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).

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

Part I		rt Identification Information						
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12/	31/2014			
A This re	eturn/report is for:	er plan (not multiemployer) (aployer information in accord	_					
		a one-participant plan	a foreign plan					
B This return/report is		the first return/report	the final return/repo	the final return/report				
		an amended return/report	a short plan year re	eturn/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC prog	ıram		
		special extension (enter des	cription)					
Part II	Basic Plan In	formation—enter all requested in	nformation					
1a Name					1b Three-digit			
MCCREAD	Y MANOR 401K PLA	N.			plan number			
					(PN) •	001		
					1c Effective date 01/0	of plan 01/2013		
	sponsor's name and a MANOR, INC.	address; include room or suite num	ber (employer, if for a sin	gle-employer plan)	2b Employer Ider (EIN) 61-	ntification Number		
					2c Sponsor's tele			
300 STOCK RICHMOND						625-1400		
TO INICIAL	7, 101 40470				2d Business code 623	e (see instructions) 9000		
3a Plan a	administrator's name	and address Same as Plan Spor	nsor.		3b Administrator'	s EIN		
		the plan sponsor has changed since	e the last return/report file	ed for this plan, enter the	4b EIN			
	e, EIN, and the plan r sor's name	number from the last return/report.			4c PN			
5a Total	number of participan	ts at the beginning of the plan year			5a	87		
b Total	number of participan	ts at the end of the plan year			5b	75		
		h account balances as of the end o		-	5c	30		
	,	participants at the beginning of the p			5d(1)	85		
d(2) To	tal number of active	participants at the end of the plan ye	ear		5d(2)	70		
e Numb	er of participants that	terminated employment during the	plan year with accrued b		5e			
		e or incomplete filing of this retu		sed unless reasonable cau	sa is astablished			
Under per SB or Sch	nalties of perjury and	other penalties set forth in the instruand signed by an enrolled actuary,	uctions, I declare that I ha	ave examined this return/rep	ort, including, if app			
SIGN		d/valid electronic signature.						
HERE	Signature of plan	Enter name of individu	ual signing as plan a	dministrator				
SIGN								
HERE	Cimpotume of own		Data	F				
	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	vidual signing as employer or plan sponsor Preparer's telephone number (optional)			
		n name, if applicable) and address (

	Form 5500-SF 2014		Page 2							
_	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan's assets during the plan year invested in eligible.	an indepe and condit	ndent qualified public accounta	int (IQ	PA)				Yes Yes	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 40	21)?		Yes	No	☐ No	t deter	mined
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Er	nd of \	ear/	
<u>a</u>	Total plan assets	. 7a	2247	750					2813	00
b	Total plan liabilities	. 7b								
C	Net plan assets (subtract line 7b from line 7a)	. 7с	2247	750					2813	00
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	<u> </u>	
а	Contributions received or receivable from: (1) Employers	. 8a(1)	242	271						
	(2) Participants	. 8a(2)	335	576						
	(3) Others (including rollovers)									
b	Other income (loss)	. 8b	62	205						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							640	52
	Benefits paid (including direct rollovers and insurance premiums	1								
	to provide benefits)	. 8d	75	502						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								02
	Net income (loss) (subtract line 8h from line 8c)								565	50
j	Transfers to (from) the plan (see instructions)	· 8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2T	feature co	odes from the List of Plan Chara	acteris	stic Co	odes in	the inst	ruction	ıs:	
b			las from the List of Disc Chara	_4 _ u! _4	:- 0	laa !a 4	h a !a.t	4 !		
D	If the plan provides welfare benefits, enter the applicable welfare f	eature coc	des from the List of Plan Charac	ciensi	ic Coc	ies in t	ne msu c	ictions		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		An	ount	
a	Was there a failure to transmit to the plan any participant contribu	utions withi	in the time period described in							
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid		0 /	10a		X				
b	Were there any nonexempt transactions with any party-in-interes		-	10h		X				
	on line 10a.)			10b		^				
c	Was the plan covered by a fidelity bond?			10c	X				1	1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other									
	insurance service, or other organization that provides some or all	of the ber	nefits under the plan? (See			V				
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan?					X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the					Х				
Part		71-3		10i						
11	Is this a defined benefit plan subject to minimum funding requirem	nents? (If "	Yes " see instructions and com	nlete	Scher	tule SE	3 (Form			
	5500) and line 11a below)	•					•		Yes	X No
11a	Enter the unpaid minimum required contribution for current year f	rom Sched	dule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?] [Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below									
	If a waiver of the minimum funding standard for a prior year is bei			ctions	and a	antar th	atch a	of the I	ottor ru	ling

. Month

Day

Year

granting the waiver.

