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).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit GAINESWAY 401(K) RETIREMENT SAVINGS PLAN plan number (PN) ▶ 001 Effective date of plan 01/01/1998 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number GAINESWAY MANAGEMENT CORPORATION (EIN) 61-1129528 Sponsor's telephone number 859-293-2676 3750 PARIS PIKE LEXINGTON, KY 40511-9411 Business code (see instructions) 112900 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 61-1129528 GAINESWAY MANAGEMENT CORPORATION 3750 PARIS PIKE LEXINGTON, KY 40511-9411 **3c** Administrator's telephone number 859-293-2676 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 69 **b** Total number of participants at the end of the plan year..... 5b 75 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 60 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 60 d(2) Total number of active participants at the end of the plan year..... 5d(2) 66 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested.

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

belief, it is t	true, correct, and complete.			, , , , , , , , , , , , , , , , , , ,			
SIGN	Filed with authorized/valid electronic signature.	12/22/2015	ANTONY BECK				
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator			
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spon				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)			

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligib 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 cann	an indepe and condit	ndent qualified public accountations.)	nt (IQ	PA)				Yes Yes	No No
С	f 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 d	leterm	ined
Par	t III Financial Information	1	1							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	. 7a	33514	142				37	73270	0
	Total plan liabilities	7b	33514	1/12	-			37	73270	0
	Net plan assets (subtract line 7b from line 7a)	7c		172	+		/b\ T		3210	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai		
	1) Employers	8a(1)	775							
	2) Participants	8a(2)	1779	963						
	(3) Others (including rollovers)	8a(3)	454	700						
	Other income (loss)	8b	1517	700					40719	0
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							+0719	0
	to provide benefits)	8d	256	678						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	2	262						
	Other expenses	8g							0504	_
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2594 38125	
	Net income (loss) (subtract line 8h from line 8c)	8i						•	00120	0
Par	, , , , , , , , , , , , , , , , , , , ,	8j								
b	2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ons:		
10	During the plan year:			ı	Yes	No		Amou	ınt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	uciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····	·	10b		X				
C	Was the plan covered by a fidelity bond?			10c	X				3	800000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	······		10d		X				
e	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					10514
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	Χ					47755
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X				
i	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										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	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 being		·	ctions	and a	ontar ti	ne date of t	he lett	or rulir	na
а	granting the waiver	-			, and 6	Day		Year	<u> </u>	··9

	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 1	3.		
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?			Yes 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?		nt under the contro	1	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	the plan(s) to		
1	3c(1) Name of plan(s):		13c(2)	EIN(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).

