Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning 07/01/2009	9	and ending	06/30/2	2010
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plan	year return/report (less than 12 mo	onths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	n)			
Pa	art II Basic Plan Information—enter all requested informa	,			
	Name of plan	20011		1b	Three-digit
	MOUTH JEWELRY COMPANY, INC. PROFIT SHARING PLAN				plan number
					(PN)
				1C	Effective date of plan 07/01/1979
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
MON	IMOUTH JEWELRY COMPANY, INC.				(EIN) 61-0849765
1750	MONIMOLITH CTDEFT			2c	Plan sponsor's telephone number 859-261-0295
	MONMOUTH STREET PORT, KY 41071			2d	Business code (see instructions)
					448310
	Plan administrator's name and address (if same as Plan sponsor, er IMOUTH JEWELRY COMPANY, INC. 1759 MONMO			3b	Administrator's EIN
IVIOIN	NEWPORT, INC.		KEET	30	61-0849765 Administrator's telephone number
					859-261-0295
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponsor	i s name		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	7
b	Total number of participants at the end of the plan year			5b	0
С	Total number of participants with account balances as of the end of				0
	complete this item)			5с	
ъа b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a		,		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	500.	
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	34660		0
	Total plan liabilities	7b		0	0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	34660	9	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		0	
	(2) Participants	8a(2)		0	
	(3) Others (including rollovers)	8a(3)		0	
b	Other income (loss)	8b	6718	5	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			67185
d	Benefits paid (including direct rollovers and insurance premiums		00500		
_	to provide benefits)	8d	39563	-	
e	Certain deemed and/or corrective distributions (see instructions)	8e	1812	— i	
t ~	Administrative service providers (salaries, fees, commissions)	8f		0	
g	Other expenses (add lines 2d, 2e, 2f, and 2c)	8g		0	449704
n :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-346609
 	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			-340009
	riansiers to (nom) the plan (see instructions)	8j		0	

Form 5500-SF 2009 Page 2- 1	Page 2- 1
-------------------------------------	------------------

Part IV	Dlan	Characteristics	_
Partiv	Pian	Characteristics	۰

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Ar	nount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	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, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)							
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		Х				
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	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					. [Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	RISA?.	. [Yes	X No
	(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							
b	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left conegative amount)			12d			_	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	nder 	the co	ntrol 			X Yes	No
С	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.)	e plar	n(s) to			-		
1	3c(1) Name of plan(s):		130	(2) EII	۱(s)		13c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable					ock!		م ماریا م
В о	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	01/31/2011	STEVEN J. LEVINSON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	01/31/2011	STEVEN J. LEVINSON
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

nployee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	art I Annual Report Identification Information					
For	the calendar plan year 2009 or fiscal plan year beginning	07/03	1/2009	and ending	06/30/201	0
À	This return/report is for: x single-employer plan	multiple-e	mployer plan (not multiemployer)		icipant plan
В	This return/report is for:	final return	n/report			isipani pian
	x an amended return/report			port (less than 12 mont	the)	•
С	Check box if filing under: x Form 5558		extension	port (1000 than 12 mont	∏ DFVC pr	naram
	special extension (enter description		OALO HOLO H		☐ p. vo b.	ogram
D	art II Basic Plan Information enter all requested infor	<u>, </u>				
	Name of plan	mation.			1b Three-digit	<u> </u>
					plan numbe	er
	MONMOUTH JEWELRY COMPANY, INC. PROFIT SHARING	PLAN			(PN) ►	001
					1c Effective da 07/01/19	
2a	Plan sponsor's name and address (employer, if for single-employer p	lan)				lentification Number
	MONMOUTH JEWELRY COMPANY, INC.				(EIN) 61-	-0849765
	1759 MONMOUTH STREET					or's telephone number
					(859) 26 2d Business co	ode (see instructions)
	NEWPORT KY 41071				448310	
Ja	Plan administrator's name and address (If same as plan employer, er SAME	nter "Same"	")		3b Administrate	or's EIN
					3c Administrati	or's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the las name, EIN and the plan number from the last return/report. Sponsor's	t return/rep	ort filed for thi	s plan, enter the	4b EIN	
	Traine, Env and the plan number from the last return report. Sponsors	Name			4c PN	
5a	Total number of participants at the beginning of the plan year				5a	. 7
b	Total number of participants at the end of the plan year			• • • • • • • • [5b	0
С	Total number of participants with account balances as of the end of the complete this item)	ie plan yea	r (defined ben	efit plans do not	5c	0
6a	Were all of the plan's assets during the plan year invested in eligible a	ssets? (Se	e instructions)		. XYes No
b	Are you claiming a waiver of the annual examination and report of an	independer	nt qualified pu	olic accountant (IQPA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either 6a or 6b, the plan cannot use Form	d conditions	S.)		• • • • • •	. XYes No
Da	in you answered No to ethier by or bu, the plan cannot use Fon	m 5500-5F	and must ins	tead use Form 5500.		
7 7	Plan Assets and Liabilities		/-\ B			
a	Total plan assets		(a) B	eginning of Year	(b) i	End of Year
	Total plan liabilities	7a		346,609		0
c		7b		0		0
<u>. </u>	Net plan assets (subtract line 7b from line 7a)	7c		346,609	···	0 .
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:			(a) Amount		(b) Total
_	(1) Employers	8a(1)		0		
	(2) Participants	8a(2)		0		
	(3) Others (including rollovers)	8a(3)		0		
b	Other income (loss)	8b		67,185		
Ç	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				67,185
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)					
6		8d		395,639		
e f	Certain deemed and/or corrective distributions (see instructions)	8e		18,125		
g	Administrative service providers (salaries, fees, commissions) Other expenses	8f		30		
_	·	8g		0		
h i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			**	413,794
i	Net income (loss) (subject line 8h from line 8c)	8i 0:		-		(346,609)
J	Transière to (nom) the plan (see instructions)	8j	l	0	I and the second second second	

