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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JAX, INC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

JAX, INC

P.O. BOX 469
BELLVUE, CO 80512

2b Employer Identification Number (EIN)
84-1087636

2c Sponsor's telephone number
970-488-3250

2d Business code (see instructions)
451110

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.	07/31/2012	REBECCA ALLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
JAX, INC

P.O. BOX 469
BELLVUE, CO 80512

3b Administrator's EIN
84-1087636

3c Administrator's telephone number
970-488-3250

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**	207
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**	194
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	30
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	224
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	224
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	93
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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:
2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
JAX, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAX, INC

D Employer Identification Number (EIN)
84-1087636

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).. . . . . [X] 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

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47-0259043

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

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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)

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47-0259043

(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?
15 21 60 63	TRUSTEE	0	Yes [X] No [ ]	Yes [ ] No [X]	2877	Yes [ ] No [X]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
FIRST NATIONAL BANK OF OMAHA	60 63	1267

(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.
T ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	SUB T/A 12B-1

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
JAX, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAX, INC

D Employer Identification Number (EIN)
84-1087636

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15868	
(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)		
(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)	12051	51193
(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)	1426627	1496693
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	1454546	1547886
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1454546	1547886

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	59032	
(B) Participants	2a(1)(B)	165635	
(C) Others (including rollovers)	2a(1)(C)	3088	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		227755
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	1449	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1449
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	20877	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		20877
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		-82366
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		167715
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	54578	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		54578
f Corrective distributions (see instructions)	2f		19793
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		74375
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		93340
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)** [X] 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 [X] No

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

(1) Name: KNOLL AND COMPANY, P.C. **(2)** EIN: 84-0801829

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		120000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**		X	

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
JAX, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAX, INC

D Employer Identification Number (EIN)
84-1087636

Part I Distributions

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

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

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

EIN(s): 45-0404698 23-3060382

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

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

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

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

If the plan is a defined benefit plan, go to line 8.

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

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

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Knoll & Company, P.C.
Next Generation CPA Firm

Phone: 303-238-9673
Fax 303-238-9796
E-mail: knollcpa@knollcpa.com
1435 Estes Street
Lakewood, CO 80215-4826
www.knollcpa.com

Lee L. Knoll, C.P.A.
Lee J. Knoll Jr., C.P.A.

INDEPENDENT AUDITOR'S REPORT

To Plan Administrator of Jax Mercantile 401(K) Profit Sharing Plan

We were engaged to audit the financial statements of the Jax Mercantile 401(K) Profit Sharing Plan as of December 31, 2011, and for the year then ended, as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, of the United States of American, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Frontier Trust Company for 2011 the custodian of the Plan, except for comparing the information with the related information included in financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

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

KNOLL & COMPANY, P. C.

July 20, 2012

JAX MERCANTILE 401(K)
PROFIT SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2011

KNOLL & COMPANY, P. C.

JAX MERCANTILE 401(K) PROFIT SHARING PLAN

DECEMBER 31, 2011

TABLE OF CONTENTS

Accountants' report	1
Financial statements:	
Statement of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-13

JAX MERCANTILE 401(K) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2011

ASSETS

Investments:	
At fair value:	
Goldman Sachs Financial Squared Money Market Fund	$ 39,877
Shares of registered investment companies:	
American Funds Growth Fund of American R4	131,941
Ariel Fund	59,127
Calvert Social Invest Bond A	35,130
Nuveen Mid Cap Value Fund CL R3	4,103
Harbor Bond Fund Administrative Class	23,611
Parnassus Income Equity Income Fund	68,594
T Rowe Price Retirement 2010 Advisor	202,827
T Rowe Price Retirement 2020 Advisor	186,940
T Rowe Price Retirement 2030 Advisor	7,011
T Rowe Price Retirement 2040 Advisor	126,215
Tributary Balanced Fund	59,438
Tributary Growth Opportunities Fund	1,026
Tributary Small Companies Fund	45,007
Vanguard FTSE Social Index Fund	21,130
Vanguard 500 Index Fund	24,025
Winslow Green Growth Fund	53,372
American Cap World Growth & Income Fund R4	69,260
American Fundamental Investors CL R4	108,835
American Pacifice Eurogrowth Fund CL R-4	90,756
Harbor International Fund Investment	76,935
Oppenheimer Developing Markets Funds A	41,206
Templeton Global Bond Fund AD CL	20,326
Total current assets	1,496,692
Participants notes receivable	51,193
TOTAL ASSETS	$ 1,547,885
LIABILITIES	
Total Liabilities	$ -
NET ASSETS	
Net assets available for benefits	$ 1,547,885

See notes to financial statements.

