Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 550)0-SF.							
Pa	art I Annual Report Identification Information										
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011											
Α	This return/report is for:	a multiple	multiple-employer plan (not multiemployer) a one-participant plan								
В	This return/report is: X the first return/report	the final return/report									
	an amended return/report	a short pla	n year return/report (less than 12 n	nonths)							
C	Check box if filing under: X Form 5558		extension	ĺ	DFVC program						
0			, exteriorer	L							
D	special extension (enter description)										
	art II Basic Plan Information—enter all requested information	ation		46	<u> </u>						
	Name of plan				Three-digit plan number						
JGC	ONNECTIONS, INC. 401(K) RETIREMENT SAVINGS PLAN				(PN) ▶ 001						
					Effective date of plan						
					01/01/2011						
	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number						
JG C	ONNECTIONS, INC.				(EIN) 27-5226155						
				2c Sponsor's telephone number							
	RING ROAD, #102				270-900-1458						
ELIZ	ABETHTOWN, KY 42701			2d	Business code (see instructions)						
	Dian administrator's many and address (if some as also processes	.t "C	22\	2h	624100						
	Plan administrator's name and address (if same as plan sponsor, er ONNECTIONS, INC. 2411 RING R			30	Administrator's EIN 27-5226155						
	ELIZABETHT	OWN, KY	42701	3c	Administrator's telephone number						
					270-900-1458						
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b EIN							
а	Sponsor's name			4c PN							
5a	-			+ -							
b		Total number of participants at the beginning of the plan year									
C	Number of participants with account balances as of the end of the p			5b							
	complete this item)		•	5c	3						
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No						
b	Are you claiming a waiver of the annual examination and report of a										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		X Yes No						
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	00.							
Pa -	rt III Financial Information										
1	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year 2096						
а	Total plan assets		0		2090						
b	Total plan liabilities	7b	0		2006						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	0		2096						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	600								
	(2) Participants	8a(2)	1464								
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	32								
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	32		2096						
d	Benefits paid (including direct rollovers and insurance premiums	- 60									
u	to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0						
i	Net income (loss) (subtract line 8h from line 8c)	8i			2096						
j	Transfers to (from) the plan (see instructions)	8j									

Form 5500-SF 2011	

Part IV	Plan Characteristics
---------	----------------------

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 2T 3D

Page **2** - 1

art	V Compliance Questions							
<u>αιι</u> 0	•		Yes	No		A		
	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in	40-	162	X	1	Am	ount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
С	Was the plan covered by a fidelity bond?	10b 10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X					11
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	/I Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))	plete \$	Sched	lule S	B (Form)	Yes	☐ No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructors granting the waiver. Mont	tions,	and e	enter t	he date	of the le		
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	40h				
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left c			12c 12d				
e	negative amount)				☐ Yes	s \square	No F	N/A
art								
	Has a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
Ja	If "Yes," enter the amount of any plan assets that reverted to the employer this year	_			103 /	110		
h	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol				
D	of the PBGC?						Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	c(1) Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	estab	lished.	ı		
Jnde	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r	rn/rep	ort, in	cludir	ng, if app			

SIGN	Filed with authorized/valid electronic signature.	10/11/2012	JEANNE GOODSELL		
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Increction

