## 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

2015

This Form is Open to Public Inspection

Part I	Annual Report I	dentification Information										
For cale	ndar plan year 2015 or fisc	cal plan year beginning 01/01/2	015 and ending 12	2/31/20	15							
<b>A</b> This	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)  a one-participant plan											
<b>B</b> This r	eturn/report is	the first return/report an amended return/report	the final return/report  a short plan year return/report (less than 12 m.									
C Chec	ck box if filing under:	Form 5558 special extension (enter descri	automatic extension DFVC program									
Part I	Basic Plan Infor	mation—enter all requested inf	formation									
	ne of plan RIAL SERVICE ELECTRO	NICS, INC. 401(K) PLAN			Three-digit plan number (PN)	001						
				1c	f plan 1/2000							
Mail	ing address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O			Employer Identification Number (EIN) 61-1273226							
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  NDUSTRIAL SERVICE ELECTRONICS, INC				2c Sponsor's telephone number 270-830-0074								
39 US H\	WY 41 SOUTH			2d Business code (see instructions)								
ENDERSON, KY 42420				423800								
<b>3a</b> Plar	administrator's name and	d address XSame as Plan Spons	or.	<b>3b</b> Administrator's EIN								
	Administrator's t	lministrator's telephone number										
			the last return/report filed for this plan, enter the	4b	EIN							
	ne, EIN, and the plan num nsor's name	ber from the last return/report.		4c	PN							
		at the beginning of the plan year		5a	1	9						
<b>b</b> Tot	al number of participants a	at the end of the plan year		5k	)	8						
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			5c 7									
d(1) Total number of active participants at the beginning of the plan year				5d(	8							
			ar	5d(		7						
tha	an 100% vested		plan year with accrued benefits that were less	56		0						
			n/report will be assessed unless reasonable cau trions, I declare that I have examined this return/re			eable a Schodulo						
			stions, I declare that I have examined this return/reports well as the electronic version of this return/report									

belief, it is true, correct, and complete

Filed with authorized/valid electronic signature. SIGN 06/24/2016 MARGIE FRENCH **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>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 be a second to the plan cannot be a second to</li></ul>	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)				′es
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End		
a Total plan assets	. 7a		423	8095				44	17479
<b>b</b> Total plan liabilities	. 7b		400		-				47.470
C Net plan assets (subtract line 7b from line 7a)	7c			8095					47479
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) 1	Total	
(1) Employers	8a(1)		11	035					
(2) Participants	8a(2)		34	180					
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	. 8b		-14	308					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								30907
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6	6474					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f			49					
g Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								6523
i Net income (loss) (subtract line 8h from line 8c)	. 8i							2	24384
j Transfers to (from) the plan (see instructions)	- 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pla	an Cha	racteri	stic Co	des in t	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare f	conture code	os from the List of Pla	n Char	octorict	ic Coc	loc in the	o inetrue	ione:	
in the plan provides wellare benefits, effer the applicable wellare i	eature cout	es nom the List of Fia	ii Cilai	acterisi	ic Coc	162 111 1116	e ilistiuc	10115.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ				
C Was the plan covered by a fidelity bond?			10c	X					10000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	nd, that was caused	10d		X				10000
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e	X					1945
f Has the plan failed to provide any benefit when due under the pla			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		Χ				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g 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	he required	notice or one of the	10ii						
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			10)		<u> </u>	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								П	∕es  No
11a Enter the unpaid minimum required contribution for all years from						11a			<u> </u>
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	\ \ \ \ \	′es X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing			
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui				
b	Enter t	ne minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c						
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d						
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗆	N/A			
Part		Plan Terminations and Transfers of Assets			100	110	1471			
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No				
		s," 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 brough	ght under the co	ontrol		Yes X	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	: VIII	Trust Information								
14a	Name o	f trust		14b Trust's EIN						
14c	Name	of trustee or custodian		14d Trustee's or custodian's						
140 Name of trustee of custodian						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method						
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Yes No						
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio Average benefit test						
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).									
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	" enter amount		19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A			

