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		·					0560.40					
i Net income (ioss) (subtract line on from line oc)	h ;											
j Transfers to (from) the plan (see instructions)	j	() ()	,									

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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 2K 3D 2F 2G 2J
- **b** 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							
10	During the plan year:		Yes	No	A	mount		
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)							
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			1	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?	10d		Х				
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 instructions.)	10e	x				8901	
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	Х				127395	
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					Yes	No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	× No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-		<u></u>			
b	Enter the minimum required contribution for this plan year			12b	ļ			
С	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				
е	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 under the control of the PBGC?							
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to				_	
1	3c(1) Name of plan(s):		130	c (2) El	N(s)	13c(3)	PN(s)	
						,		
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.	L		

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.	05/11/2012	MICHAEL SQUITTIERE
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

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Form 5500-SF Short Form	n Annual Return/l Benefit	Report of Small Employ Plan	OMB Nos. 1210-0110 1210-0089					
Internal Revenue Service This form is	required to be filed under se	ctions 104 and 4065 of the Employee)	2010				
Department of Labor Retirement Employee Benefas Security Administration	Income Security Act of 1974 Internal Revenue	(ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Public				
Pension Benefit Guaranty Corporation Complete all	entries in accordance wit	h the instructions to the Form 5500	Inspection					
Part I Annual Report Identification In	formation							
For calendar plan year 2010 or fiscal plan year beginn		×		10/31/2011				
A This return/report is for: X single-employer	· [] multiple-e	mployer plan (not multiemployer)		one-participant plan				
B This return/report is for:		•						
an amended ret	urn/report U short plar	year return/report (less than 12 mor	iths)					
C Check box if filing under:	L	extension		DFVC program				
	n (enter description)	· · · · · · · · · · · · · · · · · · ·						
Part II Basic Plan Information—enter all	requested information							
1a Name of plan HORIZON BEVERAGE COMPANY OF R	HODE ISLAND AND A) DI AN	1b	Three-digit plan number				
NORTHON DEVENDED COMPANY OF 10	TODU TOURND FOT (I			(PN) > 001				
			1c	Effective date of plan				
				12/01/1986				
2a Plan sponsor's name and address (employer, if for HORIZON BEVERAGE COMPANY OF R	HODE ISLAND, INC			Employer Identification Number (EIN) 05-0305565				
				Plan sponsor's telephone number				
121 HOPKINS HILL ROAD				401-392-3580				
WEST GREENWICH RI 028	17		2d	Business code (see instructions) 424800				
3a Plan administrator's name and address (if same a HORIZON BEVERAGE COMPANY OF R	s Plan sponsor, enter "Sam	e")	3b	Administrator's EIN				
	HODE ISLAND, INC			05-0305565				
121 HOPKINS HILL ROAD WEST GREENWICH RI	02817		Administrator's telephone number 401-392-3580					
4 If the name and/or EIN of the plan sponsor has cha	inged since the last return/r	eport filed for this plan, enter the	4b					
name, EIN, and the plan number from the last retu	rn/report. Sponsor's name							
5a Total number of participants at the beginning of t	ne nian vear		4c					
bTota 1 number of participants at the end of the pla			5a	86				
C Total number of participants with account balance			<u>5b</u>	87				
complete this item).			5c	80				
6a Were all of the plan's assets during the plan yea				X Yes No				
b Are you claiming a waiver of the annual examination of the annual examination of the annual examination of the second	tion and report of an indepe	ndent qualified public accountant (IQ	PA)					
under 29 CFR 2520.104-46? (See instructions of If you answered "No" to either 6a or 6b, the p	and conditional tank to the second tank tank tank tank tank tank tank tank	-SF and must instead use Form 55	 00	X Yes 🛛 No				
Part III Financial Information			~~~~					
7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
a Total plan assets		527518	2	5613145				
bTota I plan liabilities	7b	422	6	0				
C Net plan assets (subtract line 7b from line 7a)		527095	6	5613145				
8 Income, Expenses, and Transfers for this Plan Y	ear	(a) Amount		(b) Total				
a Contributions received or receivable from: (1) Employers		8623	5					
(2) Participants		38135						
(3) Others (including rollovers)								
bOt her income (loss)		13154	5					
C Total income (add lines 8a(1), 8a(2), 8a(3), and				599131				
d Benefits paid (including direct rollovers and insu	rance premiums							
to provide benefits)		25620	2					
e Certain deemed and/or corrective distributions (s								
f Administrative service providers (salaries, fees,	· · · · · · · · · · · · · · · · · · ·	74	0					
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)				256942				
 Net income (loss) (subtract line 8h from line 8c). Transfers to (from) the plan (see instructions) 			_	342189				
J mansiers to (mony the plan (see instructions)	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form \$500-SF.

Form 5500-SF 2010

sign Here Page **2-**

Part	IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2G 2J 2K 3D 2F	acteris	tic Co	des in t	he instru	clions	:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	tes in th	ne instruc	tions:		
Part	V Compliance Questions							
10	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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x				
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10Ь		x				
С	Was the plan covered by a fidelity bond?	10c	х				100	0000
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				
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 instructions.)	10e	x					8901
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	Х				12	27395
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x				
ì	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						
Parl	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500)					. [] Yes	No 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 instru- granting the waiver	ictions	, and	enter th	ne date of	f the le	etter ruli	No ing
	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				
c	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	t of a		12d				
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
Par	rt VII Plan Terminations and Transfers of Assets							
13a	a 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				
	 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify 					[] Yes	X No
	c If during this plan year, any assets or habilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	uie pa	411(5) (.0				
	13c(1) Name of plan(s):		1	3c(2) E	IN(s)	-+	13c(3)	PN(s)
		_						
	aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona							
SE	nder penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re B or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this retur- elief, it is true, correct, and completed	eturn/m n/repo	eport, rt, and	includir d to the	ig, if app best of n	licable ny kno), a Sch)wledge	edule and
	MICHAEL SI	QUIT	TIE	RE		••••••		
	IGN / / Date > 3 12 Enter name of				as nian a	dminis	trator	

 MICHAEL SQUITTIERE

 Signature of employer/plan sponsor
 Date 3/2
 Enter name of individual signing as employer or plan sponsor