## 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).

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Р	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.										
Pa	Part I Annual Report Identification Information										
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011										
Α	This re	turn/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan				
В	This re	turn/report is:	the first return/report	the final r	eturn/report		_				
			an amended return/report	a short pla	an year return/report (less than 12 mo	onths)					
_	Chock	hov if filing under:	▼ Form 5558		extension	[	DFVC program				
C											
	Part II Basic Plan Information—enter all requested information										
			nation—enter all requested informa	ation		1h	Thurs a dissis				
		of plan Γ WORTH / MJP WEALT	H 401K PLAN				Three-digit plan number				
Ligo	10 1121	TWO TENTO					(PN) • 001				
						1c	Effective date of plan				
							01/01/2010				
2a	Plan s	ponsor's name and addre T WORTH / MJP WEALT	ess; include room or suite number (e	mployer, if	for a single-employer plan)		Employer Identification Number				
LIQU	או טוע	T WORTH/WIJF WEALT	TI STRATEGIES, ELC				(EIN) 27-1777772				
						2c	Sponsor's telephone number 631-273-1000				
	MOTOF E 115	R PARKWAY				24	Business code (see instructions)				
		GE, NY 11788				Zu	523900				
3a	Plan a	administrator's name and	address (if same as plan sponsor, e	nter "Same	3")	3b	Administrator's EIN				
LIQU	ID NET	WORTH / MJP WEALTI	H STRATEGIES, LLC 100 MOTOR	PARKWA	Y <sup>'</sup>		27-1777772				
			SUITE 115 HAUPPAUGE	Ξ, NY 1178	38	3c	Administrator's telephone number				
4	If the	name and/or EIN of the n	lan sponsor has changed since the I	oot roturn/	roport filed for this plan, enter the	4b	631-273-1000				
4			per from the last return/report.	asi return/	report filed for this plan, enter the	40	EIN				
а	Spons	sor's name	·			4c	PN				
5a	Total	number of participants at	the beginning of the plan year			5a					
b	Total	number of participants at	the end of the plan year			5b					
С	Numb	per of participants with ac	count balances as of the end of the p	olan year (	defined benefit plans do not	_					
	comp	lete this item)				5c					
-		•	luring the plan year invested in eligib		· ·		X Yes   No				
b			ne annual examination and report of a See instructions on waiver eligibility a				X Yes ☐ No				
		,	er 6a or 6b, the plan cannot use F								
Pa	rt III	Financial Informa	ation								
7	Plan A	Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total	plan assets		. 7a	32388		34974				
b	Total	plan liabilities		. 7b	0		0				
С	Net pl	lan assets (subtract line 7	7b from line 7a)	. 7c	32388		34974				
8	Incom	ne, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total				
а		ibutions received or recei									
	(1) E	mployers		8a(1)	_						
	<b>(2)</b> P	articipants		. 8a(2)	0	_					
_	` '	` ,	)	8a(3)							
b		` '			2586		0500				
C			8a(2), 8a(3), and 8b)	8c			2586				
d			rollovers and insurance premiums	. 8d	0						
е	Certai	in deemed and/or correct	ive distributions (see instructions)	8e	0						
f	Admir	nistrative service provider	rs (salaries, fees, commissions)	. 8f	0						
g	Other	expenses		. 8g	0						
h	Total	expenses (add lines 8d,	8e, 8f, and 8g)	8h			0				
i	Net in	ncome (loss) (subtract line	e 8h from line 8c)	. 8i			2586				
j	Trans	fers to (from) the plan (se	ee instructions)	8j							

Form		

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Part IV	Plan	Characte	aristics
ralliv	- FIAII	Guaraci	ยเอแรอ

