	Form 5500-SF			Report of Small Emplo	OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service		Benefit	PIAN ctions 104 and 4065 of the Employ	2009			
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	(ERISA), and section 6058(a) of the ode (the Code).	(the Code). This Form is Open to P				
P	ension Benefit Guaranty Corporation	Inspection						
		entification Information	2	and anding	12/31/2	2000		
	calendar plan year 2009 or fisca	single-employer plan			12/31/			
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan		
В	This return/report is for:	first return/report	final return	•	(ntho)			
~		an amended return/report		year return/report (less than 12 mo	mms)			
	Check box if filing under:	Form 5558		extension		DFVC program		
Da	rt II Basic Plan Inform	special extension (enter description nation —enter all requested information						
	Name of plan		allon		1b	Three-digit		
		T SHARING RETIREMENT PLAN				plan number		
					10	(PN) 🕨		
					IC	Effective date of plan 01/01/1995		
		ess (employer, if for single-employer	plan)		2b	Employer Identification Number		
LIQU	OR OUTLET, LLC				2c	(EIN) 61-1057233 Plan sponsor's telephone number		
	VIERA DR EVUE, KY 41073					859-291-4007 Business code (see instructions)		
						445310		
	Plan administrator's name and OR OUTLET, LLC	address (if same as Plan sponsor, er 95 RIVIERA I	DR	2")	3b	Administrator's EIN 61-1057233		
		BELLEVUE, I	KY 41073		3c Administrator's telephone nu 859-291-4007			
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN		
5a	Total number of participants at	the beginning of the plan year				75		
b	Total number of participants at	the end of the plan year			72			
С		th account balances as of the end of	, ,	, i	52			
6a	1 /	uring the plan year invested in eligibl			5c	X Yes No		
b		e annual examination and report of a						
	,	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				X Yes No		
Pa	rt III Financial Informa							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		7a	84470	0	1213030		
b	Total plan liabilities		7b					
<u>с</u>		b from line 7a)	7c	84470	0	1213030		
8	Income, Expenses, and Transf			(a) Amount	_	(b) Total		
а	Contributions received or recei (1) Employers	vable from:	8a(1)	7930	7			
	(2) Participants		8a(2)	11396	3			
	(3) Others (including rollovers)		8a(3)					
b	Other income (loss)		8b	20317	6			
C		Ba(2), 8a(3), and 8b)	8c			396446		
d		ollovers and insurance premiums	8d	2776	9			
е	, ,	ve distributions (see instructions)	8e					
f	Administrative service provider	s (salaries, fees, commissions)	8f	34	7			
g	Other expenses		8g					
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			28116		
i		8h from line 8c)				368330		
J	I ransfers to (from) the plan (se	e instructions)	8j					

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Part IV Plan 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:

Part	V Compliance Questions								
10	During the plan year:		Yes	No		Amo	unt		
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)	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	Х					175000	
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	X					3338	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	1				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
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 com 5500))						Yes	× No	
 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? [] Y (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 granting the waiver									
c d	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								
u	negative amount)					0			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	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						Yes	× No	
с	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.)						163		
1	3c(1) Name of plan(s):		13	:(2) Ell	N(s)	1	3c(3)	PN(s)	
-		1							

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.	08/02/2010	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