OMB Nos. 1210-0110 1210-0089

## 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).

2015

This Form is Open to Public Inspection

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

<u>Paπι</u>		dentification information	05/05/0055		# D / D# / D				
For calend	iar pian year 2015 or i	iscal plan year beginning	01/01/2015	and ending	12/31/20				
A This s	turn/report in for	X a single-employer plan		lan (not multiemployer) aployer information in a					
A Inis re	turn/report is for:	a one-participant plan	a foreign plan	ipioyet iniorniadori iri a	ccordance with the ic	em instructions)			
<b>B</b> This ret	urn/report is	the first return/report-	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		☐ DFV¢ pro	ogram			
special extension (enter description)									
Part II	Basic Plan Info	ormation—enter all requested info	· · ·						
1a Name	•		7771041411		1b Three-digit				
INDUSTRIAL SERVICE ELECTRONICS, INC. 401(K) PLAN						001			
Ţ						of plan			
0	<del> </del>				01/01/20				
Mailin	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O. se, country, and ZIP or foreign posta	Box)	untions\	2b Employer ider (EIN) 61-1	273226			
		Electronics, Inc	roose (ii loreign, see mat	GG(10110)	2c Sponsor's tele 270-830-				
239 118	Hwy 41 South	י			2d Business code	e (see instructions)			
	,,	-			423800				
Hender		KY 42420							
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponso	OF		3b Administrator's EIN				
		•		•	3c Administrator's telephone number				
						·			
			,			<b></b> -			
		e plan sponsor has changed since the	ne last return/report filed fo	or this plan, enter the	4b EIN				
	, EIN, and the pian nui or's name	mber from the last return/report.			4c PN				
		at the beginning of the plan year			_				
_		at the end of the plan year			5b	<u></u> 9 8			
C Numb	er of participants with	account balances as of the end of th	ne plan year (defined bene	fit plans do not	5c				
compl	ete this item)								
	·	rticipants at the beginning of the plan	·		5d(1)				
		rticipants at the end of the plan year			5d(2)	7			
than '	100% vested	terminated employment during the p	- 		5e	0			
Caution: A	penalty for the late of	or incomplete filing of this return/ ner penalties set forth in the instructi	report will be assessed u	uniess reasonable cau	use is established.	liashla a Sabadula			
\$B or Sche	dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, as	well as the electronic vers	sion of this return/report	t, and to the best of n	ry knowledge and			
SIGN									
HERE	Signature of plan a	dministrator	Date	Enter name of individual	ual signing as plan ac	dministrator			
SIGN	Menn	mul	6-24-16	MARGIE FRENCH					
HERE	Signature of emplo	ual signing as employ							
Preparer's	name (including firm n	Preparer's telephon	e number						

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	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	an Indepe and cond	endent qualified public : itions.)	accoun	tant (IC	(PA)			X	Yes [	No No
¢	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_'		Note	determi	ned
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ear			(b) End	of Ye	ar	
а	Total plan assets	7a		4	2309	5					7479
þ	Total plan liabilities	7b			•			•			
С	Net plan assets (subtract line 7b from line 7a)	7c		4	2309	5		•		44	7479
8	Income, Expenses, and Transfers for this Plan Year	1.1.5.5.	(a) Amo	unt				(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)			1103	5					
	(2) Participants	8a(2)			3418	0					
	(3) Others (including rollovers)	8a(3)				Á,		<u> 40 000</u>		14,5,50	
b	Other income (loss)	85			1430	8 🦽		<u> </u>	(will s		<u> </u>
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				, il				31	0907
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			647	4					
	Certain deemed and/or corrective distributions (see instructions)	8e									14.15
f_	Administrative service providers (salaries, fees, commissions)	8f			4	9					<u> 4 1244</u>
<u>g</u>	Other expenses	8g				1, 1	<u> 1808 - 180 art 18, 181 18 60, 183 ar 1000</u>				03/47
	Total expenses (add lines 8d, 8e, 8f, and 8g)					4					5523
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i					·· /.	1, 11 . 1 . 1	special plants	24	1384
,	Transfers to (from) the plan (see instructions)  t IV Plan Characteristics	8j	·			11.13			<u>. 1964 (</u>	**	
B	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature coo	des from the List of Pla	π Char	acterist	ic Cod	des in th	ne instruc	tions:		
_10_	During the plan year:				Yes	No	N/A		Amo	unt	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions			х					
	reported on line 10a.)			10b							
C	Was the plan covered by a fidelity bond?		.,	10c	Х						1000
d	Dld the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of	the benefits under	10e	x						194
f	Has the plan failed to provide any benefit when due under the plan	ነ?		10f		ж			"		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	end.)	10g		ж					
h	(Marie INVEST	See instru	uctions and 29 CFR	10h		ж				. 4 (j. 19). 13. 3 1 1	
ĵ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101	e require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)									Yes	No
11a	Enter the unpaid minimum required contribution for all years from S	Schedule	SB (Form 5500) line 4	0			11a				
12	is this a defined contribution plan subject to the minimum funding r	requireme	ents of section 412 of th	ne Cod	e or se	ction :	302 of F	RISA?	Ι Π,	Yes ဩ	No

	Form 5500-\$F 2015 Page <b>3 -</b>					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter th Day	e date of th	he letter n Year	uling	
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
1	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				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
-	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Par	VII Plan Terminations and Transfers of Assets		,			
13	t 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 brought under the of the PBGC?			Yes X	No	
С						
	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)	
Par	t VIII Trust Information					
14a	Name of trust	14b	Trust's EIN			
140	Name of trustee or custodian		14d Trustee's or custodian's telephone number			
Par	t IX IRS Compliance Questions					
15a	is the plan a 401(k) plan?	Yes No				
15t	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba ha	Design- based safe ADP/ACP harbor test method			
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "ourrent year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(il) and 1.401(m)-2(a)(2)(ii))?	Ye	s	□No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		atlo ercentage st		erage nefit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Ye	\$	No		
17a	Has the plan been timely amended for all required tax law changes?	Ye	Ş	No	□ N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).	applicat	le code _	(See it	nstructions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number				or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the plan	ı's last favo	orable	_	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(I)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes	Yes No			
19	Were in-service distributions made during the plan year?	Ye	3	No	·	
	If "Yes," enter amount	19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or πot retired), as required under section 401(a)(9)?	Ye	5	No	N/A	