_	m 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed und		065 of the Employee Re	etirement	2018		
	partment of Labor enefits Security Administration	Income Security Act of 1974 (ERIS Rev	SA), and sections 605 enue Code (the Code)		Internal	This Form is Open to		
Pension Be	nefit Guaranty Corporation	Complete all entries in accor	dance with the instru	uctions to the Form 55	00-SF.	Public Inspection		
Part I		dentification Information						
For calenda	ar plan year 2018 or fisc				/31/2018			
A This ret	urn/report is for:					king this box must attach a vith the form instructions.)		
B This retu	ırn/report is	a one-participant plan	a loreign plan					
			ne final return/report					
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)			
C Check b	box if filing under:	Form 5558	automatic extension	[DFVC p	program		
		special extension (enter description)					
Part II	Basic Plan Infor	mation—enter all requested informa	tion			1		
1a Name	•				1b Thre	e-digit number		
AIRDRIE ST	UD 401K PLAN				(PN)			
				-	1c Effect	ctive date of plan		
2a Plan st	oonsor's name (emplove	er, if for a single-employer plan)			2b Emp	01/01/1996 loyer Identification Number		
Mailing	address (include room	, apt., suite no. and street, or P.O. Box		uctions)	(EIN)			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AIRDRIE STUD, INC.					2c Sponsor's telephone number 859-873-7270			
					2d Busir	ness code (see instructions)		
P.O. BOX 48 MIDWAY, KY						115210		
	dministrator's name and				3b Admi	inistrator's EIN 61-1093744		
AIRDRIE STI	UD, INC.	P.O. BOX 487 MIDWAY, KY 4	0347-0487		3c Admi	inistrator's telephone number		
						859-873-7270		
4 If the r	ame and/or EIN of the	plan sponsor or the plan name has cha	unded since the last re	aturn/report filed for	4b EIN			
		sor's name, EIN, the plan name and th						
a Sponse					4d PN			
C Plan N	ame							
5a Total r	number of participants a	t the beginning of the plan year			5a	59		
		it the end of the plan year			5b	53		
		ccount balances as of the end of the pl			5c	21		
•	,	icipants at the beginning of the plan ye			5d(1)	54		
• •		icipants at the end of the plan year			5d(2)	51		
e Numb	per of participants who t	erminated employment during the plan	year with accrued be	nefits that were less	5e	0		
than ' Caution: A	penalty for the late of	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau		blished.		
Under pena SB or Sche	alties of perjury and othe dule MB completed and	er penalties set forth in the instructions d signed by an enrolled actuary, as wel	I declare that I have	examined this return/rep	oort, includi	ing, if applicable, a Schedule		
SIGN	rue, correct, and compl Filed with authorized/v	ete. alid electronic signature.	04/16/2019	SHERRI L. HELMOND)			
HERE	Signature of plan ad	C C	Date	Enter name of individu		as plan administrator		
SIGN								
HERE	Signature of employ	er/nlan snonsor	Date	Enter name of individu	ual eigning	as employer or plan spansor		
			Dale		iai siyiiiiiy	as employer or plan sponsor		

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Part III Financial Information		mium filing for this pla	an year	-	Yes No Not determine
7 Plan Assets and Liabilities		(a) Beginning o	f Year		(b) End of Year
a Total plan assets	7a	142	5250		1043963
b Total plan liabilities	7b				
C Net plan assets (subtract line 7b from line 7a)	7c	142	5250		1043963
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from:(1) Employers	8a(1)				
(2) Participants	8a(2)	6	6659		
(3) Others (including rollovers)	8a(3)				
b Other income (loss)	8b	-3	0386		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				36273
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	41	7390		
e Certain deemed and/or corrective distributions (see instructions)	8e				
f Administrative service providers (salaries, fees, commissions)	8f		170		
g Other expenses	8g				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				417560
Net income (loss) (subtract line 8h from line 8c)	8i				-381287
j Transfers to (from) the plan (see instructions)	8j				
Part IV Plan Characteristics					
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F 2T	feature code	es from the List of Pla	n Characte	eristic C	odes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare f	eature codes	s from the List of Plan	Character	istic Co	des in the instructions:
Part V Compliance Questions					
			Ye	s No	

a	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
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	X		1000000
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	x		5255
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			

