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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

F	ension Benefit G	uaranty Corporation	n	Complete all entri	ies in accor	dance witl	n the instructions to the F	orm 5500-S	F.	Ins	spection		
P	art I An	nual Repor	rt Ident	fication Inforn	nation					•			
For	calendar plai	n year 2011 or	r fiscal pla	n year beginning	01/01/201	1	and end	ing 12/3	31/20	011			
Α	This return/re	port is for:	Xas	single-employer pla	n	a multiple	-employer plan (not multier	nployer)	Γ	a one-partici	oant plan		
В	This return/re	port is:	☐ the	e first return/report	П	the final r	eturn/report		_	<u> </u>			
		F	□an	amended return/re	eport \Box	a short pla	n year return/report (less th	nan 12 mont	hs)				
C	Check box if	filing under	片	rm 5558			extension		Γ	DFVC progra	ım		
C	Check box ii	illing under:	븜	ecial extension (en	L tor description		CALCITISION		L	_ Di vo piogia	4111		
	nut II Da	aia Dian Ind		,		,							
			tormati	on—enter all requ	ested inform	ation		1	L	There is all all			
	Name of pla		POEIT SH	ARING RETIREME	ENIT DI ANI			1		Three-digit plan number			
LIQU	OK OUTLET	, LLO 40 IK I I	KOI II OI	AKINO KETIKEMI	LINI I LAIN					(PN) ▶	001		
								1	С	Effective date o	f plan		
										01/01	/1995		
			address; i	nclude room or suit	te number (e	mployer, if	for a single-employer plan)	2	b	Employer Identi		ber	
LIQU	JOR OUTLET	, LLC								(=114)	57233		
								2	C	Sponsor's telep		r	
	IVIERA DR	4.070						<u> </u>		859-29			
BELL	EVUE, KY 4	1073						2	a	Business code (ons)	
32	Dlan adminis	strator'a nama	and addr	oca (if como oc play	o opopoor o	ntor "Como	,")	2	h	Administrator's			
	OR OUTLET		and addit		5 RIVIERA I	DR	;)	3	D /		57233		
				Е	BELLEVUE, I	KY 41073			3c Administrator's telephone num				
										859-29	1-4007		
4						ast return/	report filed for this plan, ent	er the 4	b	EIN			
а	name, EIN, and the plan number from the last return/report. a Sponsor's name					4	С	PN					
	5a Total number of participants at the beginning of the plan year							<u> </u>		81			
	b Total number of participants at the end of the plan year					<u> </u>				74			
					-			b					
С						,		_	С			5′	
6a	Were all of	the plan's asse	ets during	the plan year inve	sted in eliaib	le assets?	(See instructions.)				X Yes	No	
b		•	_		•		ndent qualified public accou						
			•				ons.)				X Yes	No	
Da		<u>rered "No" to</u> nancial Info			annot use F	orm 5500-	SF and must instead use	Form 5500.					
7				1				. 1			434		
′_		and Liabilities				_	(a) Beginning of	rear 30486		(b) End	of Year 162532	20	
a						. 7a	100	00400			102002		
b	'			P 7 -)		. 7b	153	30486			162532	20	
<u>C</u>		-		m line 7a)		. 7c		30400					
8		penses, and 1 r is received or r		or this Plan Year			(a) Amount			(b)	Total		
а				: ITOM:		. 8a(1)	3	30084					
	., .,						10	08160					
	., .					. 8a(3)							
b	` '		,				-3	86884					
С				, 8a(3), and 8b)							15136	60	
d				ers and insurance									
						. 8d	5	55845					
е	Certain dee	med and/or co	rrective d	stributions (see ins	structions)	. 8e							
f	Administrati	ve service prov	viders (sa	laries, fees, commi	ssions)	. 8f		672					
g	Other exper	nses				. 8g							
h	Total expen	ses (add lines	8d, 8e, 8t	, and 8g)		. 8h					5651	7	
i	Net income	(loss) (subtrac	ct line 8h f	rom line 8c)		. 8i					9484	13	
j	Transfers to	(from) the plan	an (see ins	tructions)		. 8j							

Form	5500	_SE	201	,
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Part IV	Plan	Characteristics
Parriv	Pian	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 3D 2J 2K 2G
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0	V Compliance Questions			1				
	During the plan year:		Yes	No		Am	ount	
	· · · · · · · · · · · · · · · · · · ·	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					17500
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	Χ					543
f	Has the plan failed to provide any benefit when due under the plan?	10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	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 complete 5500))					[Yes	X N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X N
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0. 00	0				_	ш
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi 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.		_					
b	Enter the minimum required contribution for this plan year			12b				
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 of negative 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							
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?	nder	the co	ntrol			Yes	X N
b	If during this plan year any assets or linkilities were transferred from this plan to another plan(a) identify the	e plai	n(s) to				_	
	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.)							
С			130	c(2) EII	V(s)		13c(3) PN(s)
С	which assets or liabilities were transferred. (See instructions.)		130	c(2) EII	V(s)		13c(3) PN(s)

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/18/2012	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

