## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

SIGN HERE

## 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	t Identification Information								
For calend		iscal plan year beginning 01/01/2		and ending 1	2/31/20	015				
A This ref	turn/report is for:		oyer) (Filers checking this box must attach a in accordance with the form instructions)							
<b>B</b> This ret	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	nonths)					
C Check	box if filing under:	1	DFVC program							
Part II	Basic Plan Info	special extension (enter descontage) special extension (enter descontage) special extension (enter descontage)	. ,							
1a Name BIRTLEY 40	of plan				1b	Three-digit plan number (PN) ▶	001			
					1c	Effective date of 10/0	f plan 1/2013			
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		-t\	2b	Employer Identification (EIN) 27-0	ication Number 264201			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  IRTLEY INDUSTRIAL EQUIPMENT CORP				structions)	<b>2c</b> Sponsor's telephone number 859-721-1740					
333 INNOVATION DRIVE EXINGTON, KY 40511					2d Business code (see instructions)  213110					
2/11/07/01/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
3a Plan a	dministrator's name a	and address XSame as Plan Spon	sor.		3b	Administrator's I	ΞΙΝ			
					3c	Administrator's t	elephone number			
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b	EIN				
	or's name				4c	PN				
<b>5a</b> Total	number of participants	s at the beginning of the plan year			. 5	а	15			
<b>b</b> Total	number of participants	s at the end of the plan year			. 5I	b	19			
<b>C</b> Numb	er of participants with	account balances as of the end of	the plan year (defined be	nefit plans do not	50	С	10			
		articipants at the beginning of the pl			. 5d(	(1)	11			
		articipants at the end of the plan ye			. 5d(	(2)	17			
<b>e</b> Numb	per of participants tha	t terminated employment during the	e plan year with accrued b	penefits that were less	50		0			
		or incomplete filing of this return	•							
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, an plete.								
SIGN	Filed with authorized	d/valid electronic signature.	07/27/2016	BING CHEN						

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page <b>2</b>						
<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 a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t</li></ul>	an independand condition to the condition of the conditio	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA)  Form	5500.	X Yes	No No
C 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 determ	nined
Part III Financial Information	1				-			
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year	
a Total plan assets	7a		228	123			1458	52
<b>b</b> Total plan liabilities	7b		000	14.00			4.450	50
C Net plan assets (subtract line 7b from line 7a)	7c			123	-		1458	52
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total	
(1) Employers	8a(1)		17	654				
(2) Participants	8a(2)		36	827				
(3) Others (including rollovers)	8a(3)		24	350				
<b>b</b> Other income (loss)	8b		1	515				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8034	46
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		162	166				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f			451				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1626	17
i Net income (loss) (subtract line 8h from line 8c)	8i						-8227	71
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 2K 2T	feature coo	des from the List of PI	an Cha	racteris	stic Co	des in th	ne instructions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructions:	
— In the plant provides we have believed, onto the appropriate we have	odiaio oodi	oo nom are blocor ra	T Onarc	20101101			s metraetiene.	
Part V Compliance Questions								
<b>10</b> During the plan year:				Yes	No	N/A	Amount	
Was there a failure to transmit to the plan any participant contribu 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					X			
reported on line 10a.)			10b		^			
C Was the plan covered by a fidelity bond?			10c	X				40000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persons ne or all of t	by an insurance he benefits under		X				838
the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the pla			10e	^	V			030
			10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount a	•		10g		X			
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					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance						<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								× No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (	302 of E	RISA? Yes	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)		<b>13c(3)</b> 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			0		
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		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
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		

## Form 5500-SF

Department of the Trensury Inicited Revenue Service

Department of Labor Englishes Benefits Sciently Administration Petralon 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