JAX MERCANTILE 401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2011

ADDITIONS	
Additions to net assets attributed to:	
Contributions:	
Participants - Pre tax	$ 110,232
Participants - Roth	$ 55,403
Employer	59,032
Rollovers - Participants	3,088
Total	227,755
Investment income:	
Net appreciation (depreciation) in fair value of investments	(67,917)
Dividend income	26,701
Realized Gain (Loss)	(20,274)
Interest on participants' loans	1,449
TOTAL ADDITIONS	167,714
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	54,578
Excess contributions returned	19,793
Administrative fees	4
TOTAL DEDUCTIONS	74,375
NET INCREASE (DECREASE)	93,339
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	1,454,546
END OF YEAR	$ 1,547,885

See notes to financial statements.

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011

1. DESCRIPTION OF PLAN:

The following description of the Jax Mercantile ("Company") 401(K) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for more complete description of the Plan's provision.

General: The Plan is a defined contribution plan covering all employees of the Company who are not employees governed by a collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Each year, participants may contribute up to annual limit as set by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Company match and profit sharing contributions are all discretionary and the amount is determined each year by the employer.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants contributions are always 100% vested. Company match contributions and profit sharing contributions are vested at the rate of 20% for each year of service by the employee.

Investment Options: Upon enrollment in the Plan, the Administrator has approved that each participant may direct their contributions to any of twenty-two different investment options. All are registered investment companies that invest in all forms of government and corporate securities, both domestic and foreign.

Participants may change their investment options at any time. However, there are a few funds with redemptions fees, which are incurred if shares are sold before the required holding time has passed, e.g., 30 days, 90 days.

Participant Notes Receivable: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range up to 5 years or longer if loan is for purchase of a primary residence. A maximum number of two loans are allowed. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate of interest. Principal and interest is paid ratably through payroll deductions. All loans are considered a directed investment by the employee. All payments of principal and interest are credited to that employee's account.

1. DESCRIPTION OF PLAN (continued):

Payment of Benefits: Distribution of benefits will be made upon normal retirement, death or disability. A participant may elect to receive the value of the participant's vested interest upon late retirement or upon termination of employment before normal retirement. Benefits will be in one lump-sum cash payment. Hardship withdrawals may be available.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

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

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

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participants' notes receivables are valued at cost, which approximates fair value.

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

Payment of Benefits: Benefits are recorded when paid.

3. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time, subject to the provisions of ERISA. Upon termination, all amounts credited the participants' accounts will become 100% vested.

4. TAX STATUS:

The Plan was adopted under a First National Bank Retirement Plan Services prototype plan document ("prototype plan"). The prototype plan has received a determination letter on March 31, 2008, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with a the applicable requirements of the Internal Revenue Code (IRC). Although, the prototype plan and Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is qualified under section 401(a) of the IRC and the related trust is tax exempt as of December 31, 2011.

The original effective date of the JAX Mercantile 401(K) Profit Sharing Plan is January 1, 2007 and the Plan as adopted the restated prototype.

5. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN:

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian.

Investments, at fair value:	
Shares of registered investment companies:	$ 1,496,692
Participants notes receivable	51,193
Investment income from registered investment companies	26,701

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEEMTNS
DECEMBER 31, 2011

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2011

	American Growth of America	Ariel Fund	Calvert Social Inv Bond	Nuveen Mid Cap Value Fd
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 5,224	$ 4,564	$ 3,690	$ -
Employer	3,256	1,492	1,045	162
Total	8,480	6,056	4,735	162
Investment income:				
Net appreciation (depreciation) in fair value of investments	3,446	(7,416)	460	(350)
Dividend income	911	126	1,223	13
Realized Gain	(9,821)	190	-	-
Interest on participants' loans	-	59	-	-
TOTAL ADDITIONS	3,016	(985)	6,418	(175)
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returnec	-	2,237	-	-
Administrative fees & forfeitures	-	-	-	-
TOTAL DEDUCTIONS	-	2,237	-	-
Net increase (decrease) prior to interfund transfers	3,016	(3,222)	6,418	(175)
Interfund transfers	(113,920)	(2,675)	1,477	-
NET INCREASE (DECREASE)	(110,904)	(5,897)	7,895	(175)
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year	242,845	65,024	27,235	4,278
END OF YEAR	$131,941	$ 59,127	$ 35,130	$ 4,103