▶ 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

	ort identification informati			
For calendar plan year 2014 o		01/01/2014 and ending	12/31/2014	<u> </u>
A This return/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer of participating employer information in account of participating employer information in account of the participating employer information in account of the participating employer plan (not multiemployer).		
	a one-participant plan	a foreign plan		
B This return/report is	the first return/report	the final return/report		
	an amended return/report	a short plan year return/report (less than 12	months)	
C Check box if filing under:	X Form 5558	automatic extension	DFVC program	m
	special extension (enter de	escription)		
Part II Basic Plan Ir	nformation—enter all requested	information		
1a Name of plan			1b Three-digit	
GAINESWAY 401(K) F	RETIREMENT SAVINGS PL	AN	plan number (PN) ▶	001
			1c Effective date of 01/01/1998	
2a Plan sponsor's name and GAINESWAY MANAGEMI		mber (employer, if for a single-employer plan)	2b Employer Identifi (EIN) 61-112	
			2c Sponsor's teleph	
3750 PARIS PIKE			859-293-26	76
T BUTNEMON	••••		2d Business code (s	see instructions)
LEXINGTON	KY 40511-9 e and address Same as Plan Sp		112900 3b Administrator's E	
GAINESWAY MANAGEM		fonsor.	61-1129528	
GAINESWAI MANAGEM	ENI CORPORATION		3c Administrator's to	elephone number
3750 PARIS PIKE			859-293-26	76
3,30 1111120 11112				
LEXINGTON	KY 40511-9411			
		nce the last return/report filed for this plan, enter the	4b EIN	
name, EIN, and the plan a Sponsor's name	number from the last return/report		4c PN	
5a Total number of participa	ints at the beginning of the plan ye	ar	5a	74
b Total number of participa	ints at the end of the plan year		5b	80
		of the plan year (defined benefit plans do not	5c	60
		e plan year	5d(1)	66
d(2) Total number of active	participants at the end of the plan	year	5d(2)	66
	at terminated employment during th	ne plan year with accrued benefits that were	5e	
Caution: A penalty for the la	ate or incomplete filing of this re	turn/report will be assessed unless reasonable c	ause is established.	
Under penalties of perjury and SB or Schedule MB complete	d other penalties set forth in the ins d and signed/by an enrolled actuar	tructions, I declare that I have examined this return/ y, as well as the electronic version of this return/repo	report, including, if applica	
belief, it is true, correct, and c		19/00/15 10 -1 Hz		
SIGN / W	C. Kleward	104111 Heil How		
Signature of pla			ridual signing as plan adm	inistrator
SIGN / Lul	li phisacl	9/24/15 Neil Ha	<u>xrd</u>	
Signature or em	ployer/plan sponsor		ridual signing as employer	
Preparer's name (including fin	m name, if applicable) and address	s (include room or suite number) (optional)	Preparer's telephone	number (optional)

	Form 5500-SF 2014		Page 2						
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							s ∏ No	
	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 cannot						🖺 🔽	, 🗆	
С	If the plan is a defined benefit plan, is it covered under the PBGC in				_	_	No	rmined	
	t III Financial Information	<u> </u>	<u> </u>						
	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	,	
	Total plan assets	7a		144	2			732700	
b	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	335	144	2		3	732700	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:			7753	_				
	(1) Employers	8a(1)		7753	4		·		
	(2) Participants	8a(2)	17	7796	3				
	(3) Others (including rollovers)	8a(3)	3.0	170	_				
	Other income (loss)	8b		170	4			407100	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			┿			407198	
	to provide benefits)	8d	2	2567	8				
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		26	2				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					25940		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					38125		
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	feature co	des from the List of Plan Chara	acteris	stic Co	des in the	e instructions:		
	2E 2F 2G 2J 2K 2T 3D 3H		as from the List of Dian Charac	torioti	io Cod	oc in the	instructions:		
D	If the plan provides welfare benefits, enter the applicable welfare fe	ature cou	es from the List of Flan Charac	YEHSU	ic Cou	es iii liie	mstructions.		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)			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	х			300000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	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	er person	s by an insurance carrier,		х			10514	
f	instructions.)			10e		х		10514	
					х			47755	
<u>g</u> h				10g	_				
i	2520.101-3.)	-3.)s answered "Yes," check the box if you either provided the required notice or one of the				х			
	exceptions to providing the notice applied under 29 CFR 2520.10	•		10i	<u> </u>				
	VI Pension Funding Compliance			1 - t	Oct	lula CC "	Farm 1		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	······			Т			s No	
	Enter the unpaid minimum required contribution for current year for					11a	I П	<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of EF	RISA? Ye	s X No	

If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling

Day .

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver.

