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

2013

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	 Complete all entries in accord 	dance with the instru	ctions to the Form 550	0-SF.		
Part I		dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/201	3	and ending 1	2/31/2	013	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	n)				
Part II	Basic Plan Infor	mation—enter all requested inform	ation				
1a Name	of plan				1b	Three-digit	
KTS/AUSTIN	NS 401K RETIREMENT	SAVINGS PLAN				plan number	
						(PN) •	001
					1C	Effective date of	
2a Plan a	nangar'a nama and add	Irana: include room or quite number (e	mplayor if for a single	omployer plan)	2h	01/01/	
	URANT & BAR, INC.	lress; include room or suite number (e	mployer, ir for a single-	-етпрюуег ріаті)			fication Number 64092
					2c	Sponsor's telep	hone number
	GTON ROAD					502-458	
LOUSIVILLE	E, KY 40206-2821				2d	Business code (72251	(see instructions)
3a Plan a	dministrator's name and	d address Same as Plan Sponsor N	lame Same as Plar	n Sponsor Address	3b	Administrator's I	EIN 064092
TS RESTAU	RANT & BAR, INC.	2300 LEXINGT LOUSIVILLE, F			3c		telephone number
		LOGOTVILLE, I	(1 40200 2021			502-458	
		plan sponsor has changed since the l	ast return/report filed fo	or this plan, enter the	4b	EIN	
name,	, EIN, and the plan num	plan sponsor has changed since the laber from the last return/report.	ast return/report filed fo	or this plan, enter the			
name, a Sponse	, EIN, and the plan num or's name	ber from the last return/report.			4c		22
name, a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	at the beginning of the plan year			4c 5a		22
name, a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the plan	olan year (defined bene	efit plans do not	4c 5a 5b		22
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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V			
	Total plan assets	7a	(a) Beginning of Tea				(b) Ellu		14865	8	
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	12054	.5	+				148658	8	
	Income, Expenses, and Transfers for this Plan Year	70			+	(b) Total					
	Contributions received or receivable from:		(a) Amount				(D) I	Stai			
	(1) Employers	8a(1)	169	7							
	(2) Participants	8a(2)	339	5							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2302	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							28113	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							,	0	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							2811	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics				•						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructi	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		۸m	ount		
a	Was there a failure to transmit to the plan any participant contribu			40-	100	X		AIII	Juni		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10a		X					
	on line 10a.)			10b	V						
	Was the plan covered by a fidelity bond?			10c	X					200	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla					X					
				10f		X					
g				10g							
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ					
ī	If 10h was answered "Yes," check the box if you either provided the										
	exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							— I Г	Yes	П	No
11a	Enter the unpaid minimum required contribution for current year fr					11a			-		
12	Is this a defined contribution plan subject to the minimum funding		,		-		ERISA?	T	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-					,				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter the Day	ne date of t	he le		ıling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		. 00	·		
	Enter the minimum required contribution for this plan year	•				12b					

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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?	Y	es 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 under the coof the PBGC?	ontrol		Yes X No
С	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):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

OMB Nos. 1210-0110 Form 5500-SF Short Form Annual Return/Report of Small Employee 1210-0089 Benefit Plan Department of the Treasury Internal Revenue Service 2013 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 Department of Labor This Form is Open to Public Employee D nefita Security Admiristration the Internal Revenue Code (the Code). Inspection Penaton Benefit Guaranty Corporation ▶ Complete all entries in accordance with the Instructions to the Form 5500-SF Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 12/31/2013 and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) the first return/report B This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II | Basic Plan Information—enter all requested information 16 Three-digit KTS/AUSTINS 401K RETIREMENT SAVINGS PLAN plen number 001 (PN) 1C Effective date of plan 01/01/1995 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 25 Employer Identification Number KTS RESTAURANT & BAR, INC. (EIN) 61-1064092 2c Sponsor's telephone number 2300 LEXINGTON ROAD 502-458-8668 2d Business code (see instructions) LOUSIVILLE KY 40206-2821 722511 3a Plan administrator's name and address | Same as Plan Sponsor Name | Same as Plan Sponsor Address Administrator's EIN 61-1064092 KTS RESTAURANT & BAR, INC. 3C Administrator's telephone number 502-458-8668 2300 LEXINGTON ROAD LOUSTVILLE KY 40206-2821 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. a Sponsor's name 4C PN 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 plan year (defined benefit plans do not 5c 11 6a Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) Yes [No b Are you daiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined 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 bellef, it is true, correct, and complete. SIGN BYRON NUGENT HERE Signature of plan administrator Date 57 Enter name of individual signing as plan administrator BYRON NUGENT SIGN HÉRE Signature of employer/ple Date. Enter name of individual signing as employer or plan sponsor

