For	rm 5500-SF	Short Form Annual	Return/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 u		1065 of the Employee Re	etirement	2014
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (EF	RISA), and sections 605 evenue Code (the Code		Internal	This Form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	ordance with the instr	ructions to the Form 55	00-SF.	Public Inspection
Part I		Identification Information			0.1.10.0.1.1	
For calenda	ar plan year 2014 or fis	cal plan year beginning 01/01/2014			31/2014	
A This retB This return	urn/report is for: ırn/report is	a single-employer plan a one-participant plan the first return/report		lan (not multiemployer) (yer information in accord		king this box must attach a list he form instructions)
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C Check b	box if filing under:	Form 5558	automatic extension		[] D	FVC program
Part II 1a Name BIRTLEY 40	of plan	rmation—enter all requested inform	nation		(PN)	number
						10/01/2013
2a Plan sp BIRTLEY IND	consor's name and add	dress; include room or suite number (e IT CORP	employer, if for a single	-employer plan)	2b Emp (EIN)	loyer Identification Number) 27-0264201
2333 INNOV/	ATION DRIVE				2c Spor	nsor's telephone number 859-721-1740
LEXINGTON	, KY 40511				2d Busi	ness code (see instructions) 213110
3a Plan a	dministrator's name an	d address X Same as Plan Sponsor.			3b Adm	inistrator's EIN
		plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b EIN	inistrator's telephone number
a Sponse		nber from the last return/report.			4c PN	
5a Total r	number of participants	at the beginning of the plan year			5a	16
b Total r	number of participants	at the end of the plan year			5b	15
		account balances as of the end of the		•	5c	12
d(1) Tota	al number of active par	ticipants at the beginning of the plan	/ear		5d(1)	16
d(2) Tota	al number of active par	ticipants at the end of the plan year			5d(2)	14
		rminated employment during the plan			5e	1
Under pena SB or Sche	alties of perjury and oth	or incomplete filing of this return/re ther penalties set forth in the instruction d signed by an enrolled actuary, as w lete.	ns, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule
SIGN		valid electronic signature.				
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing	as plan administrator
SIGN HERE						
	Signature of employ name (including firm n	yer/plan sponsor ame, if applicable) and address (inclue	Date de room or suite numbe			as employer or plan sponsor s telephone number (optional)
		a and OMR Control Numbers, see the ins				Earm 5500-SE (2014)

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)				X Yes No
b	Are you claiming a waiver of the annual examination and report of a	•		`	,		X Yes 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 cann						
c	If the plan is a defined benefit plan, is it covered under the PBGC in						No Not determined
-	t III Financial Information			,21).	····· _	100	
7 Fai							
<u> </u>	Plan Assets and Liabilities		(a) Beginning of Yea 1611		_		(b) End of Year 228123
	Total plan assets Total plan liabilities	7a 7b	1011	01	_		220120
	Net plan assets (subtract line 7b from line 7a)	7b 7c	1611	37			228123
<u> </u>		70					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		_		(b) Total
ŭ	(1) Employers	8a(1)	190	91			
	(2) Participants	8a(2)	381	41			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	97	' 64			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					66996
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d					
	Certain deemed and/or corrective distributions (see instructions)	8e			_		
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f		10			
	Other expenses	8g		10	_		10
<u>h</u> ;	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		66986
÷	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			-		00000
-		8j					
	t IVPlan CharacteristicsIf the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	actori	etic Co	des in	the instructions:
<i>3</i> a	2E 2F 2G 2J 3D 2K 2T	leature cot		acteri			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	cterist	ic Cod	les in th	ne instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		x	
С	Was the plan covered by a fidelity bond?			10c	x		40000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
e		ner persons of the bene	by an insurance carrier, afits under the plan? (See	10e	х		924
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	
g				-		Х	
	If this is an individual account plan, was there a blackout period?			10g		~	
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided th			10h		Х	
1	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)						
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule 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	ction 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)				
а	If a waiver of the minimum funding standard for a prior year is beir	ng amortize	ed in this plan year, see instruc	ctions	, and $\overline{\mathbf{e}}$	enter th	e date of the letter ruling

Page 3 - 1

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?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
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 ⊺⊧	rust's EIN	