	Form 5500-SF 2014	Page 3 -	_				
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	orm 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
<u> </u>	Enter the amount contributed by the employer to the plan for this plan year	r		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res negative amount)			12d			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the fund	ing 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?				es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employe	r this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?			control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)			to			
1	3c(1) Name of plan(s):		1;	3c(2) El	N(s)	13c(3)	PN(s)
						<u> </u>	
	VIII Trust Information (optional)		<u> </u>	44b =			
148	Name of trust			1 4D	rust's EIN		

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).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		Identification Information							
For calenda	ar plan year 2014 or f	scal plan year beginning	01/01/2014	and ending	12/31/2	014			
A This ret	um/report is for:	X a single-employer plan		olan (not multiemployer) (i oyer information in accord					
		a one-participant plan	a foreign plan						
B This retu	rm/report is	the first return/report	the final return/report						
	·	an amended return/report	a short plan year retu	m/report (less than 12 mo	onths)				
C Check to	oox if filing under:	X Form 5558	automatic extension		DFVC pr	ogram			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name GAINESW	of plan	TIREMENT SAVINGS PLAN			1b Three-digit plan numbe (PN) ▶	001			
					1c Effective da 01/01/1				
		dress; include room or suite numb T CORPORATION	er (employer, if for a single	e-employer plan)	2b Employer Id (EIN) 61-3	entification Number 1129528			
3750 PA	ARIS PIKE				2c Sponsor's to 859-293	elephone number -2676			
LEXINGT	PON	KY 40511-941	1		2d Business co 112900	de (see instructions)			
		KY 40511-941 nd address Same as Plan Spon			3b Administrator's EIN				
		_	SUI.		61-1129				
GAINES	VAI MANAGEMEN	T CORPORATION			3c Administrate	or's telephone number			
3750 PA	ARIS PIKE				859-293	-2676			
LEXINGT	CON	KY 40511-9411							
4 If the n	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
name, a Sponso	•	imber from the last return/report.			4c PN				
5a Total r	number of participants	at the beginning of the plan year.			5a	69			
b Total r	number of participants	s at the end of the plan year			5b	75			
		account balances as of the end of			5c	60			
	•	articipants at the beginning of the p			5d(1)	60			
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	66			
e Numbe less that	r of participants that tan 100% vested	erminated employment during the	plan year with accrued be	efits that were	5e	0			
		or incomplete filing of this retur			se is established	•			
Under pena SB or Sche	alties of periury and o	ther penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	e examined this return/rep	ort, including, if a	plicable, a Schedule			
SIGN	Auten 1	Sel		ANTONY BECK	-				
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as plan	administrator			
SIGN	At	Rad		ANTONY BECK		-			
HERE	Signature of empl	hverinian enoneor	Date	Enter name of individu	ıal signing as emp	lover or plan sponsor			
Preparer's		name, if applicable) and address (i				one number (optional)			
•				· · · · · ·					

Form 5500-SF 2014		Page 2		_						
 Were all of the plan's assets during the plan year invested in eligib 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 lift the plan is a defined benefit plan, is it covered under the PBGC in 	an indeper and condit not use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	nt (IC	PA) Form	5500.	••••••	_	Yes Yes		
Part III Financial Information										_
7 Plan Assets and Liabilities		(a) Beginning of Yea	r	┸		(b) En	d of \	/ear		
a Total plan assets	7a	335	5144	2		_		37	32	700
b Total plan liabilities	7b									
C Net plan assets (subtract line 7b from line 7a)	7c_	335	5144	2				37	32	700
8 Income, Expenses, and Transfers for this Plan Year	<u> </u>	(a) Amount		_		(b)	Tota	<u> </u>		
Contributions received or receivable from: (1) Employers	. 8a(1)	•	7753	55						
(2) Participants	8a(2)	17	7796	3						
(3) Others (including rollovers)	1									
b Other income (loss)	1	15	5170	0						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4	07	198
d Benefits paid (including direct rollovers and insurance premiums			2567	78						
to provide benefits) Certain deemed and/or corrective distributions (see instructions)	. 8d . 8e	<u> </u>		╁					_	
f Administrative service providers (salaries, fees, commissions)	. 8f		26	2						_
g Other expenses	. 8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			\top					25	940
i Net income (loss) (subtract line 8h from line 8c)	1				381258					
j Transfers to (from) the plan (see instructions)				\top						
Part IV Plan Characteristics	. <u>L</u>									
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H								_		
10 During the plan year:				Yes	No		An	ount		
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Con	rection Program)	10a		х					
b Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		х					
C Was the plan covered by a fidelity bond?			10c	Х					00	000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d	_	х					
Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	х	_				10	514
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	s of year e	end.)	10g	х					47	755
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 texceptions 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 requiren 5500) and line 11a below)								Yes		No
11a Enter the unpaid minimum required contribution for current year f	rom Sched	dule SB (Form 5500) line 39			11a			-1		
12 Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA?.		Yes	X	No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			- 4.5 -	•			. AL - 1	-44	l:	
If a waiver of the minimum funding standard for a prior year is bei granting the waiver.				, and	enter ti Day		the Ye		ung	

