## Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

**Benefit Plan** Internal Revenue Service 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 Department of Labor Revenue Code (the Code).

**Annual Report Identification Information** 

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

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

**Short Form Annual Return/Report of Small Employee** 

For calend	iar pian year 2016 or t	iscal plan year beginning 01/01/2	2010	and ending 1	2/31/2016							
A This re	turn/report is for:	a single-employer plan	list of participating	r plan (not multiemployer) ( employer information in a								
		a one-participant plan	a foreign plan									
<b>B</b> This ret	urn/report is	the first return/report	the final return/repo	ort								
		an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)							
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension	on	DFVC program							
Part II	Basic Plan Info	ormation—enter all requested in	. ,									
1a Name		oner an requestion in			<b>1b</b> Three-digit							
BRISTOL G	ROUP, INC. 401(K) P	PLAN			plan number (PN) ▶	001						
					1c Effective date							
					01,	/01/2012						
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos		nstructions)	(=::+)	-1491447						
BRISTOL GI		oo, country, and Em or toroign poo	iai oodo (ii ioroigii, ooo ii		2c Sponsor's tel	ephone number 33-9050						
					2d Business cod	e (see instructions)						
1115 DELAV SUITE 200	VARE AVE				23	6200						
LEXINGTON	I, KY 40505											
3a Plan a	administrator's name a	and address X Same as Plan Spo	nsor.		<b>3b</b> Administrator	s EIN						
					3c Administrator	s telephone number						
					7 Administrator	o telephone number						
		ne plan sponsor has changed since umber from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN							
	sor's name	· 			4c PN							
<b>5a</b> Total	number of participant	s at the beginning of the plan year.			5a	37						
		s at the end of the plan year			5b	57						
		account balances as of the end of		•	5c	20						
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	37						
<b>d(2)</b> Tot	tal number of active p	articipants at the end of the plan ye	ar		5d(2)	55						
		t terminated employment during the			5e	C						
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assess	ed unless reasonable ca								
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, anlete										
SIGN		/valid electronic signature.	10/16/2017	J. TODD BELL								
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan a	administrator						
SIGN					s.grinig as pian administrator							
HERE		oyer/plan sponsor	Date	Enter name of individ	lual signing as emplo	yer or plan sponsor						
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite nur	mber)	Preparer's telepho	ne number						

Form 5500-SF 2016 Page **2** 

	Were all of the plan's assets during the plan year invested in eligib		•						X Ye	s No
	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	and condit	ions.)						X Ye	s No
	If the plan is a defined benefit plan, is it covered under the PBGC in						-	No	Not de	termined
Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		494206					66799	)6
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		494206					66799	96
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) 1	Γotal	
	Contributions received or receivable from:	- 411		46821						
	(1) Employers	8a(1)		110389						
	(2) Participants	8a(2)		110369						
	(3) Others (including rollovers)	8a(3)		35704						
	Other income (loss)	8b		33704	-				19291	1
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							19291	4
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		16034						
	Certain deemed and/or corrective distributions (see instructions).	8e		0	)					
f	Administrative service providers (salaries, fees, commissions)	8f		3090						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1912	24
i	Net income (loss) (subtract line 8h from line 8c)	8i							17379	00
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
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 Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					120000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	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.)	ne or all of	the benefits under	10e	X					3090
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	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	X					

Form	5500	-SF	201	6

Page 3-	1
---------	---

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					\	∕es X No
		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 A?						res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
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			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		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		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	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 brougout of the PBGC?		r the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L		n-based narbor	d [	Prior ye test	ear" ADP
				Curre	ent year test	<u>"</u>	N/A	
					verage enefit test	□ N/A		
	16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
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 e?		om	Ye	s [	No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	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 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