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Annu		of Small Employee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Plan ed under sections 104 and 4	065 of the Employee Retirement	2018
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	4 (ERISA), and sections 605 Revenue Code (the Code	7(b) and 6058(a) of the internal	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instru	uctions to the Form 5500-SF.	Public Inspection
Part I Annual Report lo	dentification Information			
For calendar plan year 2018 or fisc	al plan year beginning	01/01/2018	······································	/31/2018
A This return/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	n (not multiemployer) (Filers che ployer information in accordance	ecking this box must attach a with the form instructions.)
	a one-participant plan			
B This return/report is	the first return/report	the final return/report		
[an amended return/report	a short plan year returr	/report (less than 12 months)	
C Check box if filing under:	Form 5558	automatic extension		program
	special extension (enter des	cription)		
Part II Basic Plan Infor	mation-enter all requested in	nformation		
1a Name of plan				ree-digit
AIRDRIE STUD 401K	PLAN		•	n number N) 🕨 001
			1c Ef	fective date of plan
2a Plan sponsor's name (employed	er, if for a single-employer plan)		2b En	L/01/1996
Mailing address (include room City or town, state or province	n, apt., suite no. and street, or P. , country, and ZIP or foreign pos	.O. Box) stal code (if foreign, see instr	uctions)	N)61-1093744
AIRDRIE STUD, INC.				onsor's telephone number 59 - 873 - 7270
P.O. BOX 487			2d Bu	siness code (see instructions)
MIDWAY	KY 40347	-0487	1 1	.5210
3a Plan administrator's name and	d address Same as Plan Sp	onsor.		ministrator's EIN
AIRDRIE STUD, INC.	L			-1093744
P.O. BOX 487			- 3 c Ad	ministrator's telephone number
MIDWAY	KY 40347-04	.87	85	59-873-7270
4 If the name and/or EIN of the	plan sponsor or the plan name	has changed since the last re	eturn/report filed for 4b EI	
this plan, enter the plan spon a Sponsor's name	sor's name, EIN, the plan name	and the plan number from the	ne last return/report. 4d Ph	3
c Plan Name				• •
5a Total number of participants a	at the beginning of the plan year	•	5a	59
	at the end of the plan year			53
c Number of participants with a	ccount balances as of the end o	of the plan year (only defined	contribution plans 5c	21
d(1) Total number of active part			5.1(0)	
 d(2) Total number of active part e Number of participants who t 				
than 100% vested			Je	. 0
Caution: A penalty for the late o Under penalties of perjury and oth SB or Schedule MB completed and belief, it is true coffect, and completed	er penalties set forth in the instr d signed by an enrolled actuary	uctions. I declare that I have	examined this return/report, inclu	uding, if applicable, a Schedule
SIGN	Holmme	4/10/19	Sherri L. Helmond	
HERE Signature of plan ac	ministrator Λ	Dațe	Enter name of individual signir	ng as plan administrator
SIGN MARIE	& delmont	- HIG119	Sherri L. Helmond	
HERE Signature of employ	∕ `_W⊆fU (vi / SU /er/plan sponsor	Date	Enter name of individual signir	ng as employer or plan sponsor
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v.171027

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rayer	Ρ	age	2
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	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of				X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)		X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.				
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No					Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (Se					(See instructions.)
Pa	t III Financial Information				

		1		T		
7 Plan Assets and Liabilities		(a) Beginning	of Year	r I		(b) End of Year
a Total plan assets	7a	1,	425,	250		1,043,963
b Total plan liabilities	7b					
c Net plan assets (subtract line 7b from line 7a)	7c	1,	,425,	250		1,043,963
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoui	nt			(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)					
(2) Participants	8a(2)		66,	659		series and a series and a series and a series of the seri
(3) Others (including rollovers)	8a(3)				n de Q	法国际的 医无间隙 医静脉管 化
b Other income (loss)			-30,	386		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			195		36,273
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	·	417,	390		
e Certain deemed and/or corrective distributions (see instructions).	8e				이야는 영관	
f Administrative service providers (salaries, fees, commissions)	8f			170	in the second se	
g Other expenses	8g				n de B	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		·			417,560
i Net income (loss) (subtract line 8h from line 8c)	8i	ant ang basa at ang		nagas. C		-381,287
j Transfers to (from) the plan (see instructions)				,	e (geografie)	alahan bara din berara pantahan sara dari dalah berara d
Part IV Plan Characteristics					-	
9a If the plan provides pension benefits, enter the applicable pensio 2E 2G 2J 2K 3D 2F 2T	n feature c	odes from the List of P	lan Cha	racteri	stic Cod	es in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Pla	in Chara	acteris	tic Code	s in the instructions:
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary I	Fiduciary Correction	10a		x	
b Were there any nonexempt transactions with any party-in-interest	st? (Do not	include transactions			x	

b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
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		x	
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.)	10e	x		5,255
f	Has the plan failed to provide any benefit when due under the plan?			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			

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Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o (Form 5500) and line 11a below)			В	[] Yes [] N
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?	ode or section	1 302 of	:	Yes X N
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.		l enter t Day		f the letter ruling Year
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 negative amount)		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?			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 broug control of the PBGC?				Yes X No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred.	ify the plan(s)	to		
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)
			, , , , , , , , , , , , , , , , , , ,	
		anaan destaan of sold	#101.9210-00170.811970.0000 PARA-121	

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