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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P		rdance wit	h the instructions to the Form 5500	0-SF.		•				
Pä	art I Annual Report Identification Information									
For	calendar plan year 2011 or fiscal plan year beginning 11/01/20)11	and ending 1	0/31/2	012					
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)	Ī	a one-partici	ant plan				
	· — i									
Ь		=	•							
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths) _	<u></u>					
С	Check box if filing under: Form 5558	automatio	extension		DFVC progra	m				
	special extension (enter descrip	tion)								
D:	rt II Basic Plan Information—enter all requested information	mation								
		паноп	_	1h	Throo digit					
	Name of plan ZON BEVERAGE COMPANY OF RHODE ISLAND 401(K) PLAN				Three-digit plan number					
HOIX	2011 BEVERAGE COMITANT OF KITOBE ISLAND 401(K) FEAN				(PN) •	001				
					Effective date or	nlan				
					12/01					
2a	Plan sponsor's name and address; include room or suite number	employer, if	for a single-employer plan)	2h	Employer Identi	ication Number	⊇r			
	IZON BEVERAGE COMPANY OF RHODE ISLAND, INC.	omployon, ii	ror a orngro ornproyor planty			05565	01			
					Sponsor's telep	hono numbor				
				20	401-39					
	IOPKINS HILL ROAD T GREENWICH. RI 02817			2d	Business code (ne)			
0				24	42480		13)			
32	Plan administrator's name and address (if same as plan sponsor,	ontor "Same	\"\	3h	Administrator's I					
	ZON BEVERAGE COMPANY OF RHODE ISLAND. 121 HOPKI			30 /		05565				
INC.	WEST GRE			3c	Administrator's t	elephone num	nber			
					401-392					
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN					
	name, EIN, and the plan number from the last return/report.									
а	Sponsor's name			4c	PN					
5a	Total number of participants at the beginning of the plan year			5a		8				
b	Total number of participants at the end of the plan year		5b							
С	Number of participants with account balances as of the end of the	nlan vear (defined benefit plans do not	0.0						
•	complete this item)		·	5c			8			
6a	Were all of the plan's assets during the plan year invested in elig	ible assets?	(See instructions.)			X 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	and condit	ions.)			X Yes	No			
	If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 550	00.						
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year				
а	Total plan assets	7a	5613145			6401087	7			
b	Total plan liabilities									
C	Net plan assets (subtract line 7b from line 7a)		5613145			6401087	7			
		/6								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	otai				
а	Contributions received or receivable from: (1) Employers	8a(1)	89657							
		` ` `	404703							
	(2) Participants									
	(3) Others (including rollovers)	8a(3)	16465							
b	Other income (loss)	<u>8b</u>	483506							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				994331				
d	Benefits paid (including direct rollovers and insurance premiums	1	202742							
	to provide benefits)	8d	202743							
е	Certain deemed and/or corrective distributions (see instructions) .	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	3646							
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					206389)			
	Net income (loss) (subtract line 8h from line 8c)					787942				
:	, , ,					707042				
J	Transfers to (from) the plan (see instructions)	···· 8j								

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Page 2 - 1	
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Part IV	Plan	Characteri	stics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 3D 2F
- 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	Durir	ng the plan year:		Yes	No		Am	ount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		Х				
С	Was	s the plan covered by a fidelity bond?	10c	X				1	000000
d	- - - - - - - - - - 								
е									
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					127808
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11									
12									
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
If y	ou co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г					
b	Ente	r the minimum required contribution for this plan year			12b				
		r the amount contributed by the employer to the plan for this plan year			12c	<u> </u>			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d	<u> </u>			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?	····· <u>···</u>			Yes X	No		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ontrol			Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne plai	n(s) to)			_	_
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)
Caut	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.			
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the completed and signed by an enrolled actuary, as well as the electronic version of this returned.							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/03/2013	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