	Form 5500-SF 2014	Page 3 - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

2014

This Form is Open to **Public Inspection**

	enefit Guaranty Corporation	► Complete all entries in	accordance with the	instructions to the Form 5	500-SF.	·				
Part I		t Identification Information	າ							
For calend	iar plan year 2014 or t		1/2014	and ending	12/31/2014					
A This ref	turn/report is for:	a single-employer plan a one-participant plan		er plan (not multiemployer) nployer information in accol						
B This retu	urn/report is	ort								
		return/report (less than 12 m	nonths)							
an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under:										
		special extension (enter desc	cription)							
Part II	Basic Plan Info	ormation—enter all requested in	ıformation							
1a Name	of plan				1b Three-digit					
Mccready M	lanor 401K Plan				plan numbe (PN) ▶	001				
· · · · · · · · · · · · · · · · · · ·					1c Effective da 01/01/2013	te of plan				
2a Plan s McCready N		ddress; include room or suite numb	per (employer, if for a sir	ngle-employer plan)	j .	Employer Identification Number EIN) 61-1221273				
•					2c Sponsor's te	elephone number				
300 Stocker	r Dr				· · · · · · · · · · · · · · · · · · ·	59) 625-1400 de (see instructions)				
Richmond. k	KY 40475				623000					
3a Plan a	dministrator's name a	ınd address 🏿 Same as Plan Spon	isor.		3b Administrato	or's EIN				
	, EIN, and the plan πι	e plan sponsor has changed since imber from the last return/report.	the last return/report fil	ed for this plan, enter the	4b EIN					
	, EIN, and the plan nu or's name	imber from the last return/report.			4c PN					
5a Total r	, EIN, and the plan nu or's name number of participants	imber from the last return/report.			4c PN 5a	87				
5a Total r b Total r	, EIN, and the plan nu or's name number of participants number of participants	s at the beginning of the plan year.			4c PN 5a 5b	87 75				
5a Total r b Total r c Numb	, EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year. s at the end of the plan year account balances as of the end of	the plan year (defined	penefit plans do not	4c PN 5a 5b 5c	75 30				
5a Total r b Total r c Numb- comple d(1) Total	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year. s at the end of the plan year. account balances as of the end of	the plan year (defined l	penefit plans do not	4c PN 5a 5b 5c 5d(1)	75 30 85				
5a Total r b Total r c Numb- comple d(1) Tota d(2) Tota e Numbe	, EIN, and the plan nu or's name number of participants number of participants with ere of participants with ete this item)	articipants at the end of the plan year articipants at the end of the plan year	the plan year (defined lan year	penefit plans do not	4c PN 5a 5b 5c	75 30				
b Total r b Total r c Number completed (1) Total r d (2) Total r e Number less the Caution: A	EIN, and the plan number of participants or of participants with ete this item)	articipants at the end of the plan year articipants at the end of the plan germinated employment during the plan year articipants at the end of the plan year articipants at the end of the plan year articipants at the end of the plan year incomplete filing of this returther penalties set forth in the instru	the plan year (defined lan year	penefit plans do not penefits that were sed unless reasonable callave examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap	75 30 85 70 plicable, a Schedule				
b Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under pena SB or Sche belief, it is it	EIN, and the plan number of participants or of participants with ete this item)	articipants at the end of the plan year articipants at the end of the plan germinated employment during the plan year articipants at the end of the plan year articipants at the end of the plan year articipants at the end of the plan year incomplete filing of this return ther penalties set forth in the instructed signed by an enrolled actuary, and signed by an enrolled actuary.	the plan year (defined lan year	penefit plans do not penefits that were sed unless reasonable call ave examined this return/reserversion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap	75 30 85 70 plicable, a Schedule				
b Total r b Total r c Number comple d(1) Total d(2) Total e Number less the Caution: A Under pena	EIN, and the plan nuor's name number of participants number of participants wer of participants with ete this item) al number of active pa al number of active pa er of participants that the ian 100% vested A penalty for the late atties of perjury and of adule MB completed a true, correct, and corr	at the beginning of the plan year. account balances as of the end of the plan year. account balances as of the end of articipants at the beginning of the plan year. articipants at the end of the plan year.	the plan year (defined lan year	penefit plans do not penefits that were sed unless reasonable call ave examined this return/re aversion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if apt, and to the best of	75 30 85 70 plicable, a Schedule my knowledge and				
b Total r c Number completed (1) Total r d(2) Total r e Number less the Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan number of participants over of participants with ete this item)	at the beginning of the plan year. account balances as of the end of the plan year. account balances as of the end of articipants at the beginning of the plan year. articipants at the end of the plan year.	the plan year (defined lan year	penefit plans do not penefits that were sed unless reasonable call ave examined this return/reserversion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if apt, and to the best of	75 30 85 70 plicable, a Schedule my knowledge and				
5a Total r b Total r c Number completed (1) Total r d(2) Total r e Number less the Caution: A Under pens SB or Schebelief, it is t	EIN, and the plan nuor's name number of participants number of participants were of participants with ete this item)	at the beginning of the plan year. at the end of the plan year	the plan year (defined lan year	penefit plans do not penefits that were sed unless reasonable called averamined this return/reside version of this return/reported Gil Shew Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap t, and to the best of	75 30 85 70 plicable, a Schedule my knowledge and				
b Total r c Number completed (1) Total r d(2) Total r e Number less the Caution: A Under penas B or Schebelief, it is t SIGN HERE	EIN, and the plan nuor's name number of participants number of participants wer of participants with ete this item) al number of active pa al number of active pa er of participants that the an 100% vested A penalty for the late alties of perjury and o adule MB completed a true, correct, and corr Signature of plan a	at the beginning of the plan year. at the end of the plan year	the plan year (defined lan year	penefit plans do not penefits that were penefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap t, and to the best of lual signing as plan lual signing as empl	75 30 85 70 plicable, a Schedule my knowledge and				

