## 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

This Form is Open to

Public Inspection

OMB Nos. 1210-0110

1210-0089

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

	ar plan year 2014 or f	iscal plan year beginning 01/01/2	2014	and ending 12/	/31/2014				
Δ This ret	urn/report is for:	a single-employer plan		olan (not multiemployer)					
A IIIISTEI	um/report is ior.	a one-participant plan	of participating employer information in accordance with the form instruction  a foreign plan						
<b>B</b> This retu	urn/report is	the first return/report	the final return/report						
	•	an amended return/report	a short plan year retur	rn/report (less than 12 m	onths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC prog	ıram			
		special extension (enter desc	cription)						
Part II	Basic Plan Info	ormation—enter all requested in	nformation			_			
1a Name	of plan				<b>1b</b> Three-digit				
ALL PRECIS	SION MANUFACTUR	ING, LLC 401(K) PLAN			plan number (PN) ▶	001			
					1c Effective date				
						01/2006			
<b>2a</b> Plan sp ALL PRECIS	ponsor's name and a ION MANUFACTURI	ddress; include room or suite numb NG, LLC	ber (employer, if for a single	-employer plan)	<b>2b</b> Employer Ider (EIN) 37-	ntification Number 1368777			
153 NORTH	5TH STREET				2c Sponsor's tele	ephone number 563-7070			
PO BOX 220 NOKOMIS, IL					2d Business code	e (see instructions)			
3a Plan a	dministrator's name a	and address XSame as Plan Spor	nsor.		<b>3b</b> Administrator's	s EIN			
					3c Administrator	s telephone number			
					30 Administrator	s telephone number			
4 If the r	name and/or FIN of th	ne plan sponsor has changed since	e the last return/report filed f	or this plan, enter the	4h FIN				
name,	, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed f	or this plan, enter the	4b EIN				
name, <b>a</b> Sponso	, EIN, and the plan nu or's name	umber from the last return/report.			4c PN				
a Sponso	, EIN, and the plan nu or's name number of participant	umber from the last return/report.			4c PN 5a	10			
a Sponso 5a Total r b Total r	EIN, and the plan nu or's name number of participants number of participants	umber from the last return/report.  s at the beginning of the plan year s at the end of the plan year			4c PN	10 25			
a Sponso 5a Total r b Total r c Number	EIN, and the plan nu or's name number of participants number of participants er of participants with	umber from the last return/report.	f the plan year (defined ben	efit plans do not	4c PN 5a				
name, a Sponso 5a Total r b Total r c Number complete	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of	f the plan year (defined bene	efit plans do not	4c PN 5a 5b 5c	25 11			
name, a Sponso 5a Total r b Total r c Number comple d(1) Total	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year	f the plan year (defined ben	efit plans do not	4c PN 5a 5b 5c 5d(1)	25 11 7			
name, a Sponso 5a Total r b Total r c Number completed(1) Total d(2) Total	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year at the end of the plan year	f the plan year (defined bend blan year	efit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2)	25 11 7 22			
name, a Sponso 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the end of the plan year articipants at the end of the plan year	f the plan year (defined bend blan year earear with accrued bend	efit plans do not	4c PN 5a 5b 5c 5d(1)	25 11 7			
name, a Sponsor 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less the	EIN, and the plan nuor's name number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year is account balances as of the end of the plan year articipants at the beginning of the plan year iterminated employment during the per incomplete filing of this returns.	olan year (defined bence) blan year ear plan year with accrued bence	efit plans do not  efits that were  unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	25 11 7 22 0			
name, a Sponsor b Total r c Number completed (1) Total of the Number less the Caution: A Under penass of the Caution of the Ca	penalty for the late attice of perjury and object of penalty for menual object of perjury and object of penalty for menual object of penalty for the late attices of perjury and object of penalty for menual penalty for the late attices of perjury and object of penalty for the late attices of penalty for	s at the beginning of the plan year is at the end of the plan year is account balances as of the end of articipants at the beginning of the plan year iterminated employment during the interminated employment during the interminated employment in the instruction of the penalties set forth in the instruction signed by an enrolled actuary,	f the plan year (defined bendan year	efit plans do not  efits that were  unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appli	25 11 7 22 0 licable, a Schedule			
name, a Sponsor b Total r c Number completed (1) Total r d(2) Total r e Number less the Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	f the plan year (defined bendan year	efit plans do not  efits that were  unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appli	25 11 7 22 0 licable, a Schedule			
name, a Sponsor 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less the Caution: A Under penal SB or Schebelief, it is t	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year is account balances as of the end of articipants at the beginning of the plan year iterminated employment during the interminated employment during the interminated employment in the instruction of the penalties set forth in the instruction signed by an enrolled actuary,	f the plan year (defined bendan year	efit plans do not  efits that were  unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appli	25 11 7 22 0 licable, a Schedule			
name, a Sponsor b Total r c Number completed (1) Total r d(2) Total r e Number less the Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	f the plan year (defined bendan year	efit plans do not  efits that were  unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applit, and to the best of n	25 11 7 22 0 iicable, a Schedule hy knowledge and			
name, a Sponsor 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less the Caution: A Under pena SB or Schebelief, it is total SIGN HERE	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	f the plan year (defined bendan year	efit plans do not  efits that were  unless reasonable cau examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applit, and to the best of n	25 11 7 22 0 iicable, a Schedule hy knowledge and			
name, a Sponsor 5a Total r b Total r c Number completed (1) Total r d(2) Total r e Number less that contained a co	p. EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	f the plan year (defined benchmark) plan year with accrued benchmark rn/report will be assessed uctions, I declare that I have as well as the electronic ver	efit plans do not  efits that were  unless reasonable cau examined this return/report enter name of individ  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if appliat, and to the best of notes and to the best o	25 11 7 22 0 licable, a Schedule by knowledge and dministrator			
name, a Sponsor 5a Total r b Total r c Number completed (1) Total r d(2) Total r e Number less the les	p. EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	f the plan year (defined benchmark) plan year with accrued benchmark rn/report will be assessed uctions, I declare that I have as well as the electronic ver	efit plans do not  efits that were  unless reasonable cau examined this return/report enter name of individ  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if appliat, and to the best of notes and to the best o	25 11 7 22 0 licable, a Schedule hy knowledge and			
name, a Sponsor 5a Total r b Total r c Number completed (1) Total r d(2) Total r e Number less the les	p. EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	f the plan year (defined benchmark) plan year with accrued benchmark rn/report will be assessed uctions, I declare that I have as well as the electronic ver	efit plans do not  efits that were  unless reasonable cau examined this return/report enter name of individ  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if appliat, and to the best of notes and to the best o	25 11 7 22 0 licable, a Schedule by knowledge and dministrator			
name, a Sponsor 5a Total r b Total r c Number completed (1) Total r d(2) Total r e Number less that contained a co	p. EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	f the plan year (defined benchmark) plan year with accrued benchmark rn/report will be assessed uctions, I declare that I have as well as the electronic ver	efit plans do not  efits that were  unless reasonable cau examined this return/report enter name of individ  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if appliat, and to the best of notes and to the best o	25  11  7  22  0  licable, a Schedule hy knowledge and dministrator			