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

Preparer's name (Including firm name, if applicable) and eddress; include room or suite number (optional)

Form 6500-SF (2013)

Preparer's telephone number (optional)

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						,,	•	<u>,</u>	
Part III Financial Information	 					(b) End	af Vat		
7 Plan Assets and Liabilities		(a) Beginning of Yea?	0545	-		10) Enc) () 1 BA		658
a Total plan assets		**	VJ-1-	+-					<u> </u>
b Total plan liabilities		17	054	_				140	658
C Net plan assets (subtract line 7b from line 7a)	7c		054	1	_,	(h)	Total		
8 Income, Expenses, and Transfers for this Plan Year	-	(a) Amount		+		(0)	1000		
Contributions received or receivable from: (1) Employers	8a(1)		169	7					
(2) Participants			339.	5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(3) Others (including rollovers)				<u> </u>	······································				
b Other Income (loss)			302	1					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								2.5	3113
d Benefits paid (including direct rollovers and insurance premiums									
to provide benefits)									
Certain deemed and/or corrective distributions (see Instructions).		<u> </u>		-					***
f Administrative service providers (salaries, fees, commissions)	1	· · · · · · · · · · · · · · · · · · ·		+-					
g Other expenses				+					
7 Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							21	8113
Net income (loss) (subtract line 8h from line 8c)	81							-	
j Transfers to (from) the plan (see instructions)	···· 8]								
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	e feature cod	es from the List of Plan Charac	cterist	ic God	os in ti	ng instru	ctions:		
10 During the plan year:		··· · · · · · · · · · · · · · · · · ·	-	Yes	No		Amo	unt	
Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and OOL's Voluntary F	butions withli	n the time period described in ection Program)	10a		Х				
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	est? (Do not	include transactions reported	10b		х			,	
C Was the plan covered by a fidelity bond?	····	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10c	Х				20	000
d Did the plan have a loss, whether or not relimbursed by the plan or dishonesty?	n's fidelity bo	nd, that was caused by fraud	10d		х				
Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.)	all of the ben	efits under the plan? (See	1Qə		x				
f Has the plan failed to provide any benefit when due under the	plan?	************	101		X .				
g Did the plan have any participant loans? (if "Yes," enter amoun	it as of year o	and.)	10g		Х				
h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		х				-
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520.			101						
Part VI Pension Funding Compliance					W. EVER-				
11 Is this a defined benefit plan subject to minimum funding requir		Yee," see instructions and con					[Y08 [] No
11a Enter the unpaid minimum required contribution for current year	r from Sched	lule SB (Form 5500) line 39			11a		····-		
12 is this a defined contribution plan subject to the minimum fund					302 of	ERIŜA?	<u> </u>	Yes	X No
(If "Yes," complete line 12e or lines 12b, 12c, 12d, and 12e bel a. If a waiver of the minimum funding standard for a prior year is	ow, as applic being amortiz	able.) ed in this plan year, see instru	ctions		enter t	he date :	of the le	tter rulln	ıg
granting the waiver. If you completed line 12s, complete lines 3, 9, and 10 of Sche		Mor	ntn		Day		Yes	<u>(1'</u>	

b Enter the minimum regulred contribution for this plan year.....

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,					_			
	Enter the amount contributed by the employer to the	on also for this plan year	*** ********	12c				
d	Subtract the amount in line 12c from the amount in	i line 12b. Enter the result (enter a minus sign t	o me iair oi a	12d		<u> </u>	Na [N/A
9	Will the minimum funding amount reported on line	12d be met by the funding deadline?			Yes	يالل	IVO	140
Part								
132	Has a resolution to terminate the plan been adopted in	n any pian year?		<u>. [</u>	/0% X	No		
	M'Ves " enter the amount of any plan assets that	reverted to the employer this year	q: - ; - = = = + - = = = p · · · · · · · · · · · · · · · ·	13a	<u> </u>			
Ь	Were all the plan assets distributed to participants	or beneficiarios, transferred to another plan, o	r brought under the	control			Yes	X No
Ç	If during this plan year, any sesets or liabilities we which sesets or liabilities were transferred. (See it	re transferred from this plan to another plan(s).	, identify the plants) {Q				5 mal/-)
	13c(1) Name of plan(s):			13c(2) E	IN(s)		130(3) PN(s)
							•	-
r								
Pan	VIII Trust Information (optional)			14h 1	ruet's E		, 	
14a	Name of trust			170	i-hord #	arı T		