Form 5500-SF	Short Form Annual R	eturn/R	eport of Small Employ	ee		0MB Nos. 1210-0110 1210-0089	
Department of the Treasury	E	Benefit I	Plan		2	009	
Internal Revenue Service Department of Labor Employee Renatifs Security Administration	Retirement Income Security A Internal F	Act of 1974 (Revenue Coo	ions 104 and 4065 of the Employee ERISA), and section 6058(a) of the Je (the Code).	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation	 Complete all entries in accor 	dance with	the instructions to the Form 5500	SF.			
Part I Annual Report	Identification Information		and ending			Larg	
For calendar plan year 2009 or the	—		aployer plan (not multiemployer)		one-participa	nt plan	
A This return/report is for:	x single-employer plan			1			
B This return/report is for:	tirst return/report) final return.	report year return/report (less than 12 mor	ths)			
	an amended return/report				DEVC progra	am	
C Check box if filing under:	Form 5558	automatic (+)	SXIBUSION				
	special extension (enter description					·······	
	ormation enter all requested inform	lation		1ь	Three-digit	1	
1a Name of plan	OFIT SHARING RETIREMENT PLAN				plan number	001	
				10	(PN) F		
			,	,	01/01/		
2a Plan sponsor's name and ad	ddress (employer, if for single-employe	r plan)		2b		ification Number	
LIQUOR OUTLET, LLC				2c	(EIN) 61-105 Plan sponsor's	telephone number	
					859-29	1-4007	
95 RIVIERA DR BELLEVUE KY 41073					44531		
3a Plan administrator's name a	and address (if same as Plan sponsor, a	enter "Same	$\overline{\gamma}$	3b	Administrator's 61-105		
SAME				3c	Administrator's	telephone number 91-4007	
4 If the name and/or EIN of the	plan sponsor has changed since the la	ast return/rep	port filed for this plan, enter the	4b	EIN		
name, EIN, and the plan num	nber from the last return/report. Spons	or's name		4c	PN		
5a Total number of participant	s at the beginning of the plan year			5a	1	75	
	s at the end of the plan year			5b		72	
	s with account balances as of the end i						
complete this item)				50		52 52	
6a Were all of the plan's asse	ts during the plan year Invested in eligi	ble assets?	(See instructions.)			X Yes 🗌 No	
b Are you claiming a waiver of under 29 CER 2520 104-46	of the annual examination and report of		I A USERATE TELLET A A A A SUBFRIET (1/1)				
	37 (See instructions on waiver eligibility	y and conditi	dent qualified public accountant (IO ons.)	PA) 			
	either 6a or 6b, the plan cannot use l	y and conditi	dent qualified public accountant (IO ons.)	PA) 			
Part III Financial Info	either 6a or 6b, the plan cannot use l	y and conditi	dent qualified public eccountant (IO ons.) <u>SF and must instead use Form 55</u>	PA) 		Yes 🗍 No	
Part III Financial Info 7 Pian Assets and Liabilities	either 6a or 6b, the plan cannot use i rmation	y and condition	dent qualified public eccountant (IO ons.)	PA) 00		X Yes [] Να	
Part III Financial Infor 7 Plan Assets and Liabilities a Total plan assets	either 6a or 6b, the plan cannot use i rmation	y and conditi Form 5500-	dent qualified public eccountant (IO ons.) <u>SF and must instead use Form 55</u>	PA) 00		X Yes [] Να	
Part III Financial Infor 7 Plan Assets and Llabilities a Total plan assets b Total plan liabilities	either 6a or 6b, the plan cannot use i rmation	y and condition Form 5500-1 	dent qualified public eccountant (IO ons.)	PA) 00.		X Yes No d of Year 1213030	
Part III Financial Infor 7 Plan Assets and Llabilities a Total plan assets b Total plan liabilities C Net plan assets (subtract liabilities)	either 6a or 6b, the plan cannot use i rmation ne 7b from line 7a)	y and condition Form 5500-1 	dent qualified public accountant (IQ ons.)	PA) 00.	(b) <u>En</u>	X Yes No d of Year 1213030	
Part III Financial Information 7 Pian Assets and Liabilities a Total plan assets b Total plan isbilities c Net plan assets (subtract ling) b Income, Expenses, and Irage a Contributions received or magnetic section of the	either 6a or 6b, the plan cannot use i rmation ne 7b from line 7a), ansiers for this Plan Year eceivable from;	y and condition Form 5500-5 	dent qualified public accountant (IQ ons.)	PA)	(b) <u>En</u>	Yes I No d of Year 1213030 1213030	
Part III Financial Information 7 Pian Assets and Liabilities a Total plan essets b Total plan isbilities C Net plan assets (subtract ling) B Income, Expenses, and Irrational Contributions received or metablicity a Contributions received or metablicity	either 6a or 6b, the plan cannot use i rmation ne 7b from line 7a). ansfers for this Plan Year eceivable from:	y and conditis Form 5500- 7a 7b 7c 8a(1)	dent qualified public accountant (IQ ons.)	PA) 00.	(b) <u>En</u>	Yes No d of Year 1213030 1213030	
Part III Financial Information 7 Pian Assets and Liabilities a Total plan assets b Total plan iabilities c Net plan assets (subtract ling) 8 Income, Expenses, and Irrational Contributions received or magnetic structures (1) Employers (2) Participants	either 6a or 6b, the plan cannot use i rmation ne 7b from line 7a), ansiers for this Plan Year acaivable from:	y and conditis Form 5500- 7a 7a 7c 8a(1) 8a(2)	dent qualified public accountant (IQ ons.)	PA) 00.	(b) <u>En</u>	Yes No d of Year 1213030 1213030	
Part III Financial Information 7 Pian Assets and Liabilities a Total plan assets b Total plan iabilities c Net plan assets (subtract ling) b Income, Expenses, and Train a Contributions received or more (1) c Participants (3) Others (Including rollow)	either 6a or 6b, thé plan cannot use i rmation ne 7b from line 7a), ansiers for this Plan Year eceivable from; /ers)	y and conditis Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	dent qualified public accountant (IQ ons.)	PA)	(b) <u>En</u>	Yes No d of Year 1213030 1213030	
