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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	
For	calendar plan year 2009 or fisc	al plan year beginning 11/01/200	9	and ending 1	0/31/2	2010
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	Γhis return/report is for:	first return/report	final retur	n/report		
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)	
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program
_		special extension (enter description	on)			
Do	rt II Pacia Plan Infor					
		mation—enter all requested inform	ation		1h	Throo digit
	Name of plan	OF BLODE ISLAND 404/K) DLAN			ID	<u> </u>
HOK	ZON BEVERAGE COMPANT	OF KITODE ISLAND 401(K) FLAN				001
					1c	` '
						12/01/1986
2a	Plan sponsor's name and addi	ress (employer, if for single-employer	· plan)		2b	Employer Identification Number
HOR	ZON BEVERAGE COMPANY	OF RHODE ISLAND, INC.				(EIN) 05-0305565
					2c	
	IOPKINS HILL ROAD T GREENWICH, RI 02817				24	
					Zu	
3a	Plan administrator's name and	Table 2 Plan sponsor's telephone number (EIN) 05-0305565 2 Plan sponsor's telephone number 401-392-3580 2 Business code (see instructions) 424800 3 Administrator's EIN 05-0305565 3 C Administrator's telephone number 401-392-3580 The plan sponsor has changed since the last return/report filed for this plan, enter the the plan number from the last return/report. Sponsor's name 4 participants at the beginning of the plan year 5 a 86 5 participants at the end of the plan year 5 a 86				
HOR		ort Identification Information or fiscal plan year beginning 11/01/2009 and ending 10/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan first return/report final return/report short plan year return/report gas amended return/report short plan year return/report gas automatic extension DFVC program				
INC.		WEST GREI	ENVVICH, F	RI 02817	3с	
4 1	: the analysis FINI of the onl		-11 /	and filed for this place contents	41-	
				eport filed for this plan, enter the	40	EIN
•	iamo, Em, and the plan hamo	5			4c	PN
5a	Total number of participants a	t the beginning of the plan year			5a	86
b	Total number of participants a	t the end of the plan year				86
С		• •			30	
					5c	82
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No
	Are you claiming a waiver of t	he annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)	
						Yes No
D-			orm 5500-	SF and must instead use Form 55	00.	
		ation		Ī		
7	Plan Assets and Liabilities				_	`
а	Total plan assets			42/329/	_	
b	·					4226
C	Net plan assets (subtract line	7b from line 7a)	. 7с	4273297	7	5270956
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or rece		90(4)	86267	,	
	• • • •				⊣	
				380167		
	• • • • • • • • • • • • • • • • • • • •	•	` '			
b	` ,			550950)	
C			. 8c			1017384
d		rollovers and insurance premiums	. 8d	14605	5	
е		etive distributions (see instructions)		4226	3	
f		ers (salaries, fees, commissions)				
g						
h	·	8e, 8f, and 8g)				18831
· · ·		e 8h from line 8c)				998553
i		ee instructions)		201		
J	ransfers to (from) the plan (see instructions)					

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

D	11 (11)	s plant provides wellare benefits, enter the applicable wellare heatt	ure codes from the f	LIST OF FIRE CHAFA	Cleris	lic Co	ues III	uie ilisuut	,tioi 15.	
Part	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No		Amoun	t
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Dine 10a.)		•	10b		X			
С	Wa	s the plan covered by a fidelity bond?			10c	X				1000000
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	•	•	10d		X			
	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.) Has the plan failed to provide any benefit when due under the plan? 106					20983				
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				144753
_	If th	is is an individual account plan, was there a blackout period? (See	e instructions and 29	9 CFR	10h		X			
i		Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i					
Part '	VI	Pension Funding Compliance								
		is a defined benefit plan subject to minimum funding requirements 0))							Y6	es X No
12	ls t	nis a defined contribution plan subject to the minimum funding req	uirements of section	n 412 of the Code	or se	ction (302 of	ERISA?	Ye	es 🔀 No
	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,							
		waiver of the minimum funding standard for a prior year is being a nting the waiver								
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MI					Day		Teal	
		er the minimum required contribution for this plan year		-		[12b			
		er the amount contributed by the employer to the plan for this plan				1	12c			
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a mini	us sign to the left	of a		12d			
е	Will	the minimum funding amount reported on line 12d be met by the f	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 ye	ear or any prior yea	r?					☐ Ye	es X No
		es," enter the amount of any plan assets that reverted to the empl	, ,			Г	13a		, L-1	<u> </u>
	We	e all the plan assets distributed to participants or beneficiaries, tra					ontrol		Y	es X No
		uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to)			
1;	3c(1	Name of plan(s):			13c(2) EIN(s)			N(s)	13c	(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le cau	ıse is	establ	lished.		
Under SB or	per Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have	examined this retu	ırn/re _l	port, ir	ncludin	g, if applic		
SIGN	F	iled with authorized/valid electronic signature.	08/11/2011	MICHAEL SQUIT	TIER	E				
HERE	- [Signature of plan administrator	Date	Enter name of in	ndividi	ıal sig	ning as	s plan adn	ninistrato	r