	Form 5500-SF 2009 Page 2-		_			
Part	V Plan Characteristics					
9a If	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	cteristic	Codes i	n the i	nstructions:	
	2A 2E the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac					
b If	the plan provides welfare benefits, effet the applicable welfare reduce codes from the Let of the plan provides					
Part	V Compliance Questions		,			
10	During the plan year:		Yes I	No	Am	ount
а	When the real a feiture to transmit to the plan any participant contribution within the time period described in	10a		х		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	•				
b	on line 10a.)	. 10b		х		
С	Was the plan covered by a fidelity bond?	. 10c		х		
ď	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	404	.	x		
	or dishonesty?	- 10d	+			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See			x		
	instructions.)	. 10e				
f	Has the plan failed to provide any benefit when due under the plan?	· 10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	· 10g	1	х	a	
h	If the in an individual account plan was there a blackout period? (See instructions and 29 CFR			x		
	2520.101-3.)	. 101	'	-		
İ	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	لــــــــــــــــــــــــــــــــــــــ			
Pari	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	mplete 9	Schedule	e SB (i	Form	Yes X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc	e or sec	tion 302	of ER	ISA?	Yes X No
12	Is this a defined contribution plan subject to the minimum fanding requirements of decident 12 states of the fill fill fill fill fill fill fill fil					
_	the standard for a prior year is being amortized in this plan year see institution	uctions,	and ent	er the	date of the le	etter ruling
а	grapting the waiver	MOHUI	***	Day	′ Y	ear
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1).		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 le	ft of a	` .	424		· · · · · · · · · · · · · · · · · · ·
d	negative amount)	• •	[_	12d	<u> </u>	7.1 [7.1/4
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u></u>	<u> </u>	<u> </u>	Yes	No N/A
Par	VII Plan Terminations and Transfers of Assets					X Yes No
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?			· · ·		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug	ht under	the con	trol		X Yes No
c	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif	the pla	n(s) to			-
	which assets or liabilities were transferred. (See instructions.)			3c(2) E		13c(3) PN(s)
<u></u>	13c(1) Name of plan(s): Schneider & Brown	.o., E.		<u>, , , , , , , , , , , , , , , , , , , </u>	,(,,	
	4520 Cooper Road - Si	rite ZUJ				
	Cincinian, Onto 43	242				
	Phone: (513) 984-6	03		4-61:0	had	
Cau	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	abre cau	ise is es	tabile	if applicable	a Schedule
Und	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this nor schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return	eturn/rep n/report	ort, inci , and to	uaing, the be	st of my know	wledge and
SB (or Schedule MB completed and signed by all enfoliced actually, as well do the closure actually.					
-(4)4	(O)A)() STEVEN J	. LEV	INSON			
-525.61		of indivi	dual sig	ning a	s plan admini	strator
136	SEED VILLE OF THE PROPERTY OF	LEV	INSON			
4.3		of indivi	dual sig	ning a	s employer o	r plan sponsor
	Oliginature of employonpass sponse.					

Page 2-