partners Capital Management	\$ (44,505)	\$ 178,576
Change in Unrealized Gains (Losses) - Investments with Vanguard Mutual Funds	335,204	-0-
Total Change in Unrealized Gains (Losses)	290,699	178,576
Realized Gains (Losses)	(29,678)	(25,015)
Gains (Losses) on Investments	\$ 261,021	\$ 153,561

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 approximate fair value because of the short maturity of these instruments.

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2011 and 2010

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, 2011 and 2010.

		Fair Value Measurements Using		
	Fair Value	Quoted Prices (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
As of April 30, 2011				
Stocks and Mutual Funds	\$ 3,526,383	\$ 3,526,383	\$ -	\$ -
	<u>\$ 3,526,383</u>	<u>\$ 3,526,383</u>	<u>\$ -</u>	<u>\$ -</u>

		Fair Value Measurements Using		
	Fair Value	Quoted Prices (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
As of April 30, 2010				
Money Market Funds	\$ 35,565	\$ 35,565	\$ -	\$ -
Stocks and Mutual Funds	858,847	858,847	-	-
	<u>\$ 894,412</u>	<u>\$ 894,412</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE 6 - LINE OF CREDIT

The unsecured line of credit at April 30, 2011, 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. Advances under the line of credit will be available until May 30, 2011. During this period, the borrower may borrow, repay, and borrow again from time to time under the line of credit.

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2011 and 2010

NOTE 6 - LINE OF CREDIT (continued)

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. Advances under the line of credit will be available until January 31, 2010. During this period, the borrower may borrow, repay, and borrow again from time to time under the line of credit.

NOTE 7 - BENEFIT OBLIGATIONS

The Plan's deficiency of net assets over benefit obligations at April 30, 2011 and 2010, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contributions received from retirees. It is expected that the deficiency will be funded by future active employee contributions from the Plan's participating Field Areas, participating retiree contributions, and from future earnings on Plan assets.

The weighted average health care cost trend rate assumption (See Note 2) has a significant effect on the amounts reported in the following disclosure. If the assumed rates increase by one percentage point for each year, it would increase the obligation as of April 30, 2011 by \$189,093 (from \$5,280,523 to \$5,469,616).

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

Plan's Benefit Obligations
April 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
AMOUNTS CURRENTLY PAYABLE		
Claims payable and claims incurred but not reported	\$ <u>397,666</u>	\$ <u>287,052</u>
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Retired participants	2,450,380	2,320,012
Other participants fully eligible for benefits	1,233,712	1,168,075
Participants not yet fully eligible for benefits	<u>1,596,431</u>	<u>1,511,496</u>
	<u>5,280,523</u>	<u>4,999,583</u>
	\$ <u><u>5,678,189</u></u>	\$ <u><u>5,286,635</u></u>

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2011 and 2010

NOTE 7 - PLAN'S BENEFIT OBLIGATIONS (continued)

Changes in Plan's Benefit Obligations
Year Ended April 30, 2011

	<u>2011</u>
AMOUNTS CURRENTLY PAYABLE	
Balance at beginning of year	\$ 287,052
Benefit claims reported and approved for payment, including	
benefits reclassified from benefit obligations	3,921,874
Benefit claims paid	<u>(3,811,260)</u>
Balance at end of year	<u>397,666</u>
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF	
AMOUNTS CURRENTLY PAYABLE	
Balance at beginning of year	4,999,583
Increase (Decrease) in postretirement benefits attributable to:	
Benefits earned	162,261
Interest	246,777
Net benefit payments	(128,098)
Plan amendment	-0-
Changes in actuarial assumptions and other actuarial	
assumptions	<u>-0-</u>
	<u>5,280,523</u>
	\$ <u>5,678,189</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.

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

	<u>2011</u>	<u>2010</u>
Stop-loss fees	\$ 338,032	\$ 313,668
Long-term disability premiums	81,612	80,406
Life insurance premiums	<u>262,212</u>	<u>265,518</u>
Total	\$ <u>681,856</u>	\$ <u>659,592</u>

The amount received by the Plan in Stop Loss Reimbursements from Connecticut General for the years ended April 30, 2011 and 2010 totaled \$5,648 and \$55,468, respectively.