Form 5500-SF 2014 Page 3 -					
ou 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		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 deadline?			Yes	No [N/A
VII Plan Terminations and Transfers of Assets	·				
Has a resolution to terminate the plan been adopted in any plan year?			es X No		
		13a			
				Yes	X No
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.)	the plan(s) t	0	_		
3c(1) Name of plan(s):	13	3c(2) El	N(s)	13c(3)	PN(s)
VIII Trust Information (optional)					
Name of trust		14b T	rust's EIN		
	Enter the minimum required contribution for this plan year	Enter the minimum required contribution for this plan year	Enter the minimum required contribution for this plan year	Provided the 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

SUMMARY ANNUAL REPORT FOR GAINESWAY 401(K) RETIREMENT SAVINGS PLAN

This is a summary of the annual report for the GAINESWAY 401(K) RETIREMENT SAVINGS PLAN (Employer Identification Number 61-1129528, Plan Number 001) for the plan year 01/01/2014 through 12/31/2014. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Plan expenses were \$25,940. These expenses included \$262 in administrative expenses and \$25,678 in benefits paid to participants and beneficiaries, and \$0 in other expenses. A total of 75 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$3,732,700 as of the end of the plan year, compared to \$3,351,442 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$381,258. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$407,198, including employer contributions of \$77,535, employee contributions of \$177,963, other contributions/other income of \$0 and earnings from investments of \$151,700.

Information Regarding Plan Assets

The U.S. Department of Labor's regulations require that an independent qualified public accountant audit the plan's financial statements unless certain conditions are met for the audit requirement to be waived. This plan met the audit waiver conditions for the plan year beginning 01/01/2014 and therefore has not had an audit performed. Instead, the following information is provided to assist you in verifying that the assets reported on the Form 5500 were actually held by the plan.

At the end of the plan year, the plan had qualifying plan assets at the following institution(s):

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The plan receives year-end statements from these regulated financial institutions that confirm the above information.

The remainder of the plan's assets were held in individual participant accounts with investments directed by participants and beneficiaries and with account statements from regulated financial institutions furnished to the participant or beneficiary at least annually and loans to participants and other qualifying assets.

Plan participants and beneficiaries have a right, on request and free of charge, to get copies of the financial institution year-end statements. If you want to examine or get copies of the financial institution year-end statements, please contact NEIL HOWARD, who is a representative of the plan administrator, at 3750 PARIS PIKE, LEXINGTON, KY 40511 and phone number, 859-293-2676.

If you are unable to obtain or examine copies of the regulated financial institution statements, you may contact the regional office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) for assistance by calling toll-free 866-444-EBSA (3272). A listing of EBSA regional offices can be found at http://www.dol.gov/ebsa.

General information regarding the audit waiver conditions applicable to the plan can be found on the U.S. Department of Labor Web site at http://www.dol.gov/ebsa under the heading "Frequently Asked Questions."

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of NEIL HOWARD, who is a representative of the plan administrator, at 3750 PARIS PIKE, LEXINGTON, KY 40511 and phone number, 859-293-2676.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: 3750 PARIS PIKE, LEXINGTON, KY 40511, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.