		<u> </u>								
-	rm 5500-SF	Short Form Annual Return/Report of Small Emp Benefit Plan				•	OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service			This form is required to be filed under sections 104 and 4065 of the Employee R				2014			
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Employee Benefits Security Administration Revenue Code (the Code).					This Form is Open to Public Inspection					
Pension Be		Complete all entries in ac	ccordance with the inst	ructions to the Form 5	500-SF		•			
Part I		Identification Information								
For calenda	ar plan year 2014 or fis	scal plan year beginning 01/01/201	14	and ending 12	/31/201	4				
	turn/report is for: urn/report is	 a single-employer plan a one-participant plan the first return/report an amended return/report 	of participating emplo a foreign plan the final return/report	olan (not multiemployer) oyer information in accor rn/report (less than 12 m	dance v	-				
C Check	Check box if filing under: Special extension (enter description)									
Part II	Basic Plan Info	rmation—enter all requested info	rmation							
1a Name						Three-digit plan number (PN) ▶	001			
					1c	Effective date o	f plan /1996			
2a Plan s AIRDRIE ST		dress; include room or suite number	· (employer, if for a single	-employer plan)		1 2	bloyer Identification Number			
P.O. BOX 48					2c		onsor's telephone number 859-873-7270			
MIDWAY, KY	7 40347-0487				2d		iness code (see instructions) 115210			
3a Plan administrator's name and address Same as Plan Sponsor. AIRDRIE STUD, INC. P.O. BOX 487							ministrator's EIN 61-1093744			
4 If the r	name and/or FIN of the	e plan sponsor has changed since th	ne last return/report filed t	or this plan, enter the	4b	859-87	3-7270			
name		nber from the last return/report.			40 40					
		at the beginning of the plan year			-		63			
		8 8 1 3								
		at the end of the plan year				5b 6 5c 2				
	/	rticipants at the beginning of the plar					23			
		rticipants at the end of the plan year	-			5d(1) 5d(2)				
. ,		erminated employment during the plan			5e	-	59			
		or incomplete filing of this return/ ner penalties set forth in the instructi					able, a Schedule			
SB or Sche		nd signed by an enrolled actuary, as								
SIGN	Filed with authorized/	valid electronic signature.	08/14/2015	TIMOTHY THORNTO	N					
HERE	Signature of plan ad	dministrator	Date	Enter name of individ	ter name of individual signing as plan administrat					
SIGN										
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	ual sigr	ning as employe	er or plan sponsor			
Preparer's	name (including firm n	ame, if applicable) and address (inc	lude room or suite numbe	er) (optional)	Prepa	arer's telephone	number (optional)			

-	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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.									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA section 40)21)?		Yes	No	Not de	etermi	ned
	t III Financial Information			,		1				
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	of Yea	•	
a	Total plan assets	. 7a	(a) Beginning of Tea 9266						47681	
	Total plan liabilities	. 7u . 7b								
	Net plan assets (subtract line 7b from line 7a)	7c	9266	645			1047681			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal		
	Contributions received or receivable from:		(4)				(,			
	(1) Employers	. 8a(1)								
	(2) Participants	. 8a(2)	637	15						
<u> </u>	(3) Others (including rollovers)	. 8a(3)								
	Other income (loss)	. 8b	615	520						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						1	25235	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	41	49						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
q	Other expenses	. 8g		50						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4199	
i	Net income (loss) (subtract line 8h from line 8c)								21036	
j	Transfers to (from) the plan (see instructions)									
Pa	Part IV Plan Characteristics									
9a b	2E 2G 2J 2K 3D 2F									
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amou	nt	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		•	10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	X				100	00000
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 ber	efits under the plan? (See	10e	x					5205
f	Has the plan failed to provide any benefit when due under the pla			10f		Х				
g				-		X				
				10g		^				
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X									
i	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									
_	Part VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes No									
_11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a									
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or se	ection	302 of	ERISA?	`	/es 🔉	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b Enter the minimum required contribution for this plan year		12b						
C 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 onegative amount)	of a	12d						
e 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?		· 🗆 ۲	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 u of the PBGC?	control		Yes 🗙 No					
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.)								
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)				
Part VIII Trust Information (optional)								
14a Name of trust	14b Trust's EIN							