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2011

OMB Nos. 1210-0110 1210-0089

F	Pension Benefit Guaranty Corporation Complete all entries in accord	lance witl	h the instructions to the Form 550	0-SF.	Inspection
Р	art I Annual Report Identification Information		The mondadana to the Form con-	<u> </u>	
	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	2/31/20	011
		a multiple	e-employer plan (not multiemployer)		a one-participant plan
			eturn/report	L	_ u one participant plast
0			•		
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	_
С	Check box if filing under: Form 5558	automatic	extension	L	DFVC program
	special extension (enter description	n)			
Pa	art II Basic Plan Information—enter all requested informa	ition			
1a	Name of plan			1b	Three-digit
LIQL	JOR OUTLET, LLC 401K PROFIT SHARING RETIREMENT PLAN				plan number
					(PN) ▶ 001
				1c	Effective date of plan
					01/01/1995
2a LIQU	Plan sponsor's name and address; include room or suite number (er JOR OUTLET, LLC	nployer, if	for a single-employer plan)		Employer Identification Number
					(EIN) 61-1057233
				2c 3	Sponsor's telephone number
	IVIERA DR				859-291-4007
BELI	LEVUE KY 41073			2a E	Business code (see instructions) 445310
22	Diagram desirable de la company de la compan	t#0	BN	26	
SA M	Plan administrator's name and address (if same as plan sponsor, en	ter Same	;)	30 /	Administrator's EIN 61-1057233
OMIVI				3c /	Administrator's telephone number
				,	859-291-4007
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/	report filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report.			_	
	Sponsor's name			4c	PN
	Total number of participants at the beginning of the plan year			5a	81
b	Total number of participants at the end of the plan year			5b	74
C	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not	_	
	complete this item)			5c	51
_	Were all of the plan's assets during the plan year invested in eligible				X Yes No
b	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 lf you answered "No" to either 6a or 6b, the plan cannot use Fo				No
Pa	rt III Financial Information	1111 0000-	or and must misted use I offi ou	,,,	*****
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
	Total plan assets	7-	(a) Beginning of Teal		1625329
	·	7a	1000100		1023023
	Total plan liabilities	7b	1530486	-	4625320
_	Net plan assets (subtract line 7b from line 7a)	7c		-	1625329
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	80084		
	(2) Participants		108160	\dashv	
		8a(2)	100100	-	
h	(3) Others (including rollovers)	8a(3)	25004	-	
	Other income (loss)	8b	-36884	-	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			151360
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	55845		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f	672		
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			56517
i	Net income (loss) (subtract line 8h from line 8c)	8i			94843
i	Transfers to (from) the plan (see instructions)			+	0-0-0
J		8i		ŀ	

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SIGN HERE

Signature of employer/plan sponsor

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		3										
Part	IV Plan Characteristics											
	If the plan provides pension benefits, enter the applicable pension fe PE 2F 3D 2J 2K 2G											
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the	List of Plan Charad	cterist	ic Cod	les in t	he instru	uction	is:			
Part	V Compliance Questions									····		
10	During the plan year:				Yes	No		Α	mount			
_	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correction Progr	am)	10a		X	-					
	Were there any nonexempt transactions with any party-in-interest? (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 fid or dishonesty?	delity bond, that was	caused by fraud	10d		х						
	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of t instructions.)	the benefits under th	e plan? (See	10e	Х					5434		
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 o	of vear end.)		10g		Х						
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instructions and 2	9 CFR	10g		X						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	ne of the	10i								
Part \	/I Pension Funding Compliance											
11	is this a defined benefit plan subject to minimum funding requiremen	its? (If "Yes," see ins	tructions and com	plete	Sched	lule SB	(Form		П ,	₩.		
	5500))									s X No		
	Is this a defined contribution plan subject to the minimum funding re		n 412 of the Code	or se	ction (302 of I	ERISA?	••	Ye	s 🛮 No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabed f a waiver of the minimum funding standard for a prior year is being		n voor soo instruc	tione	and a	ntor th	a data c	f tha	latter	uliaa		
!	granting the waiver	***************************************	Mont	h	and e	Day	e uate o	Y	ear	unrig		
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N		· -		_							
	Enter the minimum required contribution for this plan year					12b						
	Enter the amount contributed by the employer to the plan for this plan					12c						
ı	Subtract the amount in line 12c from the amount in line 12b. Enter the amount)		••••••		_	12d						
е '	Mill the minimum funding amount reported on line 12d be met by the	funding deadline?	•••••				Yes	Ш	No	N/A		
Part \	/II Plan Terminations and Transfers of Assets											
13a	Has a resolution to terminate the plan been adopted in any plan year?		•••••			Y	es X	No				
	f "Yes," enter the amount of any plan assets that reverted to the emp	ployer this year		1	3a							
	Nere all the plan assets distributed to participants or beneficiaries, troff the PBGC?	***************************************				ntrol			Yes	s 🛛 No		
C	f during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plar	(s) to							
13	c(1) Name of plan(s):				130	(2) Ell	V(s)		13c(3	3) PN(s)		
				:								
Cautio	n: A penalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonabl	e cau	se is	establi	shed.					
Under SB or	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	declare that I have	examined this retu	rn/ren	ort. in	cluding	ı if appli	icable	e, a Scl	hedule e and		
SIGN	Ulwell Q. Rouels	7/12/12	KENNETH A. LE	EWIS								
HERE						individual signing as plan administrator						

Date

Enter name of individual signing as employer or plan sponsor