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEEMTNS
DECEMBER 31, 2011

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2011

	Harbor Bond Fund	Parnassus Income Equity	T Rowe Price Ret 2010	T Rowe Price Ret 2020
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 1,508	$ 4,559	$ 10,075	$ 21,624
Employer	1,500	1,614	2,333	12,738
Total	3,008	6,173	12,408	34,362
Investment income:				
Net appreciation (depreciation) in fair value of investments	934	28	(6,187)	(10,219)
Dividend income	655	1,910	4,765	3,343
Realized Gain	(549)	140	120	4,237
Interest on participants' loans	-	-	-	565
TOTAL ADDITIONS	4,048	8,251	11,106	32,288
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	6,832	2,098	36,193	-
Administrative fees & forfeitures	-	-	-	-
TOTAL DEDUCTIONS	6,832	2,098	36,193	-
Net increase (decrease) prior to interfund transfers	(2,784)	6,153	(25,087)	32,288
Interfund transfers	(5,827)	(61)	227,658	(13,430)
NET INCREASE (DECREASE)	(8,611)	6,092	202,571	18,858
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year	32,222	62,502	256	168,082
END OF YEAR	$ 23,611	$ 68,594	$202,827	$186,940

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEEMTNS
DECEMBER 31, 2011

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2011

	T Rowe Price Ret 2030	T Rowe Price Ret 2040	Tributary Balanced Fund	Tributary Growth Opptunties
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 2,007	$ 10,910	$ 30,546	$ 478
Employer	1,044	5,738	4,326	188
Total	3,051	16,648	34,872	666
Investment income:				
Net appreciation (depreciation) in fair value of investments	(328)	(7,115)	1,286	(46)
Dividend income	96	1,509	432	-
Realized Gain	-	886	-	-
Interest on participants' loans	-	251	-	-
TOTAL ADDITIONS	2,819	12,179	36,590	620
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returne	-	1,755	-	-
Administrative fees & forfeitures	-	-	-	-
TOTAL DEDUCTIONS	-	1,755	-	-
Net increase (decrease) prior to interfund transfers	2,819	10,424	36,590	620
Interfund transfers	-	45	-	-
NET INCREASE (DECREASE)	2,819	10,469	36,590	620
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year	4,192	115,746	22,848	406
END OF YEAR	$ 7,011	$ 126,215	$ 59,438	$ 1,026

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEEMTNS
DECEMBER 31, 2011

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2011

	Tributary Small Company	Vanguard Social Index Fd	Vanguard 500 Index Fd	Winslow Green Growth
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 9,099	$ 2,114	$ 2,673	$ 7,511
Employer	3,758	1,308	1,669	2,422
Total	12,857	3,422	4,342	9,933
Investment income:				
Net appreciation (depreciation) in fair value of investments	(4,037)	(520)	(421)	(6,853)
Dividend income	2,281	249	493	-
Realized Gain	1,869	124	679	(1,826)
Interest on participants' loans	59	135	-	13
TOTAL ADDITIONS	13,029	3,410	5,093	1,267
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returne	2,246		184	3,883
Administrative fees & forfeitures	-			4
TOTAL DEDUCTIONS	2,246	-	184	3,887
Net increase (decrease) prior to interfund transfers	10,783	3,410	4,909	(2,620)
Interfund transfers	(12,981)	(3,048)	(12,954)	(1,253)
NET INCREASE (DECREASE)	(2,198)	362	(8,045)	(3,873)
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year	47,205	20,768	32,070	57,245
END OF YEAR	$ 45,007	$ 21,130	$ 24,025	$ 53,372

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEEMTNS
DECEMBER 31, 2011

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2011

	Amer Cap World G & I	Amer Fdamental Investtors	Amer Euro-Pac Growth	Habor Internationa Fd
ADDITIONS				
Additions to net assets attributed to:				
Contributions:				
Participants	$ 10,621	$ 9,830	$ 9,122	$ 12,459
Employer	2,079	1,923	1,752	3,451
Total	12,700	11,753	10,874	15,910
Investment income:				
Net appreciation (depreciation) in fair value of investments	4,726	3,118	(14,792)	(11,730)
Dividend income	1,880	1,823	1,535	1,577
Realized Gain	(11,249)	(6,133)	(41)	749
Interest on participants' loans	-	118	-	59
TOTAL ADDITIONS	8,057	10,679	(2,424)	6,565
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits paid to participants and excess contributions returned	4,240	4,640	4,523	3,104
Administrative fees & forfeitures	-	-	-	-
TOTAL DEDUCTIONS	4,240	4,640	4,523	3,104
Net increase (decrease) prior to interfund transfers	3,817	6,039	(6,947)	3,461
Interfund transfers	(57,479)	(62,254)	(13,475)	(2,126)
NET INCREASE (DECREASE)	(53,662)	(56,215)	(20,422)	1,335
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year	122,922	165,050	111,178	75,600
END OF YEAR	$ 69,260	$ 108,835	$ 90,756	$ 76,935