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

Pension Benefit Guaranty Corporation Complete all entries in accord	dance with t	he instructions to the Form 5500	SF.	inspection
Part I Annual Report Identification Information				
For calendar plan year 2011 or fiscal plan year beginning	11/01/20	and ending		10/31/2012
A This return/report is for:	a multiple-e	mployer plan (not multiemployer)		a one-participant plan
B This return/report is:	the final retu	ırn/report	12	
	a short plan	year return/report (less than 12 mg	onths)	
	automatic e			DFVC program
C Check box if filing under: Form 5558 Special extension (enter description		ACTION OF THE PROPERTY OF THE	9	_ Di vo piogram
				11901
Part II Basic Plan Information—enter all requested information	ation		46	The state of the s
1a Name of plan HORIZON BEVERAGE COMPANY OF RHODE ISLAND 4	01 (K) DI	AN	10	Three-digit plan number
HORIZON BEVERAGE COMPANI OF KHODE ISBAND 4	OI(K) FI	IAIV		(PN) • 001
			1c	Effective date of plan
				12/01/1986
2a Plan sponsor's name and address; include room or suite number (e		r a single-employer plan)	2b	Employer Identification Number
HORIZON BEVERAGE COMPANY OF RHODE ISLAND,	INC.			(EIN) 05-0305565
and warming with BOAD				Sponsor's telephone number
121 HOPKINS HILL ROAD				401-392-3580
WEST GREENWICH RI 02817				Business code (see instructions)
				424800
3a Plan administrator's name and address (if same as plan sponsor, end HORIZON BEVERAGE COMPANY OF RHODE ISLAND,	nter "Same") INC.		SD	Administrator's EIN 05-0305565
121 HOPKINS HILL ROAD			3с	Administrator's telephone number
WEST GREENWICH RI 02817			133.000	401-392-3580
4 If the name and/or EIN of the plan sponsor has changed since the I	ast return/rep	port filed for this plan, enter the	4b	EIN
name, EIN, and the plan number from the last return/report.			40	DM
Sponsor's name Total number of participants at the beginning of the plan year			4c	Till the second of the second
			5a	87
b Tota I number of participants at the end of the plan year		and the second second the second A	5b	95
C Number of participants with account balances as of the end of the			5c	82
complete this item)				
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 				A les [] No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	is.)	~ <i>y</i>	X Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use F				
Part III Financial Information				
7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a Total plan assets	. 7a	561314	5	6401087
b Total plan liabilities	7b			
C Net plan assets (subtract line 7b from line 7a)	. 7c	561314	5	6401087
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a Contributions received or receivable from:		000	7	
(1) Employers	. 8a(1)	8965		
(2) Participants	8a(2)	40470		
(3) Others (including rollovers)	8a(3)	1646	5	
b Ot her income (loss)	. 8b	48350	6	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			994331
d Benefits paid (including direct rollovers and insurance premiums		000=1	2	
to provide benefits)	. 8d	20274	3	
e Certain deemed and/or corrective distributions (see instructions)	8e			
f Administrative service providers (salaries, fees, commissions)	. 8f	364	6	
g Other expenses	. 8g		1	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			206389
i Net income (loss) (subtract line 8h from line 8c)	. 8i			787942
i Transfers to (from) the plan (see instructions)	0.			

Pa													
9a	lf	the plan provides pension benefits, enter the applicable pension feature $2E \ 2G \ 2J \ 2K \ 3D \ 2F$	codes fro	m the	List of Plan Chara	cteris	tic Co	des in	the instru	ictions:			
b	If	the plan provides welfare benefits, enter the applicable welfare feature of	codes from	the L	ist of Plan Charac	teristi	c Cod	es in t	he instruc	tions:			
Par	t١	Compliance Questions											
10	_	During the plan year:			and the fact of th		Yes	No		Amount			
а	1	Nas there a failure to transmit to the plan any participant contributions wi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C	ithin the tir Correction	ne pe Progra	riod described in am)	10a		Х					
b		Nere there any nonexempt transactions with any party-in-interest? (Do non line 10a.)				10b		Х					
C	;	Was the plan covered by a fidelity bond?				10c	X			1	000000		
C		Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?				10d		Х					
e		Were any fees or commissions paid to any brokers, agents, or other pers nsurance service or other organization that provides some or all of the bonstructions.)	enefits un	der the	e plan? (See	10e	х			8778			
f	F	Has the plan failed to provide any benefit when due under the plan?				10f		Х					
ç	7	Did the plan have any participant loans? (If "Yes," enter amount as of yea	ar end.)			10g	Х				127808		
ŀ		If this is an individual account plan, was there a blackout period? (See ins			9 CFR	10h		Х					
i		If 10h was answered "Yes," check the box if you either provided the requiexceptions to providing the notice applied under 29 CFR 2520.101-3				10i							
Par	t١	/I Pension Funding Compliance											
11		s this a defined benefit plan subject to minimum funding requirements? (Yes	s No		
12		Is this a defined contribution plan subject to the minimum funding require									s 🛛 No		
		If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)											
ć		f a waiver of the minimum funding standard for a prior year is being amor											
1		ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F				_		Duy		1 Cai			
	- 50	nt er the minimum required contribution for this plan year					[12b					
		Enter the amount contributed by the employer to the plan for this plan yea						12c			20		
	ds	ub tract the amount in line 12c from the amount in line 12b. Enter the res negative amount)	sult (enter	a min	us sign to the left of	of a		12d					
1	е	Will the minimum funding amount reported on line 12d be met by the fund	ding deadl	ine?					Yes	No	N/A		
Pai	rt \	/II Plan Terminations and Transfers of Assets						Marie Tel					
13	a	Has a resolution to terminate the plan been adopted in any plan year?							res X	No			
		If "Yes," enter the amount of any plan assets that reverted to the employe	er this yea	r		1	3a						
ŀ	b	Were all the plan assets distributed to participants or beneficiaries, transf of the PBGC?						ntrol		Yes	s 🛛 No		
	С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to ar	nother	plan(s), identify th	e plai	n(s) to						
	1	3c(1) Name of plan(s):					13	c(2) E	IN(s)	13c(3) PN(s)		
_		A Control of the cont	II ha assa		unlana rananahi		i-	t-h	liahad				
Un	de 3 or	pense A penalty for the late or incomplete filing of this return/report will penalties of perjury and other penalties set forth in the instructions, I dec Schedule MB completed and signed by an enrolled actuary, as well as the it is true, correct, and complete.	clare that I	have	examined this retu	rn/rep	ort, ir	cludin	g, if appli				
		1/m X/H		T	MICHAEL SQU	דים בו	TEDI	E			. 18:		
- 9500E	IGN		3,0	13						-1-1-1	-		
nt.	ER	Signature of plan administrator Da	ate 10	(17	Enter name of in			300	s pian adi	ministrator	-		
	GN Signature of employer/plan/sponsor Date 18 Description Enter name of individual signing as employer or plan sponsor							nannar					

Page 2 -

Form 5500-SF 2011