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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	an independ and conditio	lent qualified public accounta	nt (IQ	PA)				<b>—</b>	es [	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	gram (see ERISA section 40	21)? .		Yes	No	1	Not de	termii	ned
Par	t III Financial Information										
_7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of	Year		
	Total plan assets	. 7a	708	887					9	3602	
	Total plan liabilities	. 7b	708	07						3602	
	Net plan assets (subtract line 7b from line 7a)	. 7c		007	-					3002	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(I	o) To	.aı		
	(1) Employers	. 8a(1)	70	88							
	(2) Participants	. 8a(2)	165	95							
	(3) Others (including rollovers)	. 8a(3)									
	Other income (loss)		30	)73							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							2	6756	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	37	11							
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	3	30							
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								4041	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							2	2715	
j	Transfers to (from) the plan (see instructions)	· 8j									
b	If the plan provides welfare benefits, enter the applicable welfare for <b>V</b> Compliance Questions	eature codes	s from the List of Plan Charac	cterist	ic Cod	les in t	the instr	uctior	ns:		
10	During the plan year:				Yes	No		Α	moun	ıt	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X					
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not in	clude transactions reported			X					
	on line 10a.)			10b							-0000
	Was the plan covered by a fidelity bond?			10c	X					5	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benef	its under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g	X						3414
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							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es >	< No
11a	Enter the unpaid minimum required contribution for current year for	rom Schedul	e SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA	?	Y	es >	< 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 being ranting the waiver.	-			, and 6 	enter tl Day			e letter 'ear _	rulin	g 

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative 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						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	( No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to	)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	<b>13c(3)</b> P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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).

