	Form 5500-SF		eturn/l Benefit	Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee		2011
	Department of Labor	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058(This Form is Open to Public
	nployee Benefits Security Administration ension Benefit Guaranty Corporation			Code (the Code).		Inspection
	· · ·	Complete all entries in accord lentification Information	dance with	n the instructions to the Form 5500	-SF.	
	calendar plan year 2011 or fisca		1	and ending 12	2/31/2	2011
Α	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	the final r	eturn/report		
		an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program
		special extension (enter descriptio	n)			_
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation			
	Name of plan				1b	Three-digit plan number
KTS//	AUSTINS 401K RETIREMENT	SAVINGS PLAN				(PN) ▶ 001
				-	1c	Effective date of plan
						01/01/1995
	Plan sponsor's name and addre RESTAURANT & BAR, INC.	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 61-1064092
					2c	Sponsor's telephone number 502-458-8668
	LEXINGTON ROAD SIVILLE, KY 40206-2821				2d	Business code (see instructions)
	Plan administrator's name and RESTAURANT & BAR, INC.	address (if same as plan sponsor, er 2300 LEXING			3b	722110 Administrator's EIN 61-1064092
KISI	CESTAURANT & DAR, INC.	LOUSIVILLE,			3c	Administrator's telephone number 502-458-8668
4	If the name and/or EIN of the p	lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN
	name, EIN, and the plan numb					
	Sponsor's name	the beginning of the plan year			4c	
		the end of the plan year		-	<u>5a</u>	22
c		count balances as of the end of the p		-	5b	
			• •		5c	11
				(See instructions.)		X Yes No
b				Ident qualified public accountant (IQF ons.)		X Yes No
-	If you answered "No" to eith	er 6a or 6b, the plan cannot use Fo		SF and must instead use Form 550		
	rt III Financial Informa	ation			1	
7	Plan Assets and Liabilities			(a) Beginning of Year 128589	_	(b) End of Year 106961
a b	•		7a 7b	120309		100301
b C	•	/b from line 7a)	7b 7c	128589		106961
8	Income, Expenses, and Transf			(a) Amount		(b) Total
a	Contributions received or recei					
	(1) Employers		8a(1)	1887	_	
			8a(2)	9480	-	
h	() ())	8a(3)	-3524	-	
b		$P_{\alpha}(2)$, $P_{\alpha}(2)$, and $P_{\alpha}(2)$	8b	-5524		7843
c d		8a(2), 8a(3), and 8b) rollovers and insurance premiums	8c			1010
		· · · · · · · · · · · · · · · · · · ·	8d	29471	_	
е		ive distributions (see instructions)	8e		_	
f		rs (salaries, fees, commissions)	8f		-	
g b	•		8g			29471
h i		Be, 8f, and 8g)	8h o:			-21628
i		e 8h from line 8c) ee instructions)	8i			21020
,			8j			

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

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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 2G 2J 2K 2T 3D

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	D	uring the plan year:		Yes	No	A	mount		
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b		Pre there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)	10b		Х				
С	v	Vas the plan covered by a fidelity bond?	10c	Х				200	0000
d		id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud · dishonesty?	10d		Х				
е	in	lere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		Х				
f	Н	as the plan failed to provide any benefit when due under the plan?	10f		Х				
g	D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		Х				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the cceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500))					Ye	s	No
lf y	(If If gr yot Er	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- anting the waiver	ctions, th	and e	enter th	ne date of the		ruling	
d		ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left agative amount)			12d				
е		ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
Part	VI	I Plan Terminations and Transfers of Assets							
13a	н	as a resolution to terminate the plan been adopted in any plan year?			۱ ا	Yes X No			
	lf	"Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b									No
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th hich assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to					
1	3c	(1) Name of plan(s):		13	c (2) El	IN(s)	13c((3) PN	۷(s)
			-						
		: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
Inde	n n	enalties of periury and other penalties set forth in the instructions. I declare that I have examined this retu	Irn/ror	ont in	cludin	a it applicab	in a Sr	nedu	IIA