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEEMTNS
DECEMBER 31, 2011

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2011

	Openhmer Developing Markets	Templeton Global Bond	GS Financial Square MM
ADDITIONS			
Additions to net assets attributed to:			
Contributions:			
Participants	$ 5,239	$ 2,295	$ 2,575
Employer	2,539	987	1,708
Total	7,778	3,282	4,283
Investment income:			
Net appreciation (depreciation) in fair value of investments	(9,672)	(2,229)	
Dividend income	770	1,108	2
Realized Gain	351	-	
Interest on participants' loans	23	-	18
TOTAL ADDITIONS	(750)	2,161	4,303
DEDUCTIONS			
Deductions from net assets attributed to:			
Benefits paid to participants and excess contributions returned	2,436	-	-
Administrative fees & forfeitures		-	-
TOTAL DEDUCTIONS	2,436	-	
Net increase (decrease) prior to interfund transfers	(3,186)	2,161	4,303
Interfund transfers	373	13,231	19,706
NET INCREASE (DECREASE)	(2,813)	15,392	24,009
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year	44,019	4,934	15,868
END OF YEAR	$ 41,206	$ 20,326	$ 39,877

JAX MERCANTILE 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEEMTNS
DECEMBER 31, 2011

6 Changes in Net Assets for Each Investment option:
For the year ended December 31, 2011

	Partici-ipants Loans	Total
ADDITIONS		
Additions to net assets attributed to:		
Contributions:		
Participants	$ -	$ 168,723
Employer	-	59,032
Total	-	227,755
Investment income:		
Net appreciation (depreciation) in fair value of investments	-	(67,917)
Dividend income	-	26,701
Realized Gain	-	(20,274)
Interest on participants' loans	-	1,300
TOTAL ADDITIONS	-	167,565
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants and excess contributions returned	-	74,371
Administrative fees & forfeitures	-	4
TOTAL DEDUCTIONS	-	74,375
Net increase (decrease) prior to interfund transfers	-	93,190
Interfund transfers	38,993	0
NET INCREASE (DECREASE)	38,993	93,190
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	12,051	1,454,546
END OF YEAR	$ 51,044	$1,547,736

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PlanName1 **EIN:** 84-1087636
Plan Sponsor's Name Jax, Inc **PN:** 001

(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	(e) Current value
	The Ariel	The Ariel Fund	0	59,127
	Calvert	Calvert Bond Portfolio A	0	35,130
	GS Financial	GS Financial Square Money Market	0	39,877
	Nuveen	Nuveen Mid Cap Value Fund R3	0	4,103
	Tributary	Tributary Balanced Fund	0	59,438
	Tributary	Tributary Growth Opportunities Fund Inst	0	1,026
	Tributary	Tributary Small Company Fund Inst'l	0	45,007

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name JAX, Inc 401(K) Profit Sharing Plan **EIN:** 84-1087636

Plan Sponsor's Name Jax, Inc **PN:** 001

(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	(e) Current value
	Harbor	Harbor International Fund Investor Class	0	76,935
	Harbor	Harbor Bond Fund Adm Class	0	23,611
	Oppenheimer	Oppenheimer Developing Markets Fd A	0	41,206
	T. Rowe	T. Rowe Price Retirement 2010 Adv Fund	0	202,827
	T. Rowe	T. Rowe Price Retirement 2020 Adv	0	186,941
	T. Rowe	T. Rowe Price Retirement 2030 Adv Fund	0	7,011
	T. Rowe	T. Rowe Price Retirement 2040 Adv	0	126,215

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name JAX, Inc 401(K) Profit Sharing Plan **EIN:** 84-1087636

Plan Sponsor's Name Jax, Inc **PN:** 001

(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	(e) Current value
	Parnassus	Parnassus Equity Income Fund	0	68,594
	American Funds	American Funds Europacific Growth R4	0	90,756
	American Funds	American Funds Fundamental Invest R4	0	108,835
	American Funds	American Funds Growth Fnd of Amer R4	0	131,941
	American Funds	American Funds Cap Wld Growth Inc R4	0	69,260
	Templeton	Templeton Global Bond Fund Advisor Cl	0	20,326
	Vanguard	Vanguard 500 Index Fund	0	24,025

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name JAX, Inc 401(K) Profit Sharing Plan **EIN:** 84-1087636

Plan Sponsor's Name Jax, Inc **PN:** 001

(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	(e) Current value
	Vanguard	Vanguard FTSE Social Index Fd Investor	0	21,130
	Winslow	Winslow Green Growth Fund	0	53,372
	Participants Loan Account	Various Rates and Maturities	0	51,193