Form 5500-SF Short Form Annual Return/Report of Small Emplo						OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service         Department of Labor           Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						2012				
						This Form is Open to Public				
Pension Be	nefit Guaranty Corporation	-SF.	Inspection							
Part I Annual Report Identification Information										
				<u> </u>	2/31/2					
	urn/report is for:		1 1 7 1	an (not multiemployer)		a one-participant plan				
<b>B</b> This ret	urn/report is:		ne final return/report							
	L	an amended return/report a s	n/report (less than 12 mo	t (less than 12 months)						
C Check b	box if filing under:		DFVC program							
		special extension (enter description)								
Part II		nation—enter all requested information	on		46	<b>-</b>				
1a Name		T SHARING RETIREMENT PLAN			10	Three-digit plan number				
LIQUOITUU						(PN) ▶ 001				
					1c	Effective date of plan				
						01/01/1995				
2a Plan sp LIQUOR OU		ess; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 61-1057233				
95 RIVIERA	DR				2c	Sponsor's telephone number 859-291-4007				
BELLEVUE,				-	2d	Business code (see instructions) 445310				
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's EIN				
	<b>3c</b> Administrator's telephone number									
		lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	or this plan, enter the	4b EIN					
a Sponse		er nom the last return/report.			4c	PN				
5a Total r	number of participants at	the beginning of the plan year			5a	84				
<b>b</b> Total r	number of participants at	the end of the plan year			5b	82				
C Numb	er of participants with ac	count balances as of the end of the pla	n year (defined bene	fit plans do not	_					
					5c	61				
		uring the plan year invested in eligible				X Yes No				
		ne annual examination and report of an See instructions on waiver eligibility an				X Yes No				
		er line 6a or line 6b, the plan cannot								
Caution: A	penalty for the late or	incomplete filing of this return/report	rt will be assessed u	unless reasonable caus	se is	established.				
SB or Sche	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. 06/25/2013 KENNETH A. LEWIS						6				
HERE Signature of plan administrator Date Enter name of individ						dual signing as plan administrator				
SIGN										
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	idual signing as employer or plan sponsor					
Preparer's name (including firm name, if applicable		ne, if applicable) and address; include i		nber (optional) Preparer's telephone number (						
				-						

	formation						
7 Plan Assets and Liabiliti	es		(a) Beginning of Yea	r		(b	End of Year
a Total plan assets		. 7a	162532	9			1938647
<b>b</b> Total plan liabilities		7b					
C Net plan assets (subtrac	t line 7b from line 7a)	7c	162532	9			1938647
	Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received of (1) Employers		8a(1)	9229	7			
		8a(1) 8a(2)	11842				
	lovers)	8a(3)	2256				
	10VEI 5/	8b	18812				
	8a(1), 8a(2), 8a(3), and 8b)	8c	10012	5			421415
	direct rollovers and insurance premiums						421415
		8d	10749	8			
e Certain deemed and/or	corrective distributions (see instructions)	8e					
f Administrative service p	roviders (salaries, fees, commissions)	8f	59	9			
g Other expenses		8g					
	es 8d, 8e, 8f, and 8g)	8h					108097
	act line 8h from line 8c)	. 8i					313318
J Transfers to (from) the p	lan (see instructions)	. 8j					
b If the plan provides well Part V Compliance (	fare benefits, enter the applicable welfare for	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the in	structions:
10 During the plan year:					Yes	No	Amount
<b>a</b> Was there a failure to	ransmit to the plan any participant contribu (See instructions and DOL's Voluntary Fide	tions within thuciary Correct	e time period described in ion Program)	10a		X	Anount
<b>b</b> Were there any nonex	empt transactions with any party-in-interest	t? (Do not incl	ude transactions reported	10b		x	
<b>C</b> Was the plan covered	by a fidelity bond?			10c	Х		20000
	ss, whether or not reimbursed by the plan's						200000
insurance service or o	ninging a sid to say bushess should be at			10d		х	
/	missions paid to any brokers, agents, or oth her organization that provides some or all o	of the benefits	y an insurance carrier, s under the plan? (See	10d		x	
,	her organization that provides some or all	of the benefits	y an insurance carrier, s under the plan? (See				
