Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I **Annual Report Identification Information**

For calenda	ar plan year 2014 or f	fiscal plan year beginning 01/01/	2014	and ending 12	/31/2014	
A This ret	turn/report is for:	a single-employer plan		r plan (not multiemployer) ployer information in accord		
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report	rt		
		an amended return/report	a short plan year ref	turn/report (less than 12 m	onths)	
C Check I	box if filing under:	Form 5558	automatic extension	า	DFVC pro	ogram
	_	special extension (enter des				
Part II		ormation—enter all requested i	nformation		Tas	
1a Name GARLOCK I	of plan DISTRIBUTION, INC.	401K PLAN			1b Three-digit plan number (PN) ▶	r 001
					1c Effective dat	te of plan 0/01/2012
2a Plan sp GARLOCK D	ponsor's name and a	ddress; include room or suite num	ber (employer, if for a sing	le-employer plan)	2b Employer Ide	entification Number 6-0797701
1119 CENTR	RAL AVE S.				2c Sponsor's te	elephone number 6-931-5599
STE 102 KENT, WA 9	8032					de (see instructions)
3a Plan a	dministrator's name a	and address XSame as Plan Spor	nsor.		3b Administrato	or's EIN
					0	
					3C Administrato	or's telephone number
		ne plan sponsor has changed since	e the last return/report filed	d for this plan, enter the	4b EIN 20	0-4606577
name	, EIN, and the plan nu	umber from the last return/report.		d for this plan, enter the		
name a Spons	, EIN, and the plan nu or's name GARLOCK	umber from the last return/report. (& ASSOCIATES, INC. DBA G GI	ROUP	· 	4c PN	001
a Spons 5a Total	, EIN, and the plan nuor's name GARLOCK number of participants	umber from the last return/report. (& ASSOCIATES, INC. DBA G GI s at the beginning of the plan year	ROUP		4c PN 5a	001
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name a Spons 5a Total I b Total I c Numb comple d(1) Tota d(2) Total e Numbe less th Caution: A Under pena SB or Sche belief, it is is	p. EIN, and the plan nuor's name GARLOCK number of participants number of participants with ete this item)	umber from the last return/report. (& ASSOCIATES, INC. DBA G GI s at the beginning of the plan year s at the end of the plan year n account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the plan year incomplete filing of this return the penalties set forth in the instruction and signed by an enrolled actuary,	of the plan year (defined be plan yeareareaplan year with accrued be plan year with accrued be plan year will be assessed uctions, I declare that I have	enefit plans do not enefits that were ed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if ap	001 10 8 4 6 0 pplicable, a Schedule
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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 ou answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an independ and condition	lent qualified public accounta	nt (IQ	PA)					es [No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 40	21)? .		Yes	No	1	Not de	termi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of	Year	0550	
	Total plan assets	7a	994	0					15	0556	
	Total plan liabilities	7b	994						15	500 0056	
	Net plan assets (subtract line 7b from line 7a)	. 7с		101						0030	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(1	b) To	tai		
	(1) Employers	8a(1)	58	377							
	(2) Participants	8a(2)	405	00							
	(3) Others (including rollovers)	. 8a(3)									
	Other income (loss)		76	544							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								4021	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	34	32							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								3432	2
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	. 8i							5	0589)
j	Transfers to (from) the plan (see instructions)	·· 8j									
Part	If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions	reature code	s from the list of Plan Charac	cterist	ic Coc	des in 1	ne instr	uctioi	ns:		
10	During the plan year:				Yes	No		Α	mour	ıt	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		X					
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					2	25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	of the benef	fits under the plan? (See	10e	X						375
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)								Y	es >	X No
11a	Enter the unpaid minimum required contribution for current year f	rom Schedu	le SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	its of section 412 of the Code	or se	ction	302 of	ERISA	?	Υ	es >	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below		·				<u> </u>				
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	-			, and 6 	enter tl Day			e letter /ear _	rulin	g

	Form 5500-SF 2014 Page 3 - 1	_				
lf y	ou 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	12	b			
С	Enter the amount contributed by the employer to the plan for this plan year	12	С			
d	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)	12	d			
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?	[Υ	es X N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	а			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?				Ye	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):	13c(2	EII	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				<u> </u>	
	lame of trust LOCK DISTRIBUTION, INC. 401K PLAN	14b		ust's EIN 61956776		