Form 5500-SF	Short Form Annu	OMB Nos. 1210 1210							
Department of the Treasury Internal Revenue Service									
Department of Labor Employee Benefits Security Administration	7(b) and 6058(a) of the).	This Form is Open to							
Pension Benefit Guaranty Corporation	Complete all entries in		uctions to the Form 5	500-SF.	Public Inspection				
Part IAnnual ReportFor calendar plan year 2014 or fis	dentification Information	01/01/2014	and ending	12/	/31/2014				
Tor calendar plan year 2014 of his	x a single-employer plan		0		king this box must attach a list				
A This return/report is for:	a one-participant plan	of participating employ	ver information in accor		-				
B This return/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 m	onths)					
C Check hav if filing under	Form 5558	automatic extension		_	=VC program				
C Check box if filing under:	special extension (enter descr								
Part II Basic Plan Info	rmation—enter all requested inf	formation			and the second sec				
1a Name of plan				1b Thre	e-digit				
AIRDRIE STUD 401K PL	AN				number 001				
				(PN)	tive date of plan				
					01/1996				
2a Plan sponsor's name and add AIRDRIE STUD, INC.	Iress; include room or suite numbe	er (employer, if for a single-	employer plan)	1	oyer Identification Number 61-1093744				
P.O. BOX 487				2c Sponsor's telephone number					
				859-873-7270 2d Business code (see instructions)					
MIDWAY	KY 40347-048	7		115:					
3a Plan administrator's name and	d address Same as Plan Spons	sor.			nistrator's EIN 1093744				
AIRDRIE STUD, INC.				-	nistrator's telephone number				
P.O. BOX 487 MIDWAY	WW 40247 0407			859-	873-7270				
	KY 40347-0487 plan sponsor has changed since t	the last return/report filed fo	rthis plan optor the	Ab EN	2				
name, EIN, and the plan num	ber from the last return/report.	the last return report filed to	n this plan, enter the	4b EIN					
a Sponsor's name5a Total number of participants a	at the beginning of the plan year			4c PN 5a	6.2				
	at the end of the plan year				63				
	ccount balances as of the end of t				61				
complete this item)			, ,	5c	23				
d(1) Total number of active part	icipants at the beginning of the pla	an year		5d(1)	56				
d(2) Total number of active part	icipants at the end of the plan yea	ar		5d(2)	59				
	minated employment during the p			5e	0				
Caution: A penalty for the late o				use is estab	lished.				
Under penalties of perjury and oth SB or Schedule MB completed and belief, it is true, correct, and completed and completed and complete the second	d signed by an enrolled actuary, a								
	onthe		TIMOTHY THORN	TON					
HERE Signature of plan ad	ministrator	Date 7 2/15	Enter name of individ	ual signing a	s plan administrator				
SIGN The	h	, (TIMOTHY THORN	TON					
HERE Signature of employ		Date 22/16			s employer or plan sponsor				
Preparer's name (including firm na	me, if applicable) and address (in	clude room or s <i>u</i> ite nlumber	·) (optional)	Preparer's	telephone number (optional)				
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 5500-S	BF.		Form 5500-SF (2014) v. 140124				

	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	an indeper and conditi	dent qualified public accounta	int (IQ	≀PA)				-			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section 40	21)?		Yes	No] No	t deter	mined		
Pa	rt III Financial Information										_	
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Y	ear			
а	Total plan assets	7a	9:	2664	15				1()4768	1	
b	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	7c	92	2664	15				10)4768	1	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total						
а	Contributions received or receivable from:	80(1)										
	(1) Employers	8a(1)		5371	5							
	(2) Participants	8a(2)										
h	(3) Others (including rollovers)	8a(3)		5152					-		-	
	Other income (loss)	8b			.0			Yes No No Not determined (b) End of Year 1047681 1047681 1047681 (b) Total 125235 125235 125235 another instructions: 121036 another instructions: 1000000 another instructions: 1000000 5205 5205				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		e)				100		.2523	_	
u	to provide benefits)	8d		414	9							
е	Certain deemed and/or corrective distributions (see instructions)	8e		5.8					- v -			
f	Administrative service providers (salaries, fees, commissions)	8f	1 2	ý.	40-01	Statestics			- Second			
g	Other expenses	8g		g 5	50							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		h		lizy. * 1	ar stir	11:5	St. 8	419	9	
i	Net income (loss) (subtract line 8h from line 8c)								2103	6		
j	Transfers to (from) the plan (see instructions)	8i		1		12		oter.				
Pa	t IV Plan Characteristics			13.6			an Cara	28.23			-	
9a	If the plan provides pension benefits, enter the applicable pension f 2E 2G 2J 2K 3D 2F	feature coo	les from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions	51			
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Charac	cterist	ic Cod	es in t	he instruct	ions	1. 			
Par	V Compliance Questions			2 an	tV (1. A.	mante	đđ	9. L		_	
10	During the plan year:			-1 (P)	Yes	No	an an tark	Am	ount			
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		Production of the second	10a		Х		Ř	2		_	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					_	
С	Was the plan covered by a fidelity bond?			10c	Х				10	00000	0	
d	Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?			10d		Х						
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.) 						520	5				
f	Has the plan failed to provide any benefit when due under the plan	וייייייייייייייייייייייייייייייייייייי		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	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 provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i								
Part	VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)								Yes	Nc	>	
11a	Enter the unpaid minimum required contribution for current year fro	om Schedu	Ile SB (Form 5500) line 39			11a						
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ection 3	302 of	ERISA?		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 bein granting the waiver.				and e	nter th Day		he le Yea		ling		

Q	Enter the minimum required contribution for this plan y	ear		1	1		
С	Enter the amount contributed by the employer to the p	lan for this plan year			12c		
d	Subtract the amount in line 12c from the amount in line negative amount)				12d		
е	Will the minimum funding amount reported on line 12d	be met by the funding dea	dline?			Yes	No N/A
Part	VII Plan Terminations and Transfers of	Assets					
13a	Has a resolution to terminate the plan been adopted in an	y plan year?			Ye	es X No	
	If "Yes," enter the amount of any plan assets that reve	rted to the employer this ye	ar		13a		
b		eneficiaries, transferred to	another plan, or brought u	nder the c	ontrol	2	Yes X No
С	If during this plan year, any assets or liabilities were tr which assets or liabilities were transferred. (See instru		another plan(s), identify th	e plan(s) t	0	2	
	13c(1) Name of plan(s):			13	Bc(2) EIN	(s)	13c(3) PN(s)
	an independent 19 a nord 19 1 19 a n			ੂ ਸੀਰ ਗ੍ਰੀ ਸ ਸ਼ੁਰੂ ਸਿੰਦ ਸ਼ੁਰੂ ਨੂ	-		2
Part	VIII Trust Information (optional)						$\frac{a}{3}a^{\mu} = a = a$
14a	Name of trust				14b Tru	sťs EIN	
	n Angele and Maria and an angele and angele and angele angele angele angele angele angele angele angele angele Angele angele angel Angele angele angele Angele angele						