f Has the plan failed to p	her organization that provides some or all	of the benefits	y an insurance carrier, s under the plan? (See	10e 10f		х	
<ul><li>f Has the plan failed to p</li><li>g Did the plan have any</li><li>h If this is an individual a</li></ul>	her organization that provides some or all o	of the benefits n? is of year end (See instruction	y an insurance carrier, s under the plan? (See .)	10e		x x	
<ul> <li>f Has the plan failed to p</li> <li>g Did the plan have any</li> <li>h If this is an individual a 2520.101-3.)</li> <li>i If 10h was answered "</li> </ul>	ther organization that provides some or all o provide any benefit when due under the pla participant loans? (If "Yes," enter amount a procount plan, was there a blackout period?	of the benefits n? is of year end (See instruction he required no	y an insurance carrier, s under the plan? (See 	10e 10f 10g		x x x x x	
<ul> <li>f Has the plan failed to p</li> <li>g Did the plan have any</li> <li>h If this is an individual a 2520.101-3.)</li> <li>i If 10h was answered "exceptions to providing</li> </ul>	ther organization that provides some or all provide any benefit when due under the pla participant loans? (If "Yes," enter amount a iccount plan, was there a blackout period? Yes," check the box if you either provided th	of the benefits n? is of year end (See instruction he required no	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h		x x x x x	
<ul> <li>f Has the plan failed to p</li> <li>g Did the plan have any</li> <li>h If this is an individual a 2520.101-3.)</li> <li>i If 10h was answered "exceptions to providing</li> <li>Part VI Pension Function</li> <li>11 Is this a defined benefitier</li> </ul>	her organization that provides some or all o provide any benefit when due under the pla participant loans? (If "Yes," enter amount a ccount plan, was there a blackout period? Yes," check the box if you either provided to g the notice applied under 29 CFR 2520.10	of the benefits n? is of year end (See instruction he required no 1-3 nents? (If "Yes	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X X ule SB (Fo	
<ul> <li>f Has the plan failed to p</li> <li>g Did the plan have any</li> <li>h If this is an individual a 2520.101-3.)</li> <li>i If 10h was answered "exceptions to providing</li> <li>Part VI Pension Function</li> <li>11 Is this a defined benefit 5500) and line 11a below</li> </ul>	her organization that provides some or all o provide any benefit when due under the pla participant loans? (If "Yes," enter amount a ccount plan, was there a blackout period? Yes," check the box if you either provided the o the notice applied under 29 CFR 2520.10 <b>ding Compliance</b> t plan subject to minimum funding requirem	of the benefits n? is of year end (See instruction he required no 1-3 nents? (If "Yes	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X X ule SB (Fo	
<ul> <li>f Has the plan failed to p</li> <li>g Did the plan have any</li> <li>h If this is an individual a 2520.101-3.)</li> <li>i If 10h was answered "exceptions to providing</li> <li>Part VI Pension Fund</li> <li>11 Is this a defined benefiti 5500) and line 11a below</li> </ul>	ther organization that provides some or all opprovide any benefit when due under the pla participant loans? (If "Yes," enter amount a account plan, was there a blackout period? Yes," check the box if you either provided the other notice applied under 29 CFR 2520.10 ding Compliance t plan subject to minimum funding requirem ow)	of the benefits n? is of year end (See instruction he required no 1-3 hents? (If "Yes	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X X Iule SB (Fo	Yes X No
<ul> <li>f Has the plan failed to p</li> <li>g Did the plan have any</li> <li>h If this is an individual a 2520.101-3.)</li> <li>i If 10h was answered "exceptions to providing</li> <li>Part VI Pension Function</li> <li>11 Is this a defined benefit 5500) and line 11a below</li> <li>11a Enter the amount from</li> <li>12 Is this a defined contri</li> </ul>	her organization that provides some or all oprovide any benefit when due under the pla participant loans? (If "Yes," enter amount a ccount plan, was there a blackout period? Yes," check the box if you either provided the other notice applied under 29 CFR 2520.10 <b>ding Compliance</b> t plan subject to minimum funding requirem ow)	of the benefits n? is of year end (See instruction he required no 1-3 hents? (If "Yes requirements	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X X Iule SB (Fo	Yes X No
