Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Department of Labor

Annual Report Identification Information

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

2016

This Form is Open to **Public Inspection**

For calendar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 1	2/31/2016							
	a single-employer plan	a multiple-employer	plan (not multiemployer)	(Filers checking thi	is box must attach a						
A This return/report is for:	employer information in a	accordance with the form instructions.)									
	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:	ck box if filing under: X Form 5558 automatic extension DFVC program										
	special extension (enter desc	ш									
Part II Basic Plan Inf	formation—enter all requested ir	nformation			-						
1a Name of plan				1b Three-digit							
AIRDRIE STUD 401K PLAN				plan numbe (PN) ▶	er 001						
				1c Effective da							
					01/01/1996						
	oloyer, if for a single-employer plan) nom, apt., suite no. and street, or P.	O. Box)			dentification Number 61-1093744						
City or town, state or provir	nce, country, and ZIP or foreign pos		structions)	(=::1)	telephone number						
AIRDRIE STUD, INC.					9-873-7270						
				2d Business co	ode (see instructions)						
P.O. BOX 487 MIDWAY, KY 40347-0487					115210						
3a Plan administrator's name	and address Same as Plan Spo	onsor.		3b Administrat	or's EIN						
AIRDRIE STUD, INC.	P.O. BOX			61-1093744							
	MIDWAY	′, KY 40347-0487		3c Administrator's telephone number 859-873-7270							
				858	3-873-727U						
4 If the name and/or EIN of t	the plan sponsor has changed since	the last return/report filed	I for this plan, enter the	4b EIN							
	number from the last return/report.	o the last retain, report mos	rior tino piari, oritor tino	TO LIN							
a Sponsor's name				4c PN							
5a Total number of participan	ts at the beginning of the plan year			5a	58						
	ts at the end of the plan year			5b	55						
	h account balances as of the end of	. , ,	•	5c	22						
d(1) Total number of active p	participants at the beginning of the p	olan year		5d(1)	56						
	participants at the end of the plan ye			5d(2)	52						
e Number of participants that	at terminated employment during the	e plan year with accrued b	enefits that were less	5e	0						
	e or incomplete filing of this retur				d.						
Under penalties of perjury and	other penalties set forth in the instru	uctions, I declare that I have	e examined this return/re	port, including, if a	applicable, a Schedule						
SB or Schedule MB completed belief, it is true, correct, and cor	and signed by an enrolled actuary, molete.	as well as the electronic v	ersion of this return/repor	rt, and to the best	of my knowledge and						
	d/valid electronic signature.	09/08/2017	TIMOTHY THORNTO	N							
HERE Signature of plan	administrator	Date	Enter name of individ	lual signing as plar	n administrator						
SIGN				•							
HERE Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual signing as emi	ployer or plan sponsor						
	name, if applicable) and address (i			Preparer's telep							

Form 5500-SF 2016 Page **2**

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)						X Yes	s No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						× Yes	s No
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (a) The Assets and Liabilities (a) Beginning of Year (b) End of Year (b) End of Year (c) End of Year (d) End of Year (e) End of Year (e	•						_	-		□ Na4 da4	
7 Plan Assets and Liabilities		<u> </u>	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	erminea
a Total plan assets	Pa		r	i .							
B Total plan isabilities			_						(b) End o		<u> </u>
C. Net plan assets (subtract line 7b from line 7a)	_	·			120525	,				1205571	<u> </u>
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers				1	120525					126557	n
a Contributions received or receivable from: (i) Employers. (ii) Employers. (iii) Employers. (iiii) Employers. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			/c						4 > -		
(1) Employers				(a) Amour	nt				(b) 10	otai	
(3) Others (including rollovers)			8a(1)								
b Other income (loss)		(2) Participants	8a(2)		66058						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		78987	,					
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							14504	5
f Administrative service providers (salaries, fees, commissions)	d		8d								
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions).	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f								
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: E	i	Net income (loss) (subtract line 8h from line 8c)	8i							14504	5
Part IV Plan Characteristics	j	Transfers to (from) the plan (see instructions)	8i								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Pai	rt IV Plan Characteristics		•							
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F 2T	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 100 was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 100 was answered "Yes," check the box if you either provided the required notice or one of the	Par	t V Compliance Questions									
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No	N/A		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Was the plan covered by a fidelity bond?			100	X					1000000
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d						X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	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				Х					6166
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
2520.101-3.)	<u> </u>		-		10g		X				
	h	2520.101-3.)	· ····		10h		X				
	i 				10i						