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2011 and 2010

NOTE 9 - CONCENTRATIONS OF CREDIT RISK

Financial instruments that potentially subject the Plan to concentrations of credit risk consist principally of cash equivalents, marketable investments, and receivables. The Plan places its cash equivalents and marketable investments with high quality financial institutions. Concentrations of credit risk for receivables were discussed in Note 3.

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 period of time in order to pay claims that are presented. Management considers the financial strength of the institution and is 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:

	2011	2010
Dental administration expenses	\$ 26,118	\$ 26,545
Medical administration expenses	249,749	254,584
Other administration fees	31,859	40,604
Professional fees	14,898	16,697
Office and miscellaneous administrative expenses	3,824	6,371
Total	\$ <u>326,448</u>	\$ <u>344,801</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 \$4,780 and \$8,238 for the years ended April 30, 2011 and 2010, 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.

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2011 and 2010

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, 2008 through 2010.

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 Field 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:

	2011	2010
Net assets available for benefits per the financial statements	\$ 4,892,909	\$ 3,620,913
Claims payable or incurred but not reported	(397,666)	(287,052)
Net assets available for benefits per the Schedule H of the Form 5500	<u>\$ 4,495,243</u>	<u>\$ 3,333,861</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	\$ 3,737,957
Claims payable or incurred but not reported as of April 30, 2011	397,666
Claims payable or incurred but not reported as of April 30, 2010	<u>(287,052)</u>
Benefits paid per Schedule H of the Form 5500	<u>\$ 3,848,571</u>

JA Worldwide
Health and Welfare Benefits Trust

Notes to Financial Statements
April 30, 2011 and 2010

NOTE 16 - SUBSEQUENT EVENTS

During the year ended April 30, 2011, the Plan started a Wellness Program ("live well") with the health plan participants completing a health assessment. This program was set up as a proactive approach to health care to minimize the rising costs of healthcare and to inform participants of their personal health. As an incentive to participate in this program, the JA Field Area offices and all participants earned a one-month premium holiday which occurred in June of 2011. The amount of the holiday was \$347,671.

On July 1, 2011, Junior Achievement USA was established as an independent corporation, separate from JA Worldwide. In subsequent years, the Plan will be reported under Junior Achievement USA.

JA Worldwide Health & Welfare Benefits Trust
Plan Year Ended April 30, 2011
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
3M Corp	Stock, no maturity date, interest rate, etc.	21,095	21,506
Abbott Laboratories	Stock, no maturity date, interest rate, etc.	3,013	2,558
Abercrombie & Fitch	Stock, no maturity date, interest rate, etc.	4,618	3,865
ADPT Corp.	Stock, no maturity date, interest rate, etc.	2,950	2,856
AES Corporation	Stock, no maturity date, interest rate, etc.	977	1,381
Affiliated Managers Group	Stock, no maturity date, interest rate, etc.	12,067	10,824
Albemarle Corp	Stock, no maturity date, interest rate, etc.	5,684	8,202
Alexander & Balwin	Stock, no maturity date, interest rate, etc.	2,032	2,143
Allegheny Energy Inc	Stock, no maturity date, interest rate, etc.	1,170	912
Amedisys Inc.	Stock, no maturity date, interest rate, etc.	9,418	7,001
American Electric Power	Stock, no maturity date, interest rate, etc.	3,278	4,054
Arkansas Best Corp Del	Stock, no maturity date, interest rate, etc.	2,361	1,921
Asahi Glass ADR	Stock, no maturity date, interest rate, etc.	1,974	1,637
Associated Banc-Corp	Stock, no maturity date, interest rate, etc.	1,800	1,944
Assured Guaranty Ltd	Stock, no maturity date, interest rate, etc.	1,550	2,216
Astellas Pharma	Stock, no maturity date, interest rate, etc.	1,947	1,789
Autoliv Inc.	Stock, no maturity date, interest rate, etc.	1,099	1,923
Automatic Data Processing	Stock, no maturity date, interest rate, etc.	8,464	8,046
AXA ADR	Stock, no maturity date, interest rate, etc.	859	1,347
Banco Santander	Stock, no maturity date, interest rate, etc.	1,836	1,445
Bank of America Corp.	Stock, no maturity date, interest rate, etc.	5,528	6,545
Baxter International Inc.	Stock, no maturity date, interest rate, etc.	2,726	2,046
BE Aerospace Inc.	Stock, no maturity date, interest rate, etc.	4,780	4,580
Becton Dickinson & Co	Stock, no maturity date, interest rate, etc.	7,421	6,170
Blount International	Stock, no maturity date, interest rate, etc.	2,588	2,409
BOK Financial	Stock, no maturity date, interest rate, etc.	11,679	11,744
Bucyrus Intl Inc	Stock, no maturity date, interest rate, etc.	2,622	3,470
Cardinal Health, Inc	Stock, no maturity date, interest rate, etc.	2,145	2,666
Cerner Corp.	Stock, no maturity date, interest rate, etc.	9,989	9,693
CGI Group Inc.	Stock, no maturity date, interest rate, etc.	1,370	1,984
Chico's FAS Inc	Stock, no maturity date, interest rate, etc.	7,284	5,152
CMS Energy Corp	Stock, no maturity date, interest rate, etc.	3,853	4,693
Coca Cola Amtil Ltd. Spons ADR	Stock, no maturity date, interest rate, etc.	1,513	2,238
Cognizant Technology Solutions Corp.	Stock, no maturity date, interest rate, etc.	3,660	7,958
Colgate Palmolive Company	Stock, no maturity date, interest rate, etc.	10,045	11,099
Comerica Bank	Stock, no maturity date, interest rate, etc.	1,074	1,673
Constellation Energy	Stock, no maturity date, interest rate, etc.	1,534	1,580
Core Laboratories	Stock, no maturity date, interest rate, etc.	4,617	8,490
Corning, Inc	Stock, no maturity date, interest rate, etc.	3,682	3,278
Danaher Corp	Stock, no maturity date, interest rate, etc.	2,853	3,214
Delaware Pooled Trust	Stock, no maturity date, interest rate, etc.	50,789	39,006
Discover Financial	Stock, no maturity date, interest rate, etc.	2,357	2,411
Dupont de Nemours	Stock, no maturity date, interest rate, etc.	7,225	7,293