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 section 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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fi	iscal plan year beginning	01/01/2014	and ending	12/31/20	14				
	x a single-employer plan		plan (not multiemployer) (
A This return/report is for:		of participating emplo	yer information in accord	lance with the for	m instructions)				
P This action/out of its	a one-participant plan	a foreign plan							
B This return/report is:	the first return/report	the final return/report							
	an amended return/report	a short plan year retu	m/report (less than 12 m	onths)					
C Check box if filling under:	Form 5558	automatic extension		DFVC	program				
	special extension (enter descr	iption)							
Partill Basic Plan Info	ormation enter all requested	Information		·····	• _Ψ ,				
1a Name of plan				1b Three-dig					
GARLOCK DISTRIBUTI	ON, INC. 401k Plan			plan numl (PN) ▶	001				
				1c Effective					
2a Plan spansor's name and a	ddress; include room or suite numb	/		10/01/2					
GARLOCK DISTRIBUTI	ON, INC.	er (employer, ir for a single	-employer plan)		Identification Number 6-0797701				
				l _ ` `	s telephone number				
1119 Central Ave 8.					931-5599				
Sta 102					code (see instructions)				
US Kent WA 98032				484110					
3a Plan administrator's name a	and address X Same as Plan Spo	onsor Name		3b Administra	ator's EIN				
				3C Administra	ator's telephone number				
4 If the name and/or EIN of th	e plan sponsor has changed since (the last return/report filed f	or this plan, enter the	4b EIN 20-	4606577				
	mber from the last return/report,	1 <i>a a</i> nom							
	K & ASSOCIATES, INC. DB			4c PN 001					
	s at the beginning of the plan year s at the end of the plan year			5a 5b	10				
C Number of participants with	account balances as of the end of t	he plan vear (defined bene	efit plans do not		8				
complete this item)	*************************************	*****************		5c	4				
d(1) Total number of active pa	rticipants at the beginning of the pla	n year	4+44	5d(1)	6				
	rticipants at the end of the plan year			5d(2)	6				
e Number of participants that less than 100% vested	terminated employment during the p	olan year with accrued ber	efits that were	5e	0				
	or incomplete filing of this return			se is establishe	od.				
Under penalties of perjury and c	other penalties set forth in the instruc	ctions. I declare that I have	examined this returnize	ort including if	annicanté o Schadulo				
SB or Schedule MB completed in belief, it is true, correct, and con	and signed by an enrolled actuary, a	as well as the electronic ve	rsion of this return/report	, and to the best	of my knowledge and				
	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /								
SIGN YUMAN	V Suhlal	2-17-15	Susan A						
HERE Signature of plan add	ninistrator:	Date	Enter name of individua	l signing as plan	administrator /				
SIGN MANN	(Sallot	2-17-15	Susan F		lock				
HERE Signature of employe		Date	Enter name of Individua						
Lieharer 2 ismue (iucinalud jilut	name, if applicable) and address; in	iciuae room or suite numb	er (optional)	Preparer's telep	hone number (optional)				
<u> </u>									

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
-	Are you claiming a waiver of the annual examination and report of a		·	(IOP/	········	*****	*****	ivi les 🗀 140
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	•	•	-	-		******	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	ກາຣ.) ກ 5500-SF and must instead u	se Fo	orm 55	500.		
C	If the plan is a defined benefit plan, is it covered under the PBGC in:	surance pr	ogram (see ERISA section 4021)? .	[Yes	□ No [Not determined
Pa	it III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year
а	Total plan assets	7a	99,46	57				150,556
Ь	Total plan liabilities	7b		0		<u>-</u> -		500
С	Net plan assets (subtract line 7b from line 7a)	7c	99,46	57				150,056
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	tal
а	Contributions received or receivable from: (1) Employers	8a(1)	5,87	17				swa _{na}
	(2) Participants	8a(2)	40,50					
	(3) Others (including rollovers)	8a(3)				,		
ь	Other income (loss)	8b	7,64	14				
С	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				<i>ىچىدقى</i> د		54,021
d	Benefits paid (including direct rollovers and insurance premiums					a de grande de la compansión de la compa		
_	to provide benefits)	8d	3,43	32				
	Certain deemed and/or corrective distributions (see instructions)	8e	<u> </u>					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f						
<u>.g</u> h	Other expenses	8g						3,432
11	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 81						50,589
-	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	81		C	5 			50,589
) D.	rtiv Plan Characteristics	1 0]						
	If the plan provides pension benefits, enter the applicable pension for	atus sad	on form the Lint of Disc Channel		C	_ (_ 14	_ !:=======	
34	2E 2F 2J 2K 2R 3D	ваште соц	es from the List of Pian Characte	ensuc	Code	S IN UH	e instruction	is:
			f 4 114 (D) 0					
ь	If the plan provides welfare benefits, enter the applicable welfare fea	iture code:	s from the List of Plan Character	1800 (Jodes	in the	Instructions	:
	rt V Compliance Questions	····						
10	During the plan year:				Yes	No		
a		tions within	the time period described in		163	NO	A	mount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х		
b	,							
	on line 10a.)			10b		Х		
				10c	Х			25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x		
е								
	insurance service, or other organization that provides some or all	of the bene	efits under the plan? (See					
	instructions.)			10e	х			375
f	Has the plan falled to provide any benefit when due under the plan	1?		101		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х		
h		See instru	ctions and 29 CFR					
	2520.101-3.)			10h		Х		
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			101				
n_	7 7. 75.7	1-3	***************************************	וטו		<u> </u>		
	r VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem							Yes X No
11	5500) and line 11a below) a Enter the unpaid minimum required contribution for current year fr		*******			·····	***************************************	I PS LAI NO
								
12				rsect	ion 30	2 of E	KISA7	Yes X No
	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below							
а	If a waiver of the minimum funding standard for a prior year is bei					_	e date of the	-

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<u> </u>	ou 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		

<u>c</u>	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 of a negative amount)		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?			res X i	VÖ. T. Ö. L.
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	*******	13a		9 . V.
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	the co	ntrol		Yes X No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to			
1	3c(1) Name of plan(s):	13c	(2) EIN	l(s)	13c(3) PN(s)
Pani	Trust Information (optional)				
	Name of trust		14b	Trust's EIN	· · · · · · · · · · · · · · · · · · ·
G	ARLOCK DISTRIBUTION, INC. 401k Plan			46-195	6776
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