Date

Date

Enter name of individual signing as plan administrator

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 section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	Complete all entries in accor	rdanco with	n the instructions to the Form 550	n.se	Ins	pection		
P	art I Annual Report I	dentification Information	ndance with	to the instructions to the Form 300	0-37.				
	calendar plan year 2009 or fisc		009	and ending	10/31/2	010			
Δ	This return/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)	1	one-participa	int plan		
	•	first return/report	final retur		ł	oric-participe	ini pian		
B	This return/report is for.	_ · ·	=						
		an amended return/report	-	year return/report (less than 12 mo	٠,				
С	Check box if filing under:	X Form 5558	automatic	extension	l	DFVC progra	am		
		special extension (enter descrip	tion)						
Pa	rt II Basic Plan Infor	mation—enter all requested infor	mation						
1a	Name of plan				}	Three-digit			
HOR	IZON BEVERAGE COMPANY	OF RHODE ISLAND 401(K) PLAN			1	plan number	004		
						(PN) 001 C Effective date of plan			
					10	Effective date o			
2a	Plan snonsor's name and adde	ress (employer, if for single-employer	ar nlan)		2h	Employer Identi		bor	
	IZON BEVERAGE COMPANY		si piari)			(EIN) 05-030		iner	
					2c	Plan sponsor's	telephone nu	ımber	
	HOPKINS HILL ROAD						2-3580		
WES	T GREENWICH RI 02817				2d	Business code (ions)	
32	Plan administrator's name and	l address (if same as Plan sponsor,	anter "Same	2"\	3h	424800 Administrator's		************	
SAM		address (it same as that sponsor,	Cinci Came			05-030			
Ç					3c	Administrator's	telephone nu	ımber	
			······································		ļ	••••••	2-3580	***********	
	· ·	an sponsor has changed since the left from the last return/report. Spont		port filed for this plan, enter the	4b EIN				
,	idine, Eliv, and the plan numbe	er nom the last return report. Opon	aur a manne		4c	PN			
5a	Total number of participants a	It the beginning of the plan year	,,		5a			86	
		, ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5b		***************************************	86	
		vith account balances as of the end			-	· · · · · · · · · · · · · · · · · · ·			
	•		, ,						
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 (IC				<u>-</u>	
				ions.)			X Yes	∐ No	
- DA	rt III Financial Inform		Form 5500-	SF and must instead use Form 55	ψυ.	······································	· · · · · · · · · · · · · · · · · · ·		
مندنستان		iacioni .	1/2000 CAS	(a) Posinning of Vacr		(h) End	of Year		
.7	Plan Assets and Liabilities		-2000	(a) Beginning of Year 427329	7	(b) Life		75182	
a	· · · · ·	······································		421025	<u> </u>		JZ.		
				467000	_			4226	
		7b from line 7a)		427329	<u></u>			70956	
8	Income, Expenses, and Trans			(a) Amount	1.55	(b) `	Total	,	
а	Contributions received or received	eivable from:	8a(1)	8626					
	• • • •			38016					
	, ,			30010					
h	• • •	\$)		55095	$\overline{}$				
d		9a/3\ 9a/3\ and 9h\				<u>a a distanta a a a dadidi.</u>	10	17384	
Ç		, 8a(2), 8a(3), and 8b)	8c						
d		rollovers and insurance premiums	8d	1460	5				
е	•	ctive distributions (see instructions)	1	422	6				
f		ers (salaries, fees, commissions)	ļ				1.210.5		
	• •	era (adianea, reea, commissiona)							
g		8e, 8f, and 8g)		PARCHARIA PARCHA	200	A CONTRACTOR OF THE STATE OF TH	<u></u>	18831	
	TOTAL CARCITACS INVUINIES OU.		611	[12] NASS ST. P. STOLEN, MARKET ST. S. M. S. P. AND J. P. AND J	انست				
h ;		•					9	98553	
i	Net income (loss) (subtract lin	ne 8h from line 8c)	8i	90		en e general e e			
i j	Net income (loss) (subtract lin Transfers to (from) the plan (s	•	8i	-89	4		~~~	98553	