JA Worldwide Health & Welfare Benefits Trust
Plan Year Ended April 30, 2011
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
E. On AG	Stock, no maturity date, interest rate, etc.	2,516	2,104
Ebay, Inc.	Stock, no maturity date, interest rate, etc.	3,391	2,637
EDP Energias de Portugal	Stock, no maturity date, interest rate, etc.	596	522
EMC Corporation	Stock, no maturity date, interest rate, etc.	8,068	10,648
Entergy Corporation	Stock, no maturity date, interest rate, etc.	1,670	1,875
Exelon Corporation	Stock, no maturity date, interest rate, etc.	1,814	1,519
Exxon Mobil Corp	Stock, no maturity date, interest rate, etc.	9,192	7,890
Federal-Mogul Corp.	Stock, no maturity date, interest rate, etc.	3,027	2,058
Fresenius Med Care Aktiengesellschaft	Stock, no maturity date, interest rate, etc.	3,585	3,683
GE Contra	Stock, no maturity date, interest rate, etc.	78,566	71,053
General Dynamics	Stock, no maturity date, interest rate, etc.	8,552	6,641
Gulf Island Fabrication	Stock, no maturity date, interest rate, etc.	2,473	1,947
Hang Lung Properties	Stock, no maturity date, interest rate, etc.	2,509	4,232
Hewlett-Packard Co	Stock, no maturity date, interest rate, etc.	2,692	2,957
Honeywell intl	Stock, no maturity date, interest rate, etc.	7,242	7,511
IberiaBank	Stock, no maturity date, interest rate, etc.	5,834	4,850
IBM	Stock, no maturity date, interest rate, etc.	19,674	22,954
Illinois Tool Works	Stock, no maturity date, interest rate, etc.	7,535	6,910
Informatica Corp	Stock, no maturity date, interest rate, etc.	4,685	4,360
Ingersoll-Rand Company	Stock, no maturity date, interest rate, etc.	6,334	9,496
Intel Corp	Stock, no maturity date, interest rate, etc.	8,456	7,817
International Power PLC	Stock, no maturity date, interest rate, etc.	833	1,032
ishares Russell 1000 Value	Stock, no maturity date, interest rate, etc.	1,464	1,386
iShares S&P Global Utilities	Stock, no maturity date, interest rate, etc.	450	430
ishares TR MSCI EAFE	Stock, no maturity date, interest rate, etc.	420	415
Itochu Corp. ADR	Stock, no maturity date, interest rate, etc.	2,103	1,821
J.B. Hunt Transport	Stock, no maturity date, interest rate, etc.	8,629	7,654
Jakks Pacific Inc.	Stock, no maturity date, interest rate, etc.	2,508	2,634
Jarden Corp.	Stock, no maturity date, interest rate, etc.	1,808	2,664
Johnson & Johnson	Stock, no maturity date, interest rate, etc.	8,809	8,326
JP Morgan & Chase	Stock, no maturity date, interest rate, etc.	6,675	5,690
KeyCorp	Stock, no maturity date, interest rate, etc.	1,707	1,927
Kraft Foods	Stock, no maturity date, interest rate, etc.	7,207	7,083
K-Swiss Inc.	Stock, no maturity date, interest rate, etc.	802	802
Kubota Corporation	Stock, no maturity date, interest rate, etc.	3,725	3,102
Lafarge SA	Stock, no maturity date, interest rate, etc.	1,904	1,409
LKQ Corp	Stock, no maturity date, interest rate, etc.	6,093	6,729
Lotsoff US Micro Cap	Stock, no maturity date, interest rate, etc.	37,268	37,258
Lowe's Companies Inc	Stock, no maturity date, interest rate, etc.	9,010	8,261
MainStay Epoch Global Equity Yield	Stock, no maturity date, interest rate, etc.	76,366	60,721
MainStay Epoch International Small Cap	Stock, no maturity date, interest rate, etc.	37,982	27,935
Makita Corporation	Stock, no maturity date, interest rate, etc.	4,308	3,618
Marinemax, Inc.	Stock, no maturity date, interest rate, etc.	471	768