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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

	art I		Identification Information			10/01/001	<u> </u>		
For	calenda	ar plan year 2014 or fis	scal plan year beginning	01/01/2014	and ending	12/31/201			
	a multiple-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 foreign plan [ ] a one-participant plan [ ] the first return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)								
С	Check	box if filing under:	Form 5558	automatic extension tion)		DFVC p	rogram		
D	art II	Rasic Plan Info	ormation enter all requested in	formation					
	Name	e of plan	facturing, LLC 401(k) Pla			1b Three-digit plan numb (PN) ▶ 1c Effective d	er 001 ate of plan		
						01/01/2	006		
Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) All Precision Manufacturing, LLC  2b Employer Iden (EIN) 37-13  2c Sponsor's tele (217) 563-									
	PO B	OX 220				332900	code (see instructions)		
		okomis IL 62075				3b Administra	tor's FIN		
3a	Plan	administrator's name a	and address X Same as Plan Spon	isor Name		JD Administra	IOI 3 LIIV		
4	If the	name and/or EIN of the	ne plan sponsor has changed since th	ne last return/report filed fo	or this plan, enter the	4b EIN	tor's telephone number		
	name	e, EIN, and the plan nu	imber from the last return/report.			AC DN			
_ a		nsor's name		was a second of the second of		4c PN	10		
<b>5</b> a	Tota	I number of participant	s at the beginning of the plan year		•••••	5a 5b	25		
b	Tota	I number of participant	s at the end of the plan year		ft plane do not				
C	Num	ber of participants with	account balances as of the end of th	e pian year (delined bene		5c	11		
d			articipants at the beginning of the plar			5d(1)	7		
d	(2) To	tal number of active pa	articipants at the end of the plan year	***************************************		5d(2)	22		
е	Num	ber of participants that	t terminated employment during the p	lan year with accrued ben	efits that were	5e	0		
_			e or incomplete filing of this return	report will be assessed	unless reasonable car	use is establishe	ed.		
U	Inder pe	Itisa of manium, and	other penalties set forth in the instruc and signed by an enrolled actuary, a	tions. I declare that I have	examined this return/re	port, including, if	applicable, a Schedule		
	CION	Jimm.	THOUGH	3/5/15					
	SIGN HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing as plan	administrator		
	CICN								
10000	SIGN HERE	Signature of employ	rer/plan sponsor	Date	Enter name of individu	al signing as emp	loyer or plan sponsor		
			n name, if applicable) and address; in	clude room or suite numb	er (optional)	Preparer's telep	phone number (optional)		

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)				******	X Yes No
	Are you claiming a waiver of the annual examination and report of ar	•	,					<u></u>
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar			`	,	••••••	•••••	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Forn	n 5500-SF and must instead u	se Fo	orm 5	500.		
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section 4021	)? .		Ye	s No [	Not determined
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year
а	Total plan assets	7a	70,88	37				93,602
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7с	70,88	37				93,602
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al
а	Contributions received or receivable from: (1) Employers	8a(1)	7,08	88				
	(2) Participants	8a(2)	16,59					
•	(3) Others (including rollovers)	8a(3)	·					
b	Other income (loss)	8b	3,07	13				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						26,756
d	Benefits paid (including direct rollovers and insurance premiums		2 5	1				
	to provide benefits)	8d	3,71					
	Certain deemed and/or corrective distributions (see instructions)	8e	33	20				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	33					
<u>g</u> h	Other expenses	8g 8h						4,041
<del>"</del>	Net income (loss) (subtract line 8h from line 8c)	8i			-			22,715
÷	Transfers to (from) the plan (see instructions)	8j						,
Pa	rrt IV Plan Characteristics	ر د						
$\Box$	2E 2F 2G 2J 2K 2T 3B  If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	istic (	Codes	in the	e instructions	:
	art V   Compliance Questions					Γ	Ι .	
<u>10</u> a	During the plan year:  Was there a failure to transmit to the plan any participant contribut	iono within	the time period described in		Yes	No	A	mount
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do not in	clude transactions reported	10b		х		
С	Was the plan covered by a fidelity bond?	***************************************	••••••	10c	x			50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	•	•	10d		х		
е	, ,							
	insurance service, or other organization that provides some or all of instructions.)			10e		x		
f				10f		x		
<u>g</u>			<u> </u>	10g	Х			3,414
h	If this is an individual account plan, was there a blackout period? (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 2520.101			10i				
Pa	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Yes X No
11:	Enter the unpaid minimum required contribution for current year from the contribution for current year from the contribution for current year.			•••••				
12							ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
a	If a waiver of the minimum funding standard for a prior year is bein	g amortize	d in this plan year, see instructi					
	granting the waivergranting the waiver	•••••		ш _			ay	1 tai

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lf y	If you 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	•••••	••••••	12b				
С	Enter	the amount contributed by the employer to the plan for this plan year	•••••	••••••	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a ve amount)			12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadlin	ne?	•••••	🗀	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?	••••••	•••••		es X No	0		
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year	••••••	••••••	13a				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?							Yes X No		
С		ng this plan year, any assets or liabilities were transferred from this plan to ano assets or liabilities were transferred. (See instructions.)	other plan(s), iden	ntify the plan(s) to					
1	3c(1) N	lame of plan(s):		130	(2) EIN(	s)	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information (optional)							
14a Name of trust				14b Trust's EIN					