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

	During the plan year:		Yes	No		Δm	ount	
a	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		7	<u> </u>	
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
;	Was the plan covered by a fidelity bond?	10c		X				
	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				
	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				
	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				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
	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						
rt \	/I Pension Funding Compliance							
	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	V NI-
			Otion C	02 01 0	-1 (10)			X No
,	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		otion c	02 01 0	-11071		] .00	NO NO
a i	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, th	and e	nter th	e date	of the le	etter rul	ing
a i	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions, th	and e	nter the	e date	of the le	etter rul	ing
a (	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, th	and e	nter the Day _	e date	of the le	etter rul	ing
a   fyd b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions are instructed in the plan year, see instructions are instructed in the plan year.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.	ctions, th	and e	nter the	e date	of the le	etter rul	ing
a    fyd  b    c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions are instructed in this plan year, see instructions are instructed in the plan year, see instructions are instructed in the plan year.  Monor completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	ctions, th of a	and e	nter the Day _	e date	of the le	etter rul	ing
a    fyd  b    c    d :	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions are instructed 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 left).	ctions, th of a	and e	nter the Day 12b 12c 12d	e date	of the le	etter rul	ing
a   lf you b   c   d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  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 left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, th of a	and e	nter the Day 12b 12c 12d	e date	of the le	etter rul	ing
a   9   9   9   9   9   9   9   9   9	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver.  Monobu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  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 left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, th of a	and e	nter the Day 12b 12c 12d	e date	of the le	etter rul	ing
a     sif you   b     c     d   simple     e   v     a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Monobu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  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 left negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	and e	nter the Day 12b 12c 12d	e date	of the le	etter rul	ing
a   gif you b   loc   lo	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver	of a	and e	12b 12c 12d	e date	of the le	etter rul	ing
f your look of the second seco	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver	of a	and e	12b 12c 12d	e date	of the le	etter rul	ing
f you had a like the second of	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver	of a	and e	12b 12c 12d	e date	of the le	etter rul	ing
a   ff ye co   loc   loc	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver	of a	and e	12b 12c 12d	Yes	of the le	etter rul	ing
f your series of the series of	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions of the waiver.  Monotous completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  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 left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  We man a resolution to terminate the plan been adopted in any plan year?  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 of the PBGC?  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.)	of a	and e	12b 12c 12d [	Yes	of the le	No Yes	ing
t \ \	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions of the waiver.  Monotous completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  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 left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  We man a resolution to terminate the plan been adopted in any plan year?  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 of the PBGC?  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.)	of a	and e	12b 12c 12d [	Yes	of the le	No Yes	ing

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/12/2012	WILLIAM CLEMANS
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

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 sections 6057(b) and 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

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information	A			, , , , , , , , , , , , , , , , , , , ,			
For		01/01/:	2011 and ending		12/31/20: —	<u> </u>		
Α	This return/report is for:	a multipl	e-employer plan (not multiemployer)	) a one-participant plan				
В	This return/report is:  the first return/report	the final	return/report					
	an amended return/report	a short pi	an year return/report (less than 12 m	onths)				
C	Check box If filing under: X Form 5558	automati	ic extension		DFVC progra	ım		
	special extension (enter descripti	on)			L ,			
P	art II Basic Plan Information—enter all requested inform	<u> </u>						
	Name of plan	idijori		1h	Three-digit			
	LIQUID NET WORTH / MJP WEALTH 401k PLAN				plan number			
	•				(PN) <b>▶</b>	001		
				1c	Effective date o			
22	Dispersional promotes and address limited and				01/01/201			
Za	Plan sponsor's name and address; include room or suite number (c LIQUID NET WORTH / MJP WEALTH	employer, i	f for a single-employer plan)	2b	Employer identi: (EIN) 27~177	fication Number		
	STRATEGIES, LLC							
				2C	Sponsor's telep (631) 273-	hone number -1000		
	100 MOTOR PARKWAY			24		see instructions)		
	SUITE 115 HAUPPAUGE		NY 11788		523900	sad ilistructions)		
3a	Plan administrator's name and address (if same as plan sponsor, e	nter "Sam		3b	Administrator's	EIN		
	SAME				····			
				3с	Administrator's t	elephone number		
4	If the name and/or EIN of the plan sponsor has changed since the	aet return	report filed for this plan, enter the	4b	p= 1 k d			
	name, EIN, and the plan number from the last return/report.	idat (Çtg)) ji	report med for this plant, enter the	40	EIN			
-	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year	************		5a				
þ	Total number of participants at the end of the plan year							
C	Number of participants with account balances as of the end of the	plan year (	defined benefit plans do not					
	complete this item)			5c		4		
	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	)+f	Yes No		
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ident qualified public accountant (IQI	PA)		X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	 10	***************************************	N 169   100		
Pa	rt III Financial Information		The state of the s	, , , ,	W			
7	Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End	of Year		
а	Total plan assets	7a	32,38	8	(=/ =	34,974		
b	Total plan liabilities	7b		0		(		
С	Net plan assets (subtract line 7b from line 7a)	7c	32,38	8		34,974		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T			
а	Contributions received or receivable from:		(c) mount	1	(6) 1	Otal		
	(1) Employers			_				
	(2) Participants			<u> </u>				
	(3) Others (including rollovers)			_				
b	Other income (loss)	8b	2,58	6				
C	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				2,586		
d	Benefits paid (including direct rollovers and insurance premiums	,,		۸				
е	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)			X				
f	Administrative service providers (salaries, fees, commissions)	8e	**	Ä				
		8f		<u> </u>				
g	Other expenses (add lines 9d, 9e, 9f, and 9e)	8g	The state of the s	4-				
h i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		+		0		
i	Net income (loss) (subtract line 8h from line 8c)	8i				2,586		
J For P	Transfers to (from) the plan (see instructions)aperwork Reduction Act Notice and OMB Control Numbers, see the instructions for I			<u></u>	······································			
		rorm 5500-SI	٠,			Form 5500-SF (2011)		