<ul> <li>f Has the plan failed to p</li> <li>g Did the plan have any</li> <li>h If this is an individual a 2520.101-3.)</li> <li>i If 10h was answered "exceptions to providing</li> <li>Part VI Pension Fund</li> <li>11 Is this a defined benefit 5500) and line 11a below</li> <li>11a Enter the amount from</li> <li>12 Is this a defined contrine (If "Yes," complete line</li> <li>a If a waiver of the minine granting the waiver.</li> </ul>	ther organization that provides some or all opprovide any benefit when due under the plate participant loans? (If "Yes," enter amount a account plan, was there a blackout period? Yes," check the box if you either provided the notice applied under 29 CFR 2520.10 ding Compliance t plan subject to minimum funding requirem bw)	of the benefits n? is of year end (See instruction he required no 1-3 hents? (If "Yes nents? (If "Yes nents? as applicable ng amortized	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i 0 or see	ection (	X X X X Iule SB (Fo	Yes X No
<ul> <li>f Has the plan failed to p</li> <li>g Did the plan have any</li> <li>h If this is an individual a 2520.101-3.)</li> <li>i If 10h was answered "exceptions to providing</li> <li>Part VI Pension Fund</li> <li>11 Is this a defined benefit 5500) and line 11a below</li> <li>11a Enter the amount from</li> <li>12 Is this a defined contrine (If "Yes," complete line</li> <li>a If a waiver of the minine granting the waiver.</li> </ul>	ther organization that provides some or all opprovide any benefit when due under the plate participant loans? (If "Yes," enter amount a account plan, was there a blackout period? Yes," check the box if you either provided the notice applied under 29 CFR 2520.10 <b>ding Compliance</b> to plan subject to minimum funding requirem by). Schedule SB line 39 bution plan subject to the minimum funding 12a or lines 12b, 12c, 12d, and 12e below num funding standard for a prior year is bein	of the benefits n? is of year end (See instruction he required no 1-3 hents? (If "Yes nents? (If "Yes nents? as applicable ng amortized	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i 0 or see	ection (	X X X X Iule SB (Fo 11a 302 of ERIS	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е	Will t		Yes	No N/A			
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos Benefit Plan					OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	e 2012							
Department of Labor Employee Benefits Security Administration	bild(a) of This Form is Open to Public Inspection							
Complete all entries in accordance with the instructions to the Form 5500-SF.								
For calendar plan year 2012 or fisca	lentification Information al plan year beginning 01/01/2012		and ending 1	2/31/2	2012			
A This return/report is for:	an (not multiemployer)	······						
			ant plan					
B This return/report is: I the first return/report I the final return/report I a short plan year return/report (less than 12 months)								
C Check box if filing under:	5111107	DFVC progra	m					
C Check box if filing under:								
Part II Basic Plan Inform	nation—enter all requested information	่าก						
1a Name of plan				1b	Three-digit			
LIQUOR OUTLET, LLC 401K PROF	IT SHARING RETIREMENT PLAN				plan number (PN) 🕨	001		
				1c	1c Effective date of plan 01/01/1995			
2a Plan sponsor's name and addre LIQUOR OUTLET, LLC	ess; include room or suite number (emp	loyer, if for a single-e	employer plan)	2b	2b Employer Identification Number (EIN) 61-1057233			
				2c	Sponsor's telep (859) 29			
95 RIVIERA DR				2d	2d Business code (see instructions) 445310			
<b>BELLEVUE, KY 41073</b> <b>3a</b> Plan administrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b Administrator's EIN				
				3c Administrator's telephone number				
4 If the name and/or EIN of the p	lan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN	l t. t		
name, EIN, and the plan numb		· · · · · · ·						
a Sponsor's name	the beginning of the plan year			4c	PN			
	the end of the plan year			5a				
	count balances as of the end of the plan			5b		02		
- ,		• •		5c		61		
	uring the plan year invested in eligible a		•			X Yes 🗌 No		
	e annual examination and report of an See instructions on waiver eligibility and					X Yes 🗌 No		
	er line 6a or line 6b, the plan cannot	•						
Caution: A penalty for the late or	incomplete filing of this return/repor	t will be assessed ı	inless reasonable cau	se is	established.			