Page 2-1

Form	5500-	SE	2009
Tunn	JJUU	· · ·	2000

Part	IV Plan Characteristics	ander from the Lie	of Plan Charact	erist	ic Co	les in th	ne instruction	ns:
,	the plan provides pension benefits, enter the applicable pension feature E 2G 2J 2K 3D the plan provides welfare benefits, enter the applicable welfare feature							
b	the plan provides welfare beriefits, effici the applicable welfare feature	00000 110						
Part	Compliance Questions							······································
10	During the plan year:		****		Yes	No	Aı	nount
а	there a failure to transmit to the plan any participant contributions w	ithin the time period	described in					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C	Correction Program)		0a		X		
h	Were there any nonexempt transactions with any party-in-interest? (Do r	not include transacti	ons reported			х		
	on line 10a.)		1	0b			,, <u></u>	
^	Was the plan covered by a fidelity bond?		1	IOC	Χ			1000000
C	was the plan covered by a many series and built a standard fidelity	hand that was call	sed by fraud					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?		·····	l0d		Х		**************************************
е	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the b	penefits under the p	ian (See	10e	Х			20983
	instructions.)		-			Х		***************************************
f	Has the plan failed to provide any benefit when due under the plan?	,,		10f				
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g	Х			144753
	If this is an individual account plan, was there a blackout period? (See in	nstructions and 29 (FR					
h	2520.101-3.)			10h		X		
i	If 10h was answered "Yes," check the box if you either provided the req	uired notice or one	of the					
•	exceptions to providing the notice applied under 29 CFR 2520.101-3			101	<u></u>			
.	Bancian Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements?	(If "Yes " see instru	ctions and comp	lete	Sche	dule SB	(Form	п. п.
11	is this a defined benefit plan subject to trinimidal following requirements: 5500))	(1) 100, 000						Yes X No
4.0	Is this a defined contribution plan subject to the minimum funding requi	rements of section	112 of the Code	or se	ection	302 of	ERISA?	Yes X No
12	wall a second of the second se	١						
	(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 am	and an thir night	ear, see instruct	tions	, and	enter th	ne date of the	e letter ruling
а	If a waiver of the minimum funding standard for a prior year is being am granting the waiver.		Month	h		Day		rear
ıø.	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	skip to line 13.		r		,	
	Enter the minimum required contribution for this plan year					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 y	eault (onter a minus	sign to the left of	of a		12d		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the r negative amount)	esuit (enter a minus		,,,,,,,,		120		
	negative amount)						Yes	No ∏ N/A
e	Will the minimum funding amount reported on line 12d be met by the fu	inding deadine:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					-h
Part	VII Plan Terminations and Transfers of Assets							Dv. Dv.
420	Has a resolution to terminate the plan been adopted during the plan ye	ar or any prior year	?					Yes X No
138	Mas a resolution to terminate the pion book duspited to the empty	war this year				13a		
	If "Yes," enter the amount of any plan assets that reverted to the employee all the plan assets distributed to participants or beneficiaries, trans							
b	Were all the plan assets distributed to participants or beneficiaries, train of the PBGC?	islence to eneme.						Yes 🛛 No
c	If during this plan year, any assets or liabilities were transferred from the	nis plan to another p	olan(s), identify the	ne pl	an(s)	to		
	which assets or liabilities were transferred. (See instructions.)				1	3c(2) E	EIN(s)	13c(3) PN(s)
	I3c(1) Name of plan(s):			+				
				+				
						in note	hliched	
Cas	tion: A penalty for the late or incomplete filing of this return/report	will be assessed t	inless reasonad	ole C	ause	is esta	ing if conline	ship a Sahadula
Und	er penalties of perjury and other penalties set forth in the instructions. (or by Schedule MB completed and signed by an enrolled actuary, as well as	declare that I have on the electronic vers	examined this ret sion of this return	um/r /repo	report ort, ar	, including the	e best of my	knowledge and
beli	ef, it is true, correct, and complete.		MICHAEL SQL					
	1 V V V V V V V V V V V V V V V V V V V	8811						
SI		Date	Enter name of i	indiv	idual	signing	as plan adm	inistrator
	Signature or plan administrator							
SI	SN:		Cutar como of	i	id ol	signing	as employe	r or plan sponsor
	RE Signature of employer/plan sponsor	Date	ciner name of	11010	,uuai	2.3111119		F. F