Form	n 5500-SF	Short Form Annu	al Return/Report o	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	ent of the Treasury Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and 406	65 of the Employee Re	tirement	2014
	artment of Labor efits Security Administration	Income Security Act of 1974	(ERISA), and sections 6057(Revenue Code (the Code).	b) and 6058(a) of the l	nternal	This Form is Open to Public Inspection
Pension Bene	efit Guaranty Corporation	Complete all entries in	accordance with the instruc	ctions to the Form 550	00-SF.	Tublic inspection
Part I	Annual Report	Identification Information				
For calendar	plan year 2014 or fis	cal plan year beginning 01/01	/2014		2/31/2014	
A This retur	rn/report is for:	a single-employer plan	of participating employe	n (not multiemployer) (r information in accord	Filers check ance with th	king this box must attach a list he form instructions)
B This return	n/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return/r	report (less than 12 mc	onths)	
C Check bo	ox if filing under:	Form 5558	automatic extension			FVC program
		special extension (enter desc	ription)			
Part II	Basic Plan Info	rmation—enter all requested in	formation			
1a Name of					1b Thre	5
BIRTLEY 401					plan (PN)	number 001
					1c Effec	ctive date of plan
						1/2013
2a Plan spo BIRTLEY IND	onsor's name and ad DUSTRIAL EQUIPME	dress; include room or suite numb	ber (employer, if for a single-e	mpioyer plan)		loyer Identification Number) 27-0264201
					2c Spo	nsor's telephone number (859) 721-1740
2333 INNOV	ATION DRIVE				2d Busi	ness code (see instructions)
LEXINGTON.	. KY 40511				2131	
3a Plan ad	ministrator's name a	nd address XSame as Plan Spor	nsor.		3D Adm	iinistrator's EIN
					3c Adm	inistrator's telephone number
4 If the na	ame and/or FIN of th	e plan sponsor has changed since	e the last return/report filed for	r this plan, enter the	4b EIN	
name,	EIN, and the plan nu	mber from the last return/report.			4.0. 011	
a Sponso		1997			4C PN	16
		s at the beginning of the plan year			5a	16
		s at the end of the plan year			5b	15
C Numbe	er of participants with	account balances as of the end o	of the plan year (defined benef	fit plans do not	5c	12
d(1) Tota	al number of active pa	articipants at the beginning of the	plan year		5d(1)	16
d(2) Tota	al number of active pa	articipants at the end of the plan y	ear		5d(2)	14
e Number	r of participants that t	erminated employment during the	e plan year with accrued benef	fits that were	5e	1
		or incomplete filing of this retu			use is esta	blished.
Under pena SB or Sche	alties of perjury and o dule MB completed a	ther penalties set forth in the instr and signed by an enrolled actuary	nuctions I declare that I have a	examined this return/re	port. Includ	ing, il applicable, a Schedule
belief, it is t	rue, correct, and con	nplete.			,	,
SIGN						
HERE	Signature of plan	administrator	Date			as plan administrator
SIGN	I-Ha.	Jut	6-22-2015	TRAVIS H.		2177
HERE	Signature of empl	oyer/plan sponsor	Date		dual signing	g as employer or plan sponsor 's telephone number (optional)
Preparer's	name (including firm	name, if applicable) and address	(include room or suite number	r) (optional)	Freparer	s telephone number (optional)
For Paperw	ork Reduction Act Not	ice and OMB Control Numbers, see	the instructions for Form 5500-	SF.		Form 5500-SF (2014

2015-06-19T08:26:10.345-05:00

	Form 5500-SF 2014		Page 2				
Co. 14	Vere all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)				X Yes No
h A	re you claiming a waiver of the annual examination and report of a nder 29 CFR 2520.104-46? (See instructions on waiver eligibility a	n independ	dent qualified public accountan	t (IQP	PA)		
lf	you answered "No" to either line 6a or line 6b, the plan canno	ot use For	m 5500-SF and must instead	use F	Form	5500.	
C If	the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section 402	21)?		Yes	No Not determined
Part	III Financial Information						
	lan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
ат	otal plan assets	7a	161137				228123
bт	otal plan liabilities	7b					
CN	et plan assets (subtract line 7b from line 7a)	7c	161137				228123
8 Ir	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	19091				
	2) Participants	8a(2)	38141				
	 Others (including rollovers) 	8a(3)					
)ther income (loss)	8b	9764	ŀ		a series	
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					66996
d E	Benefits paid (including direct rollovers and insurance premiums p provide benefits)	. 8d					
the second s	Certain deemed and/or corrective distributions (see instructions)	. 8e					
	Administrative service providers (salaries, fees, commissions)	. 8f					
	Dther expenses	. 8g	10)			
	otal expenses (add lines 8d, 8e, 8f, and 8g)						10
	Net income (loss) (subtract line 8h from line 8c)	. 8i					66986
	ransfers to (from) the plan (see instructions)	. 8j					
Part	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 instructions:
	2E 2F 2G 2J 3D 2K 2T						
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plan Charac	cterist	ic Cod	es in tr	ne 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 contribu	utions withi	n the time period described in	10-		x	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes	t? (Do not	include transactions reported	10a		x	
	on line 10a.)			10b		^	
С	Was the plan covered by a fidelity bond?			10c	Х		40000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bo	ond, that was caused by fraud	10d		х	
е	Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al	ther person I of the ber	ns by an insurance carrier, nefits under the plan? (See	10e	x		924
	instructions.)					x	
f	Has the plan failed to provide any benefit when due under the plan			10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount			10g			
, 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 exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)				·····		B (Form
11a	Enter the unpaid minimum required contribution for current year						
12	Is this a defined contribution plan subject to the minimum fundin			e or s	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	w, as applie	cable.)	otion	ord	ontor	he date of the letter ruling
а	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	eing amorti	zeo in this plan year, see instru Mor	nth	s, and	Day	Year

	Form 5500-SF 2014 Page 3 - 1					
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	to line 13.	1			
b	Enter the minimum required contribution for this plan year		12b			
			1	1		
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 (enter a minus sig negative amount)	n to the left of a	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?			Yes X N	lo	
	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, of the PBGC?		e control		Y	es 🗙 N
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.)	s), identify the plan(s	s) to			
1	13c(1) Name of plan(s):		13c(2)	EIN(s)	130	c(3) PN(s)
Part	t VIII Trust Information (optional)					
and the second se	Name of trust		14b	Trust's EIN		

»