Part III Financial Information 7 Pian Assets and Llabilities a Total plan assets b Total plan assets c Net plan assets (subtract libilities) 8 Income, Expenses, and Train assets a Contributions received or more (1) c Participants c3) Others (Including rollow) b Other income (loss)	either 6a or 6b, thé plan cannot use i rmation ne 7b from line 7a), ansiers for this Plan Year ecalvable from: /ers)	y and conditis Form 5500	dent qualified public accountant (IQ ons.)	PA)	(b) <u>En</u>	Yes No d of Year 1213030 1213030 Total	
Part III Financial Infor 7 Pian Assets and Liabilities a Total plan assets b Total plan iabilities c Net plan assets (subtract libilities) 8 Income, Expenses, and Train 10 Employers (2) Participants (3) Others (Including rollow) b Other income (loss) c Total income (add lines 8a	either 6a or 6b, thé plan cannot use i rmation ne 7b from line 7a), ansiers for this Plan Year eceivable from; //ers)	y and conditis Form 5500	dent qualified public eccountant (IQ ons.)	PA) 00. 1 1 7 7 3	(b) <u>En</u>	Yes [] No d of Year 1213030 1213030 Total	
Part III Financial Information 7 Pian Assets and Llabilities a Total plan assets b Total plan isbilities c Net plan assets (subtract libilities) B Income, Expenses, and Trail B Income, Expenses, and Trail C Contributions received or more (1) Employers (2) Participants (3) Others (Including rollow) b Other income (loss) c Total income (add lines 8a d Benefits paid (including dir to provide benefits)	either 6a or 6b, thé plan cannot use i rmation ne 7b from line 7a), ansiers for this Plan Year eceivable from; //ers)	y and conditis Form 5500	dent qualified public accountant (IQ ons.)	PA) 00. 1 1 7 7 3	(b) <u>En</u>	Yes [] No d of Year 1213030 1213030 Total	
Part III Financial Infor 7 Pian Assets and Llabilities a Total plan assets b Total plan iabilities c Net plan assets (subtract libilities b Income, Expenses, and Train a Contributions received or more (1) c Participants c Participants c Others (Including rollow) b Other income (loss) c Total income (add lines 8a) d Benefits paid (including dir to provide benefits) e Certain deemed and/or conditional conditions conditional conditions co	either 6a or 6b, the plan cannot use i rmation ne 7b from line 7a), ansiers for this Plan Year ecaivable from; (1), 6a(2), 6a(3), and 6b) (1), 6a(2), 6a(3), and 6b) ect rollovers and insurance premiums prective distributions (see instructions).	y and conditis Form 5500- 76 78 78 76 76 76 88(1) 88(3) 88(3) 8c 8c 8d	dent qualified public accountant (IQ ons.)	PA)	(b) <u>En</u>	Yes I No d of Year 1213030 1213030	
Part III Financial Infor 7 Pian Assets and Llabilities a Total plan assets b Total plan iabilities c Net plan assets (subtract libilities b Income, Expenses, and Train a Contributions received or more (1) c Participants d Others (Including rollow) b Others (Including rollow) b Other income (loss) c Total income (add lines 8a) d Benefits paid (including dir to provide benefits) e Certain deemed and/or confict Administrative service provide service	either 6a or 6b, the plan cannot use i rmation ne 7b from line 7a), ansiers for this Plan Year ecaivable from; (1), 6a(2), 6a(3), and 6b) (1), 6a(2), 6a(3), and 6b) ect rollovers and insurance premiums rrective distributions (see instructions), iders (salaries, fees, commissions)	y and conditis Form 5500- 76 78 78 78 76 76 88(1) 88(3) 88(3) 8c 8c 8c 8c 8f	dent qualified public eccountant (IQ ons.)	PA)	(b) <u>En</u>	Yes [] No d of Year 1213030 1213030 Total	
Part III Financial Infor 7 Pian Assets and Llabilities a Total plan assets b Total plan iabilities c Net plan assets (subtract line) b Income, Expenses, and Train a Contributions received or more (1) Employers (2) Participants (3) Others (Including rollow) b Other income (loss) c Total income (add lines 8a) d Benefits paid (including dir to provide benefits) e Certain deemed and/or coor for Administrative service provide of the expenses	either 6a or 6b, thé plan cannot use i rmation ne 7b from liné 7a), ansfers for this Plan Year eceivable from: (1), 6a(2), 6a(3), and 6b) (1), 6a(2), 6a(3), and 6b) ect rollovers and insurance premiums prective distributions (see instructions), ders (salaries, fees, commissions)	y and conditis Form 5500- 	dent qualified public accountant (IQ ons.)	PA)	(b) <u>En</u>	Yes [] No d of Year 1213030 1213030 Total	
Part III Financial Infor 7 Pian Assets and Llabilities a Total plan assets b Total plan iabilities c Net plan assets (subtract line) 8 Income, Expenses, and Tradition of the contributions received or more (1) a Contributions received or more (1) (2) Participants (3) Others (Including rollow) b Other income (loss) c Total income (add lines 8a d Benefits paid (including dir to provide benefits) e Certain deemed and/or configurative service provide benefits) f Administrative service provide benefits) h Total expenses (add lines	either 6a or 6b, the plan cannot use i rmation ne 7b from line 7a), ansiers for this Plan Year ecaivable from; (1), 6a(2), 6a(3), and 6b) (1), 6a(2), 6a(3), and 6b) ect rollovers and insurance premiums rrective distributions (see instructions), iders (salaries, fees, commissions)	y and conditis Form 5500- 78 75 76 77 76 77 76 77 76 88 (1) 88 (1) 88 (2) 88 (3) 81 80 80 80 80 80 80 80 80 80 80 80 80 80	dent qualified public accountant (IQ ons.)	PA)	(b) <u>En</u>	Yes [] No d of Year 1213030 1213030 Total 396446	

