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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	▶ Complete all entries in accordance	rdance wit	h the instructions to the Form 550	0-SF.		
		dentification Information					
For	calendar plan year 2011 or fisc	cal plan year beginning 01/01/20)11	and ending 1	2/31/2	2011	
Α	This return/report is for:	🛚 a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	oant plan
В	This return/report is:	the first return/report	the final r	eturn/report		_	
_	·····o··o·····························	an amended return/report	=	an year return/report (less than 12 mo	onths)		
_	0	片 ' '	╡ :	, , ,	Oriti io,	_	
C	Check box if filing under:	Form 5558	_	extension		DFVC progra	ım
		special extension (enter descript	tion)				
Pa	art II Basic Plan Infor	mation—enter all requested inform	mation				
	Name of plan				1b	Three-digit	
C.A.	JONES MANAGEMENT GROU	JP, LLC 401K RETIREMENT SAVIN	IGS PLAN			plan number	
						(PN) •	001
					1C	Effective date of	•
	<u> </u>		, , ,		01	07/01	
	JONES MANAGEMENT GROU	ress; include room or suite number (UP. LLC	employer, if	for a single-employer plan)	26	Employer Identif	fication Number 88172
		.,			0 -	(=114)	
					2C	Sponsor's telep	
	BOX 1022 RRAY, KY 42071-0018				24		
WICH	KKAT, KT 4207 1-0010				Zu	42492	see instructions)
32	Dian administrator's name and	d address (if same as plan sponsor,	ontor "Como	\n\ \n\	3h	Administrator's I	
	JONES MANAGEMENT GROU			;)	30		88172
		MURRAY, F	Y 42071-00	018	3c	Administrator's t	elephone number
						270-759	
4		plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN	
		ber from the last return/report.					
	Sponsor's name				4c	PN	
5a	Total number of participants a	t the beginning of the plan year			5a		11
b	Total number of participants a	t the end of the plan year			5b		9
С	Number of participants with a	ccount balances as of the end of the	plan year (defined benefit plans do not			
	complete this item)				5c		6
6a	Were all of the plan's assets	during the plan year invested in elig	ible assets?	(See instructions.)			X Yes No
b				ndent qualified public accountant (IQI			₩ v □ N.
		,		ions.)			X Yes No
De			Form 5500-	SF and must instead use Form 55	00.		
	art III Financial Inform	lation		I			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	
а	Total plan assets		<u>7a</u>	1316263			1292087
b	Total plan liabilities		7b				
<u>C</u>	Net plan assets (subtract line	7b from line 7a)	7с	1316263			1292087
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) 1	otal
а	Contributions received or received			92128			
	(1) Employers		<u>8a(1)</u>				
	(2) Participants		8a(2)	141081			
	(3) Others (including rollovers	s)	8a(3)				
b	Other income (loss)		8b	-32450			
С	Total income (add lines 8a(1),	, 8a(2), 8a(3), and 8b)	8c				200759
d		rollovers and insurance premiums					
		······································	8d	224935			
е	Certain deemed and/or correct	ctive distributions (see instructions).	8e				
f	Administrative service provide	ers (salaries, fees, commissions)	8f				
g	Other expenses		8g				
h	•	8e, 8f, and 8g)					224935
i		e 8h from line 8c)					-24176
;	` , `	see instructions)					
J	ransiers to (nom) the pidit (s		··· 8j				

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Form	5500	-8-	ンロココ

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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 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plan year:		Yes	No		Amo	ount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		X		7		
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ				10	000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
	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					5001
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	Χ					2531
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						
rt \	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					П	Yes	No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X No
а	(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 instruct granting the waiver. Monthou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
-	Enter the minimum required contribution for this plan year		Г	12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
C								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o	of a		12d				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)	of a			Yes		No 🗌	N/A
d e	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a			Yes	1	10	N/A
d e rt \	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)	of a				□ No	lo 🗌	N/A
d e rt \	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a					10	N/A
d e rt \ Ba	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a	3a the co			No		
d ert \Ba Ba	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets 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 up the second of the employer than the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up the plan assets distributed to participants or beneficiaries.	of a	3a the co	ntrol		No	Yes	
d e ort a Ba b c	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left on egative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets 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 up of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	of a	the co	ntrol	Yes X	No		X No
d e art \ 3a b c	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left on egative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets 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 up of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	the co	ntrol	Yes X	No	Yes	X No
d e rt \ Ba b c	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left on egative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets 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 up of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	the co	ntrol	Yes X	No	Yes	X No

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	CHARLES A. JONES	
HERE	Signature of plan administrator	Date Enter name of individual signing as plan administrator		
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor	