OMB Nos. 1210-0110 1210-0089

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	ort Identification Information riscal plan year beginning 01/01/20		and ending 12/3	1/2015	·····			
For calendar plan year 2015 o	n (nat multiemplayer)		king this has most	altach a				
A This conventration is for:	X a single-employer plan	th the form instru	tions)					
A This return/report is for:	a one-participant plan	a foreign plan						
	E.;3	[]			· ·	嫌。		
B- this return/report is	the first return/report	the first return/report The final return/report						
# udpirentarbáre	sp amended return/report	a short plan year return/	report (less than 12 m	onths)	- N			
C Check box it filing under:	Form 55ē8	DFVC program						
	apecial extension (enter desc	cription)						
Part II Basic Plan Ir	iformation—enter all requested a	nformation						
Ta Name of plan	Acres			1b Three	₩ 1			
BIRTLEY 401K PLAN					number   001			
		(PN)	**************************************					
					ive date of plan /2013			
2a Plan sponsor's name (em	player, if for a single-employer plan)				yer Identification	Number		
Maillan address finclade a	nom ant suite no and street, or P.	O. Box)	ntin an l	(EIN)	27-0264201			
City or fown, state or prov BIRTLEY INDUSTRIAL EQUIP	fince, country, and ZIP or foreign pos MENT CORP	ital Code (li Idleigh, see madu	recuszy	2c Spon	sor's telephone n (859) 721-17			
				2d Busin	ess code (see ins	tructions)		
2333 INNOVATION DRIVE				21311	•	- 1		
5922 IMMOAN HOM DRIVE								
LEXINGTON, KY 40511			<u> </u>					
3a Plan administrator's name	в and address 🎗 Same as Plan Spor	nsor.		3b Administrator's EIN				
				3c Administrator's telephone number				
				JC Admin	institution a conception	7362 1364144		
						e Section of the sect		
			state of the section in	Shi mini				
4 If the name and/or EIN of	the plan appnoor has changed since	of bell froqen/mure fast ent e	r this plan, enter the	4b EIN				
a Sponsor's name	number from the last return/report.			4c PN				
	1 the least of the plants of	, and the second		5a		15		
	ints at the beginning of the plan year			5b		19		
b Total number of participa	ints at the end of the plan year		Skulani da vel					
<ul> <li>Number of participants w</li> </ul>	oth account balances as of the end o	i the plan year (desined benef	it bigue do not	5c		10		
				5d(1)		1.1		
	participants at the beginning of the			5d(2)	<u> </u>	17		
d(2) Total number of active	participants at the end of the plan y	921	ally that ware lone	fire and a fire and		Ö		
and the second second	hut terminated employment during the			50				
Control of the second for the second from the	nam ma inamunantata filiszer di fizik zwili	romesort will be assessed t	miess reasonabie ca	use is estab	dished.	enst. 1 3 3 3 a		
124	d other penalties set forth in the instr d and signed by an enrolled actuary.	uctions i declare that i have s	avaminer ims relitiblie	aoon maaaan	REAL PROPERTY OF THE PROPERTY	a Schedule edge and		
SB or Schedule MB complete belief, it is true, correct, and c	g and signed by pa enjoiled actuary. Amelete	. as well as the encountries voc.	MAT OF ENS (COCK 1752 C					
1 1	301131000	07/27/2016			To an			
SIGN HERE	<del>-</del>		Enter name of individ	test girming	as plan administra	itor		
Signature of pla	on administrator	Date	Culai ususa ai malair	race achitain	no bane constituents	100		
SIGN ()		07/27/2016						
HERE Signature of en	iployer/plan sponsor	Date	Enter name of individ					
Preparer's name (including fir	m name, if applicable) and address	(include room or sulta number	r)	Preparers	telephone numb	71		
				İ	٠			
						: i i		
					**************************************			
	and the second s	A Carlo Manager Constitution	/17	<del></del>	Form	5500-SF (2015)		