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Form 5500-SF (2009) v.092308.1 Form 5500-SF 2009

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Part IV Plan Characteristics

Pa	tΝ		Plan	<u>Cha</u>	ract	eristics				ure codes from the List of Plan Characteristic Codes in the instructions
9a)f th	e plar	ı prov	ides p	pensio	n henefits	, enter the applicable	a pensii	on teature	ure codes nom me clacor ran onaldscense errrennen
	2E	2F	3D	2J	2K	2G				and the thet of Dian Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

F	Part	V Compliance Questions									
	i ñ			·		Yes	No	An	nount		
		Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducia		x	en de di men e	<u> </u>					
	ь	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)		x		_					
	¢	Was the plan covered by a fidelity bond?			10¢	x			1'	75000	
	d	Did the plan have a loss, whether or not reimbursed by the plan's not or dishonasty?		x							
	e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	x				3338				
	f	Has the plan failed to provide any benefit when due under the plan?			10f		×	i			
	q	Did the plan have any participant loans? (If "Yes," enter amount as o	f year end.)		10g		x	many			
	ĥ	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 29 C	FR	10h		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 one c	of the	10ì			to the second			
1	Part	VI Pension Funding Compliance		1.1. 				· ·····,			
	11	Is this a defined benefit plan subject to minimum funding requiremen 5500)).						·······	Yes	X No	
	12	Is this a defined contribution plan subject to the minimum funding re	quirements of section 4	12 of the Code	e or se	sction	302 of I	ERISA?	Yes	X Nu	
		//f "Ves " complete 12s or 12h, 12c, 12d, and 12e below, as applicat	le.)						1 - 11		
	a	If a walver of the minimum funding standard for a prior year is being granting the walver.			זנה	, and	enter th Day	e date of the	letter rulli ear	ng 	
	If	You completed line 12a, complete lines 3, 9, and 10 of Schedule N	18 (Form 5500), and s	kip to line 13.		r		Γ			
		Enter the minimum required contribution for this plan year					12b 12c				
	C	Enter the amount contributed by the employer to the plan for this pla			149						
		Subtract the emount in line 12c from the amount in line 12b. Enter th negative amount)	*****		,		12d		0		
_	e	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A	
1	Part	VII Plan Terminations and Transfers of Assets		· · · · · · · · · · · · · · · · · · ·						<u></u>	
	13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior year?						Yes	X No	
		If "Yes," onter the amount of any plan assots that reverted to the em	ployer this year		<u>,</u> ;;		13a				
		Were all the plan assets distributed to participants or beneficiaries, t of the PBGC?					*****		Yes	X No	
	¢	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another plant	an(s), identify f	the pla	an(s) I	o 	.			
_		3c(1) Name of plan(s):				1	3c(2) E	N(s)	13c(3)	PN(s)	
		·									
-	Corr	ion: A penalty for the late or incomplete filing of this return/repo	rt will be assessed un	less reasonal	ble ca	use i	s estab	llshed.			
-	Und SB d	er penelties of perjury and other penalties set forth in the instructions. r Schedule MB completed and signed by an enrolled-actuary, as well f, it is true, correct, and complete.	I declare that I have ex-	amined this fel	turn/re	aport.	includin	ig, if applicab	le, a Sche nowledge	edule and	
Γ		N Menut Q. Ateni		KENNETH A.	LEWI	5					
	SIG HEF		Date	Enter name of	individ	jual s	gnina a	s plan admin	Istrator		
ł					of individual signing as plan administrator						
	SIG		Date	Enter name of individual signing as employer or plan sponsor							
Signature of employemptan sponsor											