	_
Pag	e /

b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit not use Fo	ndent qualified public accountations.) irm 5500-SF and must instea	nt (IC d use	PA) Forn	n 5500	
Pai	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a	Total plan assets	. 7a	22475				281300
b	Total plan liabilities	. 7b					
C	Net plan assets (subtract line 7b from line 7a)	. 7c	22475	0			281300
8	Income, Expenses, and Transfers for this Plan Year						(b) Total
	Contributions received or receivable from:						
	(1) Employers	. 8a(1)	2427	1			
	(2) Participants	. 8a(2)	3357	6			
	(3) Others (including rollovers)	. 8a(3)					
b	Other income (loss)	. 8b	620	5	1274 1274 1271		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c)/28) 11-8	···	64052
	Benefits paid (including direct rollovers and insurance premiums	0-1	750	2			
	to provide benefits)		130				
	Certain deemed and/or corrective distributions (see instructions)	. 8e					
	Administrative service providers (salaries, fees, commissions)	. 8f			1189		
	Other expenses	. 8g	ludesjasjusesseseesestosostejasuupprojestij	Malaya			
	Total expenses (add lines 8d, 8e, 8f, and 8g)						7502
	Net income (loss) (subtract line 8h from line 8c)						56550
}	Transfers to (from) the plan (see instructions)	8j					
Pari	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the pl						<u> </u>
10	During the plan year:				Yes	No	Amount
a				10a	103	X	Amount
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the pla	in?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g		Х	
h	, ,	If this is an individual account plan, was there a blackout period? (See instructions and 29 GFR 2520.101-3.)			,	х	
ı						Х	
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is being			ctions,	, and e	enter th	he date of the letter ruling
	granting the waiver.					Day	

Form 5500-SF 2014	Page 3 -	_1_							
you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	rm 5500), and	skip to line 1	3,						
Enter the minimum required contribution for this plan year				12b					
Enter the amount contributed by the employer to the plan for this plan year	***************************************	,		12c					
				12d					
Will the minimum funding amount reported on line 12d be met by the funding	ıg deadline?				Yes	No	N/A		
VII Plan Terminations and Transfers of Assets									
A 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			13a					
If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another p	olan(s), identîfy	the plan(s)	to					
13c(1) Name of plan(s):			1	3c(2) El	N(s)	13c(3)	PN(s)		
			ļ						
WIII Trust Information (optional)		M ' . A		***************************************					
14a Name of trust					ust's EIN				
	Enter the minimum required contribution for this plan year. 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 resu negative amount). Will the minimum funding amount reported on line 12d be met by the funding. 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. Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC? If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and Enter the minimum required contribution for this plan year 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 minu negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VIII 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 beneficiaries, transferred to another of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): Trust Information (optional)	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1: Enter the minimum required contribution for this plan year 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 le negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VIII 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 beneficiaries, transferred to another plan, or brough of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	Enter the minimum required contribution for this plan year		