	F	Form 5500-SF 2011 Pag	e <b>2</b> -		]					
Par	t IV	Plan Characteristics					<del></del>	·		
	If the	plan provides pension benefits, enter the applicable pension feature codes fro E 2F 2G 2J 3D	m the	List o	of Plan	Charact	eristic (	Codes	in the instruc	etions:
b	if the	plan provides welfare benefits, enter the applicable welfare feature codes from	the L	ist of	f Plan C	Characte	ristic C	odes i	n the instructi	ions:
Part	v	Compliance Questions								
10	Duri	ng the plan year:					Ye	s No	<b>S</b>	Amount
а		there a failure to transmit to the plan any participant contributions within the tin CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction I					)a	х		
b		e there any nonexempt transactions with any party-in-interest? (Do not include ne 10a.)					)b	х		·
С	Was	s the plan covered by a fidelity bond?				· 1	)c	Х		
d	Did t	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that shonesty?	was c	ause	ed by fr	aud 1	)d	х		
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an rance service or other organization that provides some or all of the benefits unductions.)	fer the	plan	າ? (See	1	)e	x		
f	Has	the plan failed to provide any benefit when due under the plan?	,,,,,,,,,			. 4	Of	Х		
g		the plan have any participant loans? (If "Yes," enter amount as of year end.)				<u> </u>		X		
h	If this	s is an individual account plan, was there a blackout period? (See instructions 0.101-3.)	and 29	) CFF	R			X		
i	If 10	h was answered "Yes," check the box if you either provided the required notice eptions to providing the notice applied under 29 CFR 2520.101-3	or one	e of ti	he					
Part	VI	Pension Funding Compliance				<del></del>				
11	is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," se ))	e insti	ructio	ons and	l comple	te Sche	dule 9	SB (Form	Yes X No
12		is a defined contribution plan subject to the minimum funding requirements of s								Yes X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	valver of the minimum funding standard for a prior year is being amortized in thi ling the walver		• • • • • • • •		. Month _	ns, and	enter _ Da	the date of th	ne letter ruling Year
-		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	, .	•					<u> </u>	
b		r the minimum required contribution for this plan year						12b		
Ç		r the amount contributed by the employer to the plan for this plan year						12c		
d	nega	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a tive amount)	•••••		**********	*********		12d	<u> </u>	Page 1
		he minimum funding amount reported on line 12d be met by the funding deadling	1е?	1111111		**********			Yes	No N/A
art		Plan Terminations and Transfers of Assets				<del>-</del>		-	486	
13a		a resolution to terminate the plan been adopted in any plan year?						<u>. []</u>	Yes X No	0
		es," enter the amount of any plan assets that reverted to the employer this year						<u></u>		
	of the	all the plan assets distributed to participants or beneficiaries, transferred to an e PBGC?	*******		. , . , . , . , . ,					Yes X No
	which	ing this plan year, any assets or liabilities were transferred from this plan to and assets or liabilities were transferred. (See instructions.)	other p	olan(s	s), iden	tify the p	lan(s) t	0		
1	3c(1)	Name of plan(s):			·		1;	3c(2) I	EIN(s)	13c(3) PN(s)
Cauti	on: A	penalty for the late or incomplete filing of this return/report will be asses	sed m	nless	s reaso	nable o	ause is	letan ;	nlished	
Unde	r pena	ulties of perjury and other penalties set forth in the instructions, I declare that I had dule MB completed and signed by an enrolled actuary, as well as the electronic	ave ex	kamir	ned this	s return/	eport i	includi	no if applica	ble, 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

10 13 2017 Steffan Hagendorf

SIGN		10/12/2012	Steffan Hagendorf
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