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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information	24 102 12			10/31/2011
For		01/01/20	011 and ending		12/31/2011
Α	This return/report is for:	a multiple-e	employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the final ret	urn/report		
		a short plan	year return/report (less than 12 mg	nths)	
C	Check box if filing under: X Form 5558	automatic e	extension	- 1	DFVC program
•	special extension (enter description	n)			
D					
	Irt II Basic Plan Information—enter all requested information	ation		1b	Three-digit
	Name of plan A. JONES MANAGEMENT GROUP, LLC 401K RETI	REMENT	SAVINGS PLAN		plan number
С.	A. UONED HERROELERT GROOT, 220 1011 R212				(PN) • 001
			*		Effective date of plan
				(07/01/2008
	Plan sponsor's name and address; include room or suite number (el	mployer, if for	or a single-employer plan)		Employer Identification Number
С.	A. JONES MANAGEMENT GROUP, LLC			120117-1	(EIN) 26-2388172
В	O. BOX 1022				Sponsor's telephone number
Р.	0. BOX 1022		ł	76132	270-759-1650 Business code (see instructions)
MII	RRAY KY 42071-0018				424920
100		nter "Same"			Administrator's EIN
C.	Plan administrator's name and address (if same as plan sponsor, er A. JONES MANAGEMENT GROUP, LLC	ner barre ,		٧	26-2388172
	O. BOX 1022 RRAY KY 42071-0018			3с	Administrator's telephone number 270-759-1650
4	RRAY KY 42071-0018 If the name and/or EIN of the plan sponsor has changed since the limits of the plan sponsor has changed since the plan sponsor has changed since the limits of the plan sponsor has changed since the limits of the plan sponsor has changed since the limits of the plan sponsor has changed since the limits of the plan sponsor has changed since the limits of the plan sponsor has changed since the limits of the plan sponsor has changed since the limits of the plan sponsor has changed since the plan sponsor has changed since the limits of the plan sponsor has changed since the limits of the plan sponsor has changed since the limits of the plan sponsor has changed since the limits of the plan sponsor has changed since the limits of the plan sponsor has changed since the limits of the plan sponsor has changed since the limits of the plan sponsor has changed since the limits of the plan sponsor has changed since the limits of the plan sponsor has changed since the limits of the plan sponsor ha	ast return/re	port filed for this plan, enter the	4b	
7	name, EIN, and the plan number from the last return/report.	ast retaining	port med for this plan, error the	-15	LIN
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	116
b	Total number of participants at the end of the plan year			5b	93
С	Number of participants with account balances as of the end of the property complete this item)			5c	65
	Were all of the plan's assets during the plan year invested in eligib				X Yes No
	Are you claiming a waiver of the annual examination and report of a				
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditio	ns.)		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fe	orm 5500-S	F and must instead use Form 550	00.	15/00
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	131626	3	1292087
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	131626	3	1292087
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		9212	0	
	(1) Employers		2000 CF1 (2) Top 402 F		
	(2) Participants	8a(2)	14108	1	
	(3) Others (including rollovers)	8a(3)		- 1	
b	Other income (loss)		-3245	0	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			200759
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	22493	5	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			
f	Administrative service providers (salaries, fees, commissions)	5295			
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			H	224935
i	Net income (loss) (subtract line 8h from line 8c)				-24176
i	Transfers to (from) the plan (see instructions)			Fill	

ni-Zeiti	SPERM									
Part IV Plan Characteristics										
	9a 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 3D									
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Part	t V	Compliance Questions								
10	Duri	ng the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						х			
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					х			
С	Was	s the plan covered by a fidelity bond?			10c	Х			10	00000
d		the plan have a loss, whether or not reimbursed by the plan's fideliishonesty?			10d		х			
е	Were	e any fees or commissions paid to any brokers, agents, or other perance service or other organization that provides some or all of the uctions.)	ersons by an insura	ance carrier, e plan? (See	10e	х				5001
f	Has	the plan failed to provide any benefit when due under the plan?		***************************************	10f		Х			
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of y	vear end.)		10g	х				2531
_	If thi	s is an individual account plan, was there a blackout period? (See	instructions and 29	9 CFR	10g		Х			
i	If 10	h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	10ii					
Part		Pension Funding Compliance			101					
11		is a defined benefit plan subject to minimum funding requirements?	7 (If "Yes " see inst	tructions and com	nlete	Sched	ule SB	(Form		
20.20)))							Yes	No
12	Is th	is a defined contribution plan subject to the minimum funding requi	irements of section	n 412 of the Code	or se	ction 3	802 of I	ERISA?	Yes	X No
120		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.								
а		vaiver of the minimum funding standard for a prior year is being am ting the waiver.								
lf :		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB					Du,			
b	Ente	r the minimum required contribution for this plan year				Г	12b			
С	Ente	r the amount contributed by the employer to the plan for this plan y	/ear			Г	12c			- 10
d		ract the amount in line 12c from the amount in line 12b. Enter the r				[12d			
е	Will t	he minimum funding amount reported on line 12d be met by the fu	ınding deadline?				[Yes	No [N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has a	a resolution to terminate the plan been adopted in any plan year?					☐ Y	es X No	er B	
	If "Y€	es," enter the amount of any plan assets that reverted to the emplo	yer this year		1	3a				
b		e all the plan assets distributed to participants or beneficiaries, tran- e PBGC?							☐ Yes	X No
С		ring this plan year, any assets or liabilities were transferred from th h assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	ne plar	n(s) to			_	_
1	13c(1)	Name of plan(s):			13c(2) EIN(s) 13			13c(3)	PN(s)	
		penalty for the late or incomplete filing of this return/report w							(U = 2 - 2) - 2	
SB o	r Sche	alties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as type, correct, and complete.	eclare that I have e the electronic vers	examined this retu ion of this return/i	rn/repreport	ort, in , and t	cluding o the b	j, if applicab est of my kr	ile, a Sche nowledge	edule and
SIGI	N	10	11512012	CHARLES A.	JON	ES				
HER	A STATE OF THE PARTY OF THE PAR	grature of plan administrator	Date	Enter name of in	dividu	al sign	ning as	plan admir	istrator	
SIGI		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		CHARLES A.						
HER	_		Date	Enter name of in	dividu	al sign	ning as	employer	r nlan end	neor
	-			Hanto of III	3.7.00	a, oigi	y as	Simpleyer 0	· piaii spc	11301

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