JA Worldwide Health & Welfare Benefits Trust
Plan Year Ended April 30, 2011
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
Marshall & Ilsley Corp.	Stock, no maturity date, interest rate, etc.	1,313	1,600
Mastercard Inc Cl A	Stock, no maturity date, interest rate, etc.	2,094	2,847
MBIA Incorporated	Stock, no maturity date, interest rate, etc.	1,669	913
McDonalds Corp	Stock, no maturity date, interest rate, etc.	3,107	3,447
Merck & Co., Inc	Stock, no maturity date, interest rate, etc.	8,702	8,134
MI Schottenstein	Stock, no maturity date, interest rate, etc.	2,179	1,682
Nalco Holding, co.	Stock, no maturity date, interest rate, etc.	2,940	2,528
National Grid PLC	Stock, no maturity date, interest rate, etc.	4,133	2,585
Novartis AG	Stock, no maturity date, interest rate, etc.	1,792	1,799
NRG Energy Inc.	Stock, no maturity date, interest rate, etc.	427	612
Old Republic Int'l	Stock, no maturity date, interest rate, etc.	933	1,242
Oracle Corporation	Stock, no maturity date, interest rate, etc.	2,737	3,008
Pfizer Inc.	Stock, no maturity date, interest rate, etc.	6,096	5,176
PG&E Corporation	Stock, no maturity date, interest rate, etc.	2,480	2,735
Phillip Morris INTL	Stock, no maturity date, interest rate, etc.	3,312	3,105
Plains Exploration & Production	Stock, no maturity date, interest rate, etc.	7,945	5,369
PPL Corporation	Stock, no maturity date, interest rate, etc.	2,720	2,292
Praxair Inc.	Stock, no maturity date, interest rate, etc.	8,721	8,481
Proctor&Gamble	Stock, no maturity date, interest rate, etc.	7,008	8,283
Quest Diagnostics	Stock, no maturity date, interest rate, etc.	7,263	7,020
Ralcorp Holdings, Inc.	Stock, no maturity date, interest rate, etc.	7,515	7,393
Roche Holding Ltd. Sponsored ADR	Stock, no maturity date, interest rate, etc.	3,516	2,920
Rosetta Resources	Stock, no maturity date, interest rate, etc.	8,675	8,287
Rovi Corporation	Stock, no maturity date, interest rate, etc.	8,539	9,930
Royal Caribbean	Stock, no maturity date, interest rate, etc.	797	1,318
RWE AG	Stock, no maturity date, interest rate, etc.	2,078	1,959
Rydex S&P 500 H	Stock, no maturity date, interest rate, etc.	13,115	12,356
SalesForce.com	Stock, no maturity date, interest rate, etc.	7,903	10,297
Sanofi-Aventis	Stock, no maturity date, interest rate, etc.	1,869	1,526
Sempra Energy	Stock, no maturity date, interest rate, etc.	918	853
Serco Group PLC ADR	Stock, no maturity date, interest rate, etc.	3,410	4,019
Smithfield Foods Inc	Stock, no maturity date, interest rate, etc.	1,640	2,268
Southern Co	Stock, no maturity date, interest rate, etc.	1,044	1,178
Stewart Information	Stock, no maturity date, interest rate, etc.	1,777	693
Stryker Corporation	Stock, no maturity date, interest rate, etc.	6,853	7,948
SunTrust Banks Inc	Stock, no maturity date, interest rate, etc.	1,052	1,100
Sybase Inc	Stock, no maturity date, interest rate, etc.	2,328	5,070
Target Corp.	Stock, no maturity date, interest rate, etc.	7,427	8,303
Tesco Plc, ADR	Stock, no maturity date, interest rate, etc.	3,030	2,885
Total Fina SA	Stock, no maturity date, interest rate, etc.	2,141	1,485
Toyota Motor Corp	Stock, no maturity date, interest rate, etc.	1,985	1,725
Transocean Inc	Stock, no maturity date, interest rate, etc.	1,438	1,830
TreeHouse Foods	Stock, no maturity date, interest rate, etc.	7,637	7,973

JA Worldwide Health & Welfare Benefits Trust
Plan Year Ended April 30, 2011
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
Tupperware Corp.	Stock, no maturity date, interest rate, etc.	2,367	2,913
UBS AG	Stock, no maturity date, interest rate, etc.	3,234	3,248
UGI Corporation	Stock, no maturity date, interest rate, etc.	1,533	1,615
United Overseas Bank	Stock, no maturity date, interest rate, etc.	4,499	5,154
United Technologies Corp	Stock, no maturity date, interest rate, etc.	11,547	11,207
United Utilities PLC ADR	Stock, no maturity date, interest rate, etc.	248	264
Vivendi SA Sponsored ADR	Stock, no maturity date, interest rate, etc.	1,938	1,497
Vodafone Group NEW PLC Spons ADR	Stock, no maturity date, interest rate, etc.	1,792	1,787
W W Grainger	Stock, no maturity date, interest rate, etc.	7,837	8,892
Walmart	Stock, no maturity date, interest rate, etc.	9,584	9,278
Warnaco Group Inc	Stock, no maturity date, interest rate, etc.	2,463	2,269
Waters Corp.	Stock, no maturity date, interest rate, etc.	2,572	3,520
Williams Companies	Stock, no maturity date, interest rate, etc.	1,179	1,651
Wilmar International	Stock, no maturity date, interest rate, etc.	1,793	3,204
XL Group, Ltd.	Stock, no maturity date, interest rate, etc.	1,072	1,998
Yue Yuen Industrial ADR	Stock, no maturity date, interest rate, etc.	1,825	1,580
		<u>878,220</u>	<u>848,542</u>

JA Worldwide Health & Welfare Benefits Trust
Plan Year Ended April 30, 2011
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	Vanguard Funds - 500 Index Fund	Mutual Fund, no maturity date, interest rate, etc.	1,586,705	1,931,508
N/A	Vanguard Funds - Total Bond Market Index Fund	Mutual Fund, no maturity date, interest rate, etc.	1,604,474	1,594,875
			<u>3,191,179</u>	<u>3,526,383</u>

JA Worldwide Health & Welfare Benefits Trust
Plan Year Ended April 30, 2011
Form 5500 Plan #503

EIN: 84-1223492

Form 5500, Schedule H, Line 4j
Schedule of Reportable Transactions

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred	Cost of asset	Current value of asset	Net gain or (loss)
Vanguard	Vanguard Funds - 500 Index Fund	1,211,918	-	-	-		1,545,816	333,898
Vanguard	Vanguard Funds - 500 Index Fund	354,696	-	-	-		363,277	8,581
Vanguard	Vanguard Funds - 500 Index Fund	20,091	-	-	-		22,415	2,324
Vanguard	Vanguard Funds - Total Bond Market Index Fund	1,211,918	-	-	-		1,198,415	(13,503)
Vanguard	Vanguard Funds - Total Bond Market Index Fund	354,696	-	-	-		358,738	4,042
Vanguard	Vanguard Funds - Total Bond Market Index Fund	37,860	-	-	-		37,722	(138)
	Total	3,191,179	-	-	-	-	3,526,383	335,204

Vanguard is an unrelated party and a registered broker-dealer.