Pe	maion Benefit Guaranty Corporation		> Complete all entries in accord	dance wit	h the instructions to the	Form 5500	-SF.		mspecton.
Parti Annual Report Identification Information									
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011									
Ат	his return/report is for:	X	a single-employer plan	a multiple	employer plan (not multie	employer)		∐a	one-participant plan
Вт	his return/report is:	the first return/report	etum/report						
	[an amended retum/report	a short pla	an year retum/report (less	than 12 mo	nths)	_	
C	Check box if filing under:	X	Form 5558	automatic	extension			[] c	FVC program
	Ī	٦	special extension (enter descriptio	on)					
∦Pa	Hali Basic Plan Inform	TI E	tion enter all requested informa	ation	*****				' '
	Name of plan						1b		e-digit
JG	Connections, Inc.	4	01(k) Retirement Sav	ings P	ings Plan			•	number 001
							10	(PN	ptive date of plan
									01/2011
2a	Plan sponsor's name and addo	es	s; include room or suite number (e	mplover, if	for a single-employer pla	η)			loyer Identification Number
	Connections, Inc.			,,				•	27-5226155
						Ī	2c	Spo	nsor's telephone number
243	ll Ring Road, #102]			-900-1458
							2d		ness code (see Instructions)
	izabethtown	_	KY 42701				Al-		100
3a JG	Plan administrator's name and Connections, Inc.	a c	ldress (if same as plan sponsor, ei	nter "Same	∍")	1	30		inistrator's EIN 5226155
	·						3c		inistrator's telephone number
ÉÎ	ll Ring Road, #102 izabethtown	3	KY 42701						-900-1458
4	If the name and/or EIN of the p		n sponsor has changed since the I	last retum/	report filed for this plan, e	nter the	4Ь	EIN	
	name, EiN, and the plan numb	er	from the last return/report.				4c	PΝ	
	Sponsor's name Total number of participants a	+ +3-	e beginning of the plan year				5a	Ϋ	3
	•		e end of the plan year				5b	+	3
	,		unt balances as of the end of the p				מכ	+	
٠	complete this Item)		milit balancas as or ma and or me t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5c		3
6a	Were all of the plan's assets	dur	ing the plan year invested in eligib	le assets?	(See instructions.)				X Yes No
	Are you claiming a waiver of the	he	annual examination and report of	an indeper	ndent qualified public acco	untant (IQF	PA)		₩ Maa 17 Ma
			e instructions on waiver eligibility				.,,,,,,	X Yes No	
#6 5	If you answered "No" to eith		6a or 6b, the plan cannot use F	orm 5500-	SF and must instead us	e Form 550	<i></i>	-	
7	Plan Assets and Liabilities	<u>a.</u>	IOII		(a) Beginning o	Vone	Π_		(b) End of Year
•				7a	(a) beginning o	1941	0		2096
	Total plan liabilities			7b			Ť		
	•		from line 7a)				9		2096
8	Income, Expenses, and Trans				(a) Amount				(b) Total
	Contributions received or rece			— of the late late of the late	, (S) runsum		100		
	(1) Employers			I I			이의		
	(2) Participants			. 8a(2)		146	4		
	(3) Others (including rollovers	;)		. 8a(3)			_		
b			***************************************	- 8b	ZWYGONGO OSGONIA (//l., V.A.N.), //lin./lin./lin./lin./migmigmigmigmig	3	2		
C	7		a(2), 8a(3), and 8b)	. <u>8c</u>		A temperature	22 200	COLUMN TO THE PARTY OF THE PART	2096
d			llovers and insurance premiums	. 8d					
Δ			e distributions (see instructions)						
f			(salaries, fees, commissions)						
g	·		(salaires, iees, commissions)						
h	·		e, 8f, and 8g)				40.54C		CONTRACTOR OF THE PROPERTY OF
î			3h from line 8c)						2096
i			Instructions)		The state of the s		1000		
For P			Control Numbers, see the instructions for		J .		1-27		Form 5500-SF (2011)

Form 5500-SF 2011 Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No During the plan year: Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in х 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Flduciary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... х 10c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See X 11 10e f Has the plan failed to provide any benefit when due under the plan? X 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h If 10h was answered "Yes." check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... Part VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule \$B (Form Yes Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. 12 (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a. 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 letter ruling granting the waiver.Month if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c C Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) N/A Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII Plan Terminations and Transfers of Assets Yes X No 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of ptan(s): 13c(2) ÉIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Jeanne Goodsell SIGN HERE signature of <u>plan appoinistrator</u> Date Enter name of individual signing as plan administrator Jeanne Goodsell Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor