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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Р	art I	Annual Report I	ldentification Informatio	on							
For	calenda	ar plan year 2010 or fis	cal plan year beginning 01/0	01/2010		and ending	12/31/2	2010			
Α	This ret	turn/report is for:	single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan			
		turn/report is for:	first return/report	Πf	final return/report						
_		,	an amended return/report	Ħ,	short plar	n year return/report (less than 12 m	onths)				
_	Chook	hay if filing under:	☐ Form 5558	뭄	•		,	DFVC program			
C	C Check box if filing under: ☐ Form 5558 ☐ automatic extension special extension (enter description)							_ Di vo piogram			
D	- u4 II	Dania Dian Info	<u> </u>	•	,						
	art II Name		rmation—enter all requested	informat	tion		1h	Three-digit			
			FIT SHARING RETIREMENT F	οι ΔΝΙ			10	nlan number			
LIQU		TILLI, LLO 401KT KO	TH SHARING RETIREMENT	LAIN				(PN) • 001			
								Effective date of plan			
								01/01/1995			
			dress (employer, if for single-em	nployer p	olan)		2b	Employer Identification Number			
LIQU	JOR OU	JTLET, LLC					20	(LIIV)			
	IVIERA						20	Plan sponsor's telephone number 859-291-4007			
BEL	LEVUE,	KY 41073					2d	Business code (see instructions)			
							—	445310			
3a LIQI	Plan ad JOR OU	dministrator's name and JTLET, LLC	d address (if same as Plan spor	nsor, ent) ")	3b	Administrator's EIN 61-1057233			
		, -			Y 41073		3c	Administrator's telephone number			
								859-291-4007			
						port filed for this plan, enter the	4b	EIN			
	name, E	EIN, and the plan numb	per from the last return/report. S	Sponsor	's name		4c	PN			
5a	Total r	number of participants:	at the beginning of the plan yea	ır				78			
b	Total number of participants at the beginning of the plan yearTotal number of participants at the end of the plan year						. 5b	73			
C							. 30				
	C Total number of participants with account balances as of the end o complete this item)						. 5c	53			
6a	Were	all of the plan's assets	during the plan year invested in	n eligible	assets?	(See instructions.)		Yes No			
b						ndent qualified public accountant (l					
						ons.) SF and must instead use Form 5		Yes No			
Pa	art III	Financial Inform		use ro	1111 5500-	SF and must mstead use Form 5	500.				
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year			
, a				ı	7a	121303	30	1530486			
		plan liabilities			7b						
c			7h from line 7a)	1530486							
8	-	Net plan assets (subtract line 7b from line 7a)						(b) Total			
а		butions received or rec				, ,		(5) 10101			
	(1) Employers					8442	28				
	(2) Participants						13				
	(3) Ot	thers (including rollover	·s)		8a(3)						
b	Other	income (loss)			8b	1719:	25				
С	Total i	income (add lines 8a(1)), 8a(2), 8a(3), and 8b)		8c			380396			
d			t rollovers and insurance premi			624					
_					8d	02.	_				
e			ctive distributions (see instruction	´	8e	4	35				
†		·	ers (salaries, fees, commissions	´	8f	41					
g		•			8g			62940			
h			, 8e, 8f, and 8g)		8h						
ĺ		` , `	ne 8h from line 8c)		8i			317456			
- 1	I ransf	ters to (trom) the plan (:	see instructions)		8j						

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ar	IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 3D 2J 2K 2G	acteris	tic Co	des in	he instruc	ctions:		
0	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	ic Coc	les in t	ne instruc	tions:		
art	V Compliance Questions							
)	During the plan year:		Yes	No		Amou	unt	
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)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X				1	175000
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		Χ				
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	Х					4528
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.)	10q		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	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ī	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 instruction granting the waiver							ng
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Т	401				
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	of a	···	12c 12d				
e	negative amount)		-	<u> </u> [Yes	No	<u> </u>	N/A
	VII Plan Terminations and Transfers of Assets			L				
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					\Box	Yes	X No

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

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 plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes No

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.

SIGN	Filed with authorized/valid electronic signature.	07/14/2011	KENNETH A. LEWIS					
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

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Short Form Annual Return/Report of Small Employee **Benefit Plan**

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OMB Nos. 1210-0110 1210-0089

2010

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۲		dance wit	h the instructions to the Form 550	SF.							
	art Annual Report Identification Information										
_For	calendar plan year 2010 or fiscal plan year beginning		and ending								
Α.	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan						
В	This return/report is for: first return/report final return/report										
	an amended return/report	nths)									
C	C Check box if filing under: Form 5558 automatic extension DFVC program										
	special extension (enter description	on)									
Pa	ittil Basic Plan Information—enter all requested inform	ation									
1a	Name of plan			1b	Three-digit						
LIQU	OR OUTLET, LLC 401K PROFIT SHARING RETIREMENT PLAN				plan number 001						
				10	(PN) • UU1						
				10	01/01/1995						
	Plan sponsor's name and address (employer, if for single-employer OR OUTLET, LLC	plan)		2b	Employer Identification Number (EIN) 61-1057233						
	IVIERA DR			2c	Plan sponsor's telephone number 859-291-4007						
	EVUE KY 41073			2d	Business code (see instructions) 445310						
3a SAM	Plan administrator's name and address (if same as Plan sponsor, e E	nter "Same	e")	3b	Administrator's EIN 61-1057233						
				3с	Administrator's telephone number 859-291-4007						
	f the name and/or EIN of the plan sponsor has changed since the la	4b	EIN								
name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN											
5a	Total number of participants at the beginning of the plan year			5a	78						
	Total number of participants at the end of the plan year	5a 5b	73								
	Total number of participants with account balances as of the end of	อม	70								
	complete this item)		5c	53							
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
	If you answered "No" to either 6a or 6b, the plan cannot use F										
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year						
а	Total plan assets	. 7a	1213030								
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1213030		1530486						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from:		84428	1144							
	(1) Employers	. 8a(1)		_ 3							
	(2) Participants	. 8a(2)	124043	-							
1	(3) Others (including rollovers)	. 8a(3)	47400								
b	Other income (loss)		171925		200206						
q C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		100 P	380396						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	62475								
e	Certain deemed and/or corrective distributions (see instructions)		107	-43							
f	Administrative service providers (salaries, fees, commissions)		465	30							
g	Other expenses		dende generalist and in contract and in the co								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				62940						
i	Net income (loss) (subtract line 8h from line 8c)			255 255 257	317456						
j	Transfers to (from) the plan (see instructions)	. 8i		1983							

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Dar	NV Plan Characteristics							
	Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 3D 2J 2K 2G	acteris	tic Co	des in	the instru	ctio	ns:	N 1101
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	les in t	he instrud	ction	ıs:	
Part	V Compliance Questions							
10	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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
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	Х					175000
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		Х				
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	×					4528
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				141
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g 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	10ii						
Part	VI Pension Funding Compliance					11 520152291	tones - , gracerangungs -	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	nplete	Sched	lule SB	(Form		Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						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 instrugranting the waiver.	nth						
lf -	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401				-
b	Enter the minimum required contribution for this plan year			12b				
C	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 negative amount)		-	12d			Г	
anty agency	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				,		Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought 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 which assets or liabilities were transferred. (See instructions.)	the pla	n(s) to)				
	I3c(1) Name of plan(s):	-	13	c(2) El	N(s)		13c(3) PN(s)
		-						
Cau	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole ca	use is	estab	ished.			

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.

SIGN	Orwer de Geurs	7/8/11	KENNETH A. LEWIS
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