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and comple	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a te.	declare that I have e as the electronic vers	examined this return/rep ion of this return/report,	oort, in , and f	icluding, if applic to the best of my	able, a Schedule knowledge and		
SIGN X	worth Duch	61713	KENNETH A. LEWIS			··· ••••		
HERE Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator		
SIGN Vena Marke (6/14/13 VENA MARKS								
HERE Signature of employe			r or plan sponsor					
Preparer's name (including firm nan	ne, if applicable) and address; include re	oom or suite number	(optional)	Prep	arer's telephone	number (optional)		
				·		······································		
For Paperwork Reduction Act Notice a	and OMB Control Numbers, see the instruc	tions for Form 5500-8	)F.			Form 5500-SF (2012) v. 120126		

Form 5500-SF 2012

Page **2** 

Part III Financial Information											
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year					
a Total plan assets	7a	162532				1938647					
b Total plan liabilities	7b				•						
C Net plan assets (subtract line 7b from line 7a)	7c	162532	9			1938647					
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total						
a Contributions received or receivable from: (1) Employers	. 8a(1)	9229	7								
(2) Participants	. 8a(2)	11842	1								
(3) Others (including rollovers)	. 8a(3)	2256	8								
b Other income (loss)	. 8b	18812	9	373							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					421415					
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	10749	8								
e Certain deemed and/or corrective distributions (see instructions)	8e										
f Administrative service providers (salaries, fees, commissions)	. 8f	59	9								
g Other expenses	8g					일이는 1일 수 있는 것은 것은 것 같이. 같이 하는 것은 것은 것은 것 같이 있는 것은 것 같이 있는 것은					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					108097					
i Net income (loss) (subtract line 8h from line 8c)	<b>8</b> i					313318					
j Transfers to (from) the plan (see instructions)	8j										
Part IV Plan Characteristics											
2E       2F       3D       2J       2K       2G         b       If the plan provides welfare benefits, enter the applicable welfare for         Part V       Compliance Questions	eature cod	es from the List of Plan Chara	cterist	ic Coo	ies in t	he instructions:					
10 During the plan year:				Yes	No	Amount					
<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> </ul>			10a	100	x	Amount					
<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	? (Do not i	include transactions reported	10u		x						
C Was the plan covered by a fidelity bond?			10c	х							
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10c		x	200000					
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	ner person: of the bene	s by an insurance carrier, efits under the plan? (See	10e		x						
f Has the plan failed to provide any benefit when due under the pla	n?		10f		x	· · · · · · · · · · · · · · · · · · ·					
g Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g		x						
<ul> <li>h If this is an individual account plan, was there a blackout period?</li> <li>2520.101-3.)</li> </ul>	(See instru	ictions and 29 CFR	10g		x						
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i								
Part VI Pension Funding Compliance											
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)											
					11a						
11a Enter the amount from Schedule SB line 39											
	requireme			(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
12 Is this a defined contribution plan subject to the minimum funding	· · ·										
12 Is this a defined contribution plan subject to the minimum funding	, as applicang amortize	able.) ed in this plan year, see instru		, and e	enter th Day	he date of the letter ruling Year					
12       Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,         a       If a waiver of the minimum funding standard for a prior year is being the minimum funding standard for a p	, as applicang amortize	able.) ed in this plan year, see instru Mon		, and e		ů,					

Form 5500-SF 2012

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 a negative amount)	12d		
е	Will the 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 resolution to terminate the plan been adopted in any plan year?	, 🗆 l	Yes 🗙 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 under the of the PBGC?			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	I3c(1) Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			-
14a	Name of trust	14b Trust's EIN		