## 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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pension Be	enenii Guaranty Corporation	▶ Complete all entries in accord	dance with the instr	uctions to the Form 550	0-SF.		•			
Part I	Annual Report	Identification Information								
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/2015		and ending 12/3	31/20	15				
A This ret	turn/report is for:			an (not multiemployer) (F ployer information in acco		-				
<b>B</b> This retu	urn/report is		e final return/report short plan year returr	n/report (less than 12 mon	nths)					
C Check I	box if filing under:	X Form 5558 ☐ a  Special extension (enter description)	utomatic extension			X DFVC prog	ram			
Part II	Pacia Blan Info	rmation—enter all requested informat								
1a Name		·	ЮП		, (	Γhree-digit blan number PN) ►	001			
				'	1C E	Effective date o	f plan 1/2012			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. Box)		:		mployer Identi	fication Number 491447			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  BRISTOL GROUP, INC						2c Sponsor's telephone number				
1115 DELAWARE AVE 1115 DELAWARE AVE						Business code (	see instructions)			
SUITE 200 LEXINGTON		SUITE 200 LEXINGTON, F	(Y 40505			2362	200			
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponsor.		;	3b /	Administrator's	EIN			
				;	3c /	Administrator's t	telephone number			
name	, EIN, and the plan nur	e plan sponsor has changed since the las mber from the last return/report.	st return/report filed fo		4b [					
<b>a</b> Spons	or's name			4	4c		04			
5a Total	number of participants	at the beginning of the plan year			5a		31			
		at the end of the plan yearaccount balances as of the end of the pla		<del> </del>	5b		37			
compl	lete this item)				5c 5d(1		10			
` '	•	rticipants at the beginning of the plan year			5d(2	-	37			
<ul> <li>d(2) Total number of active participants at the end of the plan year</li> <li>e Number of participants that terminated employment during the plan year with accrued benefits that were less</li> </ul>						•	31			
		terminated employment during the plant	·		5e					
Under pena SB or Sche	alties of perjury and ot	or incomplete filing of this return/repo her penalties set forth in the instructions, nd signed by an enrolled actuary, as well blete.	I declare that I have	examined this return/repo	rt, inc	luding, if applic				
SIGN	Filed with authorized/	valid electronic signature.	11/01/2018	J. TODD BALL						
HERE	Signature of plan a	dministrator	Date	Enter name of individua	ıl sign	ing as plan adr	ninistrator			
SIGN										
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individua	al sign	ing as employe	er 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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<b>b</b> Are you clair under 29 CF <b>If you answ</b>	he plan's assets during the plan year invested in eligit ning a waiver of the annual examination and report of R 2520.104-46? (See instructions on waiver eligibility ered "No" to either line 6a or line 6b, the plan can	an indeper and condit not use Fo	ndent qualified public a ions.) rm 5500-SF and mus	ccount	ant (IQ ad use	PA)  <b>Form</b>	5500.			X Yes	
	a defined benefit plan, is it covered under the PBGC i	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	L N	lot dete	rmined
Part III   Fina	ancial Information	1				1					
7 Plan Assets	and Liabilities		(a) Beginning	•				(b) Eı	nd of		
	sets	. 7a		407	7890					494	206
· · · · · · · · · · · · · · · · · · ·	bilities	. 7b		407	7000					404	206
	ets (subtract line 7b from line 7a)	. 7с	(-) A		7890				\ <b>T</b> = 1	494	200
	enses, and Transfers for this Plan Year s received or receivable from:		(a) Amou	ınt				a)	) Tota	aı	
	rs	. 8a(1)		30	902						
(2) Participa	ints	. 8a(2)		60	070						
(3) Others (i	ncluding rollovers)	. 8a(3)		103	3380						
	e (loss)	. 8b		-21	907						
	(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								172	445
•	l (including direct rollovers and insurance premiums enefits)	8d		86	6129						
	ned and/or corrective distributions (see instructions)	. 8e									
<b>f</b> Administrativ	e service providers (salaries, fees, commissions)	. 8f									
<b>g</b> Other expens	ses	. 8g									
<b>h</b> Total expens	es (add lines 8d, 8e, 8f, and 8g)	. 8h								86	129
i Net income (	et income (loss) (subtract line 8h from line 8c)									86	316
<b>j</b> Transfers to	(from) the plan (see instructions)	· 8j									