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part I	<u> </u>		entification Information	n							
For calenc	lar plan year 2016 or f			01/01	•	and ending	12/31				
A This re	turn/report is for:	X	a single-employer plan				r) (Filers checking this box must attach a accordance with the form instructions.)				
	·		a one-participant plan	a for	reign plan						
B This ret	B This return/report is the first return/report the final return/report										
			an amended return/report	a sho	ort plan year retur	n/report (less than 12	months)				
C Check	box if filing under:	X	Form 5558	ld	matic extension		DFVC prog	gram			
D. CII		Ц	special extension (enter desc								
Part II	······································	rm	ation—enter all requested in	information			4 h . T.	, , , , , , , , , , , , , , , , , , ,			
1a Name AIRDRIE	of plan STUD 401K PL	AN					1b Three-d	mber 001			
							(PN)	e date of plan			
							01/01/	•			
Mailin	g address (include roo	m, a	if for a single-employer plan) apt., suite no. and street, or P.	.O. Box)			1 ' '	er Identification Number 1 - 1 0 9 3 7 4 4			
•	r town, state or provinc E STUD, INC.	e, c	ountry, and ZIP or foreign pos	stal code (ii	f foreign, see insti	ructions)	2c Sponso	or's telephone number			
	,							73-7270			
P.O. BO	OX 487						20 Busines 115210	ss code (see instructions)			
MIDWAY			KY 40347-048	87							
	dministrator's name a	nd a	ddress 🗌 Same as Plan Spo	onsor.			3b Adminis 61-109				
AIRDRIE	STUD, INC.							strator's telephone number			
Р.О. ВО	X 487						859-87				
MIDWAY	(/ F*1A) (/ f)		XY 40347-0487				41				
name	, EIN, and the plan nu		an sponsor has changed since or from the last return/report.	e the last re	eturn/report filed f	or this plan, enter the	4b EIN				
a Spons	or's name						4c PN				
5a Total i	number of participants	at t	he beginning of the plan year.				. 5a	. 58			
			he end of the plan year				. 5b	55			
			ount balances as of the end of				5c	22			
			pants at the beginning of the p				. 5d(1)	56			
d(2) Tot	al number of active pa	rtici	pants at the end of the plan ye	ear			. 5d(2)	52			
than	100% vested		ninated employment during the				. 5e	C			
Caution: A	penalty for the late	or it	ncomplete filing of this retur	rn/report w	vill be assessed	unless reasonable ca					
SB or Sche		nd s	penalties set forth in the instru igned by an enrolled actuary,								
SIGN		12			9/8/17	TIMOTHY THORN	TON				
HERE	Signature of plan a	dmi	nistrator)ate	Enter name of indivi	dual signing as	plan administrator			
SIGN	-44				313/00	TIMOTHY THORN					
HERE	Signature of emplo	ver	plan sponsor		Date	Enter name of indivi	dual signing as	employer or plan sponsor			
Preparer's			e, if applicable) and address (i				xx	lephone number			

	Form 5500-SF 2016		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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and conditi ot use Fo	ndent qualified public ions.)rm 5500-SF and mus	account st inste	ant (IC ad use	QPA) Form	 1 5500.	X Yes [No No ned
Pa	rt III Financial Information	Г		***************************************					
	Plan Assets and Liabilities		(a) Beginning					(b) End of Year	
	Total plan assets	7a	1	,120,	525			1,265,	570
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7с	1	,120,	525			1,265,	570
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	<u>1t</u>				(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		66,	058			***************************************	
	(3) Others (including rollovers)	8a(3)		·					
b	Other income (loss)	8b		78,	987				i
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	***************************************					145,	045
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						145,	045
j	Transfers to (from) the plan (see instructions)	8i						:	
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F 2T	feature cod	des from the List of Pl	an Cha	racteri	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in t	he instructions:	•
Par	t V Compliance Questions								
10	During the plan year:			····	Yes	No	N/A	Amount	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	Х							
С	Was the plan covered by a fidelity bond?			10c	Х			1,000	,000

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			1,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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.)	10e	Х			6,166
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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	10i				

	r aye ⊍ ⁻ []					
			-			
Part VI	Pension Funding Compliance					
11 Is ti	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)	d complete S	chedule S	В	Yes	No
	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12 Is t	this a defined contribution plan subject to the minimum funding requirements of section 412 of the ISA?	Code or sec	tion 302 o	f	Yes	X No
	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i nting the waiver.		and enter l Dav		f the letter ruli Year	ing
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin				1007	automorphis
b Ente	r the minimum required contribution for this plan year		12b			
c Ente	r the amount contributed by the employer to the plan for this plan year		12c			
d Sub	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to th ative amount)	e left of a	124			
	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N	N/A
Part VII	Plan Terminations and Transfers of Assets					***************************************
13a Has	s a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
	es," enter the amount of any plan assets that reverted to the employer this year				Ш	
b We	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro trol of the PBGC?	ught under t	L he		Yes X No	D
C If, d	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide ch assets or liabilities were transferred. (See instructions.)					
13c(1) Name of plan(s):	13c	(2) EIN(s)		13c(3) PN	l(s)
Part VIII	Trust Information	-				
14a Name	e of trust		14b 1	Trust's EIN	1	
14c Name	e of trustee or custodian			Trustee's d telephone	or custodian's number	~~~~
D4 IV	IDO O	- Participant				
Part IX	IRS Compliance Questions					
15a Is the	e plan a 401(k) plan? If "No," skip b	Ye:	S		No	
	did the plan satisfy the nondiscrimination requirements for employee deferrals under section ()(3) for the plan year? Check all that apply:	l safe	sign-based e harbor		"Prior year" A test	₹DP
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"Cu	rrent year' ⊃ test		N/A	
	t testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply:	Ra	centage	Aver bene	rage efit test	N/A
16b Did to	he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?	П Уаг	***************************************		No	
17a If the the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR: and the serial number	S opinion lett				
letter		enter the dat	e of the m	ost recent	determination	n
Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not se ce?		Yes		No	_

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?.....

Yes

☐ No