	Form 5500-SF 2015		Page <b>2</b>								
b	Were all of the plan's assets during the plan year invested in eligible. 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 canrif the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit not use Fo	ndent qualified public a ions.) rm 5500-SF and mus	ccount t instea	ant (IC	PA)	5500.			Yes	No No
		risurance p	rogiam (see ERIOA se	SCHOIL 4	021):	····· L	168			etermin	
	tilli Financial Information  Plan Assets and Liabilities	1122 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Beginning	, of Vo	ar	Ī		(b) En	d of Yea	\ <b>&gt;</b>	<del>, ,</del>
	Total plan assets	. 7a	(a) beginning	2281		╅		(0) 270		<u>"</u> 5852	
	Total plan liabilities	7b				$\top$					
	Net plan assets (subtract line 7b from line 7a)	. 7c	1.	22812	23				14	5852	
	Income, Expenses, and Transfers for this Plan Year	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Amou	unt				(b)	Total		
а	Contributions received or receivable from:		,		٠,	10.1.1.5 10.1.1.5 10.1.1.5 10.1.1.5 10.1.1.5 10.1.1.5 10.1.1.5 10.1.1.5 10.1.5					
	(1) Employers	. 8a(1)		1765 3682		151.50 155.50 155.50 155.50 155.50 155.50					
	(2) Participants	8a(2)		243		1000000 1000000					
	(3) Others (including rollovers)	. 8a(3)		15		1000					
	Other income (loss)	. 8b				7		80346			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c	The state of the s			1200					
	to provide benefits)	. 8d		16216	66	20000					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e				13 Annual (1997)   13 Annual (19					100000000000000000000000000000000000000
f_	Administrative service providers (salaries, fees, commissions)	. 8 <del>f</del>	<u>.</u>	45	51	1000					mali (co)
g	Other expenses	. 8g	The State of Control o		er sereilerisch	10000 10000 10000					C2001C700
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)		The state of the s			W.E	162617				
	Net income (loss) (subtract line 8h from line 8c)	. 8i						v [ ] .	-8	2271	Vilvania)
T-200000000	Transfers to (from) the plan (see instructions)	· 8j				10000					
Par			1			<i>t</i> ' 0	1				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 2K 2T	i feature co	des from the List of Pi	an Cha	racteri	stic Co	odes in	tne instri	rctions:		
В	If the plan provides welfare benefits, enter the applicable welfare t	feature cod	es from the List of Pla	n Char	acterist	lic Cod	des in th	ne instru	ctions:	•	
Part	V Compliance Questions					***************************************					
10	During the plan year:			·	Yes	No	N/A		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	√oluntary F	iduciary Correction	10a		х					
b	, , , , , , , , , , , , , , , , , , ,			401		Х					
	reported on line 10a.)			10b	<u>                                   </u>						
c	Was the plan covered by a fidelity bond?			10c	X					40	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		×					
е	Were any fees or commissions paid to any brokers, agents, or otlearrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e	x		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				838
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х	1000				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g		Х	1000				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х	100000000000000000000000000000000000000	10 10 10 10 10 10 10 10 10 10 10 10 10 1	2011 - 10		2.7
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i				25.12.00 25.00 25.12.00 25.00 25.12.00 25.00 25.12.00 25.00 25.12.00 25.00 25.12.00 25.00 25.12.00 25.00 25.12.00 25.00 25.00 25.00 25.12.00 25.00 25.00 25.00 25.00 25.12.00 25.		100 100 100 100 100 100 100 100 100 100	
j	Did the plan trust incur unrelated business taxable income?		.,,	10j							
Part											
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "	Yes," see instructions	and co	nplete	Sched	dule SB	(Form		Yes X	No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a	L	1 =		
12	Is this a defined contribution plan subject to the minimum funding	ı requireme	ents of section 412 of t	he Cod	e or se	ction	302 of F	RISA?		Yes X	No

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	(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 enter the date of the letter ruling granting the waiver.  Month Day Year								
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
<u>b</u>	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 length 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			<u></u>				
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 of the PBGC?				Yes X	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)	y the plan(s) to						
1	3c(1) Name of plan(s):	13c(2) l	EIN(s)		13c(3) F	PN(s)		
Part	VIII Trust Information							
14a t	Name of trust		14b Trust's EIN					
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number						
Part	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan?		Yes		No			
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	l employer	Design- based safe harbor method		ADP/ACP test			
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	01(m)-	Ye	s	No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	. ,	Ratio percentage test		Average benefit test			
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine 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	s	No	∏N/A		
	Date the last plan amendment/restatement for the required tax law changes was adoptedfor tax law changes and codes).	Enter the a	pplicabl	e code	(See in	structions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial r	ıumber		•		or ————		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, er determination letter		the plar	n's last fav	orable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes	<b>3</b>	No			
19	Were in-service distributions made during the plan year?		Ye	s	No			
	If "Yes," enter amount		19					
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe retired), as required under section 401(a)(9)?		Ye	\$	No	□ N/A		