Part IV Pla	an Characteristics										
	rovides pension benefits, enter the applicable pensior 2J 2T 3D	n feature co	des from the List of Plant	an Cha	racteri	stic Co	des in t	the inst	ructio	ns:	
	rovides welfare benefits, enter the applicable welfare	feature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instri	uction	ns:	
	The state of the s										
Part V Com	pliance Questions										
10 During the					Yes	No	N/A		Α	mount	
described	a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's '	Voluntary F	iduciary Correction	10a		X					
	any nonexempt transactions with any party-in-interes										
·	line 10a.)			10b		X					
C Was the pl	an covered by a fidelity bond?			10c	X						120000
	n have a loss, whether or not reimbursed by the plan's dishonesty?			10d		X					
<b>e</b> Were any for carrier, insu	ees or commissions paid to any brokers, agents, or ot irance service, or other organization that provides sor	her person ne or all of	s by an insurance the benefits under			X					
	See instructions.)			10e							
	Has the plan failed to provide any benefit when due under the plan?					X					
	n have any participant loans? (If "Yes," enter amount a			10g		X					
	individual account plan, was there a blackout period?			10h		X					
i If 10h was	answered "Yes," check the box if you either provided to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i							
j Did the plan	n trust incur unrelated business taxable income?			10i							
Part VI Pens	ion Funding Compliance			,							
11 Is this a def	ined benefit plan subject to minimum funding requirer ine 11a below)									Ye	s X No
	npaid minimum required contribution for all years from						11a				
	fined contribution plan subject to the minimum funding		, ,					RISA?	·	Ye	s 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 1	Γrust's EIN	١				
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an'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)-	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit 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		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 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

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information											
For calend	For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015												
A This re	A This return/report is for:  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 a foreign plan												
<b>B</b> This ret	This return/report is the first return/report the final return/report a short plan year return/report (less than 12 months)												
		an amended return/report	a snort plan year retur	n/report (less than 12 m	ionths)								
C Check	box if filing under:	X Form 5558	m 5558 automatic extension X DFVC program cial extension (enter description)										
Part II	Pagia Blan Infe												
1a Name		ormation—enter all requested info	rmation		4h =								
	ROUP, INC. 401(K) P	PLAN			1b Three-digit plan number (PN) ▶	001							
					1c Effective dat 01/01/2012	e of plan							
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.			2b Employer Ide (EIN) 31-149	entification Number 91447							
BRISTOL G		ce, country, and ZIP or foreign postal	code (if foreign, see insti	ructions)	2c Sponsor's te								
					2d Business co	de (see instructions)							
1115 DELAV	NARE AVE		AWARE AVE		236200								
SUITE 200 LEXINGTON	N. KY 40505	SUITE 200	) ON, KY 40505										
	dministrator's name a		3b Administrator's EIN										
					30 Administrato	-l- 4-l							
					3C Administrato	r's telephone number							
		e plan sponsor has changed since th	e last return/report filed f	or this plan, enter the	4b EIN								
	, EIN, and the plan nu or's name	mber from the last return/report.			4c PN	<del></del>							
<b>5a</b> Total r	number of participants	at the beginning of the plan year		ara wiik	5a	31							
		at the end of the plan year			5b	37							
C Numb	er of participants with	account balances as of the end of the	e plan year (defined bene	efit plans do not	5c	22							
		rticipants at the beginning of the plar			5d(1)	10							
		irticipants at the end of the plan year.			5d(2)	37							
e Numb	er of participants that	terminated employment during the p	lan year with accrued be	nefits that were less	5e								
Caution: A	penalty for the late	or incomplete filing of this return/r	report will be assessed	unless reasonable ca	use is established.								