Part I		fiscal plan year beginning 01/01/20		and ending 12/3	1/2016		
For calend	ar plan year 2016 or		a multiple-employer pla			a this box	must attach a
Λ This ro	eturn/report is for:	X a single-employer plan	list of participating emp				
A miste	sturn/report is for.	a one-participant plan	a foreign plan	oloyer illiorniation in ac	ocordanoc wa		i ilioti dottorio.
<b>B</b> This ret	turn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year return.	report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	gram	
		special extension (enter desc	cription)				
Part II	Basic Plan Info	ormation—enter all requested in	nformation				
1a Name	of plan				1b Three-	- 1	
BRISTOL G	GROUP, INC. 401(K) F	PLAN			plan ni (PN)		001
				:	1c Effecti 01/01/		plan
2a Plan s	sponsor's name (empl	oyer, if for a single-employer plan)					ication Number
Mailin	g address (include roo	om, apt., suite no. and street, or P.		ictions)		31-149144	
Bristol Grou		ce, country, and ZIP or foreign pos	ital code (il loreign, see instit	ictions)	2c Spons		none number 233-9050
					2d Busine	ess code (	see instructions)
1115 DELA	WARE AVE				236200	0	
SUITE 200	N KY 40505						
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN		
3c Ad							
		ne plan sponsor has changed since	e the last return/report filed fo	r this plan, enter the	4b EIN		
	e, EIN, and the plan no sor's name	umber from the last return/report.			4c PN		
	Carlo	s at the beginning of the plan year			5a		37
		s at the end of the plan year			5b		57
<b>c</b> Numb	ber of participants with	account balances as of the end o	of the plan year (only defined	contribution plans	5c		20
		articipants at the beginning of the			5d(1)		37
` '	•	articipants at the end of the plan y	•		- 140		
e Num	ber of participants tha	t terminated employment during th	ne plan year with accrued ber	efits that were less	5e		
Caution:	A penalty for the late	or incomplete filing of this retu	rn/report will be assessed i	unless reasonable ca	use is estab	lished.	
	alties of periupy and o	other penalties set forth in the instru					able, a Schedule
SB or Sch	edule MB completed :	and signed by an enrolled actuary.	as well as the electronic ver	sion of this return/repoi	it, and to the	Desi Ui III)	knowledge and
SB or Sch		and signed by an enrolled actuary.			www	best of my	knowledge and
SB or Sch belief, it is	edule MB completed :	and signed by an enrolled actuary,	as well as the electronic vers	A .	reas		
SB or Sch belief, it is SIGN	edule MB completed true, correct and con	and signed by an enrolled actuary,	191617	Antrew La	reas		
SB or Sch belief, it is SIGN HERE	edule MB completed true, correct/and con Signature of plan	and signed by an enrolled actuary, nplete. administrator	191617	An Erew Le	www lual signing a	s plan adr	ninistrator
SB or Sch belief, it is SIGN HERE SIGN HERE	edule MB completed true, correct/and con Signature of plan	and signed by an enrolled actuary,	Date	Enter name of individ	www lual signing a	s plan adr s employe	ninistrator er or plan sponsor
SB or Sch belief, it is SIGN HERE SIGN HERE	edule MB completed true, correct/and con Signature of plan	and signed by an enrolled actuary, nplete. administrator loyer/plan sponsor	Date	Enter name of individ	lual signing a	s plan adr s employe	ninistrator er or plan sponsor
SB or Sch belief, it is SIGN HERE SIGN HERE	edule MB completed true, correct/and con Signature of plan	and signed by an enrolled actuary, nplete. administrator loyer/plan sponsor	Date	Enter name of individ	lual signing a	s plan adr s employe	ninistrator er or plan sponsor
SB or Sch belief, it is SIGN HERE SIGN HERE	edule MB completed true, correct/and con Signature of plan	and signed by an enrolled actuary, nplete. administrator loyer/plan sponsor	Date	Enter name of individ	lual signing a	s plan adr s employe	ninistrator er or plan sponsor

Page .	2
--------	---

	Form	5500-SF	2016
--	------	---------	------

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 condit not use Fo	ndent qualified public a tions.) orm 5500-SF and must	ccount instea	ant (IQ	PA) Form	5500.	Yes No
Pa	rt III Financial Information							
7	Plan Assets and Liabilities	132313	(a) Beginning o	of Year			(	b) End of Year
a	Total plan assets	7a		49420	-			667996
b	Total plan liabilities	7b						
c	Net plan assets (subtract line 7b from line 7a)	7c		49420	)6			667996
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t				(b) Total
a	Contributions received or receivable from:			4000		Total !	STORY.	
	(1) Employers	8a(1)		4682	- 1	275	MOREO, COM	
	(2) Participants	8a(2)		11038	39	22 C S		
	(3) Others (including rollovers)	8a(3)			18	1	1100	
b	Other income (loss)	8b		3570	)4	1000	saver a	ECASTER BUT LES
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	THE PERSON NAMED IN		40			192914
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1603	-			<b>一种</b>
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	Y Ford			
f	Administrative service providers (salaries, fees, commissions)	alaries, fees, commissions) 8f			00	P	No.	U/SUSPECTIVE
g	Other expenses	8g			į.	450	A STATE	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			1000 1000				19124
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)	8i						173790
Ť	Transfers to (from) the plan (see instructions)	8j			- 1	50		
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the list of Plai	n Chara	acterisi		jes in u	ne instructions.
	t V Compliance Questions				Yes	No	N/A	Amount
_10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions with	in the time period		103	140	-Cut/col	Amount
č	described in 29 CFR 2510.3-102? (See instructions and DOL's N	√oluntary i	Fiduciary Correction	10a		х		
	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		х		
C	C Was the plan covered by a fidelity bond?		10c	X		VS	120000	
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
_	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	her persor ne or all of	ns by an insurance f the benefits under	10e	х			3090
1	Has the plan failed to provide any benefit when due under the pla	an?		10f		х		
			- September State Control of State	10g		х		
'	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
'	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i				CALL THE RESERVE

_		~-		
Form	5500	-SE	201	r

	- 17	
Page	3-	1

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)	complete Sc	hedule S	В	Ye	es 🛛 No
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 Co		on 302 o	f	Ye	s X No
a	(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 ins granting the waiver.		nd enter		of the letter Year	ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
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			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the I negative amount)	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		-15			
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	s 🛛 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 🛚	No
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	ify the plan(	s) to			
1	3c(1) Name of plan(s):	13c(2	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		2000000		s or custodia ne number	ın's
Part	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b	_			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ safe	gn-based harbor rent year	L	"Prior yea	ar" ADP
		☐ ADF		L	N/A	
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Rat	centage		verage enefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			□ No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	<u>'</u>				
-	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, eletter	nter the date	of the n	nost rec	ent determin	ation
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepaservice?		Ye	s [	] No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			s [	No	