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.	07/26/2012	BYRON NUGENT
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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		eport of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
Department of the freasury	Benefit	FIAN tions 104 and 4065 of the Employed	.	2011
Department of Labor Retirement Income Security Act of	1974 (ERIS			This Form is Open to Public Inspection
	dance with	the instructions to the Form 5500	D-SF.	
Part I Annual Report Identification Information	<u></u>	011		12/21/2011
the Scholard Provide P	01/01/2			<u>12/31/2011</u>
A This return/report is for: X a single-employer plan	•	employer plan (not multiemployer)		a one-participant plan
B This return/report is:		turn/report		
an amended return/report	-	a year return/report (less than 12 m	ontns)	
C Check box if filing under:	automatic	extension		DEVC program
special extension (enter description)		······································		· · · · · · · · · · · · · · · · · · ·
Part II Basic Plan Information—enter all requested inform	ation		1h	Three-digit
12 Name of plan KTS/AUSTINS 401K RETIREMENT SAVINGS PLAN			15	plan number
				(PN) • 001
				Effective date of plan 01/01/1995
2a Plan sponsor's name and address; include room or suite number (e	molover if	for a single-employer plan)		Employer Identification Number
KTS RESTAURANT & BAR, INC.	апрюўсі, а	or a single-employer plany		(EIN) 61-1064092
			2c	Sponsor's telephone number
3300 LEXINGTON ROAD				502-458-8668
			2d	Business code (see instructions)
IOUSIVILLE KY 40206-2821		k	25	722110 Administrator's EIN
3a Plan administrator's name and address (If same as plan sponsor, e KTS RESTAURANT & BAR, INC.	nter Same)	ວນ	61-1064092
2300 LEXINGTON ROAD			3c	Administrator's telephone number
<u>1,0USIVILLE KY 40206-2821</u>		and flad for this plan, optar the	46	502-458-8668
4 If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	ast return/r	eport med for this plan, enter the	40	EIN
a Sponsor's name			4c	PN
5a Total number of participants at the beginning of the plan year			5a	22
b Total number of participants at the end of the plan year			5b	22
C Number of participants with account balances as of the end of the complete this item).			5c	11
6a Were all of the plan's assets during the plan year invested in eligit				X Yes No
b Are you claiming a waiver of the annual examination and report of	an indepen	dent qualified public accountant (IQ	PA)	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F				
Part III Financial Information	0111 0000			
7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a Totai plan assets		1285	89	106961
b Total plan liabilities	- 7b			
C Net plan assets (subtract line 7b from line 7a)	. 7c	1285	89	106961
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	····-	(b) Total
A Contributions received or receivable from: (1) Employers		18	87	
(1) Employers		94		
(2) Chers (including follovers)				
b Other income (loss).		-35	24	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				7843
d Benefits paid (including direct rollovers and insurance premiums				
to provide benefits)		294	11	
e Certain deemed and/or corrective distributions (see instructions)				
f Administrative service providers (salaries, fees, commissions)				
g Other expenses				29471
5 Total evenness (add lines 04, 0s, 06, and 0s)				11,462
h Total expenses (add lines 8d, 8e, 8f, and 8g)				-01600
 h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions) 	<u>8i</u>			-21628

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	Form 5500-SF 2011 Page 2 -									
Part	IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2G 2J 2K 2T 3D	acteris	tic Co	des in	the Instructions:					
þ	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	terist	c Cod	es in ti	ne instructions:					
Part	V Compliance Questions									
10	During the plan year:		Yes	No	Amount					
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						
c	Was the plan covered by a fidelity bond?	10c	x		200000					
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						
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						
h	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)	10h		х						
1	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	10j								
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection 3	302 of	ERISA? 🚺 Yes 🕅 No					
a										
lfs	granting the waiver	in		Day	Year					
-	Enter the minimum required contribution for this plan year		ſ							
C	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d									
		ofa	[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). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ofa		12c 12d	Yes No N/A					
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). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ofa		12c 12d						
d <u>e</u> Part	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?	ofa		12c 12d	Yes No N/A Yes X No					
d <u>e</u> Part 13a	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	[12c 12d						
d <u>e</u> Part 13a b	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	13a	12c 12d						
d <u>e</u> Part 13a	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? Vill Plan Terminations and Transfers of Assets Has 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	of a	13a	12c 12d	Yes XNo					
d P <u>art</u> 13a b 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has 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 beneficiarles, 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 functional sectors of the sectors of the sectors of the sectors of the transferred from this plan to another plan(s), identify the functional sectors of the sectors o	of a	13a the co	12c 12d	Yes X No					
d P <u>art</u> 13a b 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has 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 beneficiarles, 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	13a the co	12c 12d	Yes X No					
d Part 13a b 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has 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 beneficiarles, 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	13a 13a 13a 13	12c 12d	Yes X No					
d Part 13a b c 1 C C aut	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? Will Plan Terminations and Transfers of Assets Has 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 beneficiarles, 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.) 13c(1) Name of plan(s):	of a	13a the control of th	12c 12d Dontrol	Yes X No Yes X No Yes X No Yes X No IN(s) 13c(3) PN(s) Ilished. Ing, if applicable, a Schedule					
d Part 13a b c 1 Caut Unde SB o belief	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	13a the control of th	12c 12d Dontrol	Yes X No Yes X No Yes X No Yes X No IN(s) 13c(3) PN(s) Ilished. Ing, if applicable, a Schedule					
d Part 13a b c 1 C C aut	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	[12c 12d ontrol c(2) E estab	Yes X No Yes X No Yes X No Yes X No N(s) 13c(3) PN(s) Ilished. Ing, if applicable, a Schedule best of my knowledge and					
d Part 13a b c 1 C aut Unde SB o beliet	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? VII Plan Terminations and Transfers of Assets Has 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 beneficiarles, 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.) 13c(1) Name of plan(s): tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonableer penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return if, it is true, correct, and complete. N BYRON NUGGE Signature of plan administrator Date BYRON NUGE BYRON NUGE	of a	[12c 12d ontrol c(2) E estab	Yes X No Yes X No Yes X No Yes X No IN(s) 13c(3) PN(s) Ilished. Ing, if applicable, a Schedule					