SB or Sche	alties of perjury and ot dule MB completed a true, correct, and com	her penalties set forth in the instruction of signed by an enrolled actuary, as plete!	ons, I declare that I have well as the electronic ver	examined this return/re sion of this return/repor	port, including, if ap t, and to the best of	plicable, a Schedule my knowledge and							
SIGN HERE	1/1	eevauc	11/1/12	J. TODD BALL									
	Signature of plan a	<u>Idministrator</u>	Date	Enter name of individ	ual signing as plan	administrator							
SIGN													
HERE	Signature of emplo		Date	Enter name of individ									
Preparer's	name (including firm r	name, if applicable) and address (incl	ude room or suite numbe	er)	Preparer's telepho	one number							

Form	5500-SF 2015		Page <b>2</b>							
b Are you clain under 29 CF If you answ	the plan's assets during the plan year invested in elig ming a waiver of the annual examination and report o R 2520.104-46? (See instructions on waiver eligibility ered "No" to either line 6a or line 6b, the plan can a defined benefit plan, is it covered under the PBGC	f an independe y and condition inot use Form	ent qualified public ans.) 15500-SF and mus	t inste	ant (IC	PA)	5500.		X Yes X Yes	☐ No
	ancial Information		`							
	and Liabilities		(a) Beginning	n of Ve	ar	Т		(b) End	of Vear	
	ssets	7a	(L) Dogimini	40789		+		(b) Ella (	494206	
	ibilities									
C Net plan ass	ets (subtract line 7b from line 7a)	7с		40789	90				494206	
8 Income, Exp	enses, and Transfers for this Plan Year		(a) Amo	unt				(b) To	otal	
	s received or receivable from: ers	8a(1)		3090	12					
7320 12 10/016	ants	2,000		600		+				
	including rollovers)			1033	30	+				
	e (loss)			-2190	)7					
C Total income	(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							172445	
	(including direct rollovers and insurance premiums			8612	20					
	nefits)ned and/or corrective distributions (see instructions)	8d		0012		+				_
	re service providers (salaries, fees, commissions)						_			_
Mass .	ses									
	ies (add lines 8d, 8e, 8f, and 8g)								86129	
	Net income (loss) (subtract line 8h from line 8c)								86316	
j Transfers to	(from) the plan (see instructions)	8j								
Part IV Pla	an Characteristics									
9a If the plan p	rovides pension benefits, enter the applicable pension 2J 2T 3D	n feature code	s from the List of Pl	an Cha	racteri	stic Co	des in t	he instruct	ions:	
	rovides welfare benefits, enter the applicable welfare	feature codes	from the List of Pla	n Char	etoriet	ic Coc	loc in th	o inctructio		
		Toutare oddes	THOM THE EIGHT OF THE	ii Oilari	20101131		103 111 (11	e manucin	nia.	
Part V Com	pliance Questions									
10 During the	plan year:				Yes	No	N/A		Amount	
described	a failure to transmit to the plan any participant contrib in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary Fidu	ciary Correction	10a		x				
<b>b</b> Were there	any nonexempt transactions with any party-in-interes	st? (Do not inc	lude transactions			х				
	line 10a.)			10b						
	an covered by a fidelity bond?	O TORIUS ORDER COM		10c	X				1	20000
	n have a loss, whether or not reimbursed by the plan' dishonesty?			10d		х				
e Were any fe	ees or commissions paid to any brokers, agents, or or irance service, or other organization that provides so See instructions.)	ther persons b	y an insurance e benefits under	10e		х				
	n failed to provide any benefit when due under the pl			10f		X				
g Did the plan	n have any participant loans? (If "Yes," enter amount	as of year end	.)	10g		х				
<b>h</b> If this is an	individual account plan, was there a blackout period?	(See instructi	ons and 29 CFR	10g		х				
i If 10h was a	answered "Yes," check the box if you either provided to providing the notice applied under 29 CFR 2520.10	the required n	otice or one of the	10i						
j Did the plan	trust incur unrelated business taxable income?			10j						
Part VI Pens	ion Funding Compliance									
11 Is this a defi	ned benefit plan subject to minimum funding requirer ne 11a below)	ments? (If "Yes	s," see instructions a	and con	nplete	Sched	ule SB	(Form	Yes	No.
	npaid minimum required contribution for all years from						11a			
12 Is this a def	ined contribution plan subject to the minimum funding	g requirements	s of section 412 of the	ne Cod	e or se	ction 3	302 of E	RISA?	Yes	No.

	Form 5500-SF 2015 Page <b>3</b> - 1						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
- 6	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter th Day	e date of ti	ne letter ru Year	ling		
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
	Enter the minimum required contribution for this plan year	12b					
	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		
Part	t 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 brought under the of the PBGC?	control		Yes X	No		
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to					
	13c(1) Name of plan(s): 13c(	2) EIN(s)		13c(3) F	PN(s)		
	t VIII Trust Information						
14a 	Name of trust	14b	Γrust's EIN				
140	Name of trustee or custodian	14d	14d Trustee's or custodian's telephone number				
Par	rt IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?	Ye	s	No	-		
	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	esign- ised safe irbor ethod	ADF	PACP		
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Ye	s	No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ri pe	atio ercentage st		rage efit 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	s	No			
17a	I 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 adopted Enter the for tax law changes and codes).				structions		
,	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subjadvisory 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 determination letter	of the plan	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) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes	•	No			
19	Were in-service distributions made during the plan year?	Ye	S	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 not retired), as required under section 401(a)(9)?	Ye	s	No	□ N/A		