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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	<u> Annual Report</u>	Identification Information	<u> </u>								
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015	and ending 12/	31/2015						
A This ret	turn/report is for:	a single-employer plan a one-participant plan		olan (not multiemployer) (lan (not multiemployer) (lanployer information in acc	_						
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)								
C Check I	box if filing under:	Form 5558 special extension (enter desc	automatic extension								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name	of plan	ING, LLC 401(K) PLAN	· ·		1b Three-digit plan number (PN) ▶	001					
					1c Effective da	te of plan 01/01/2006					
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		ructions)	2b Employer Id (EIN)	entification Number 37-1368777					
ALL PRECIS	ION MANUFACTURIN	NG, LLC				elephone number					
						de (see instructions)					
153 NORTH PO BOX 220 NOKOMIS, II						332900					
3a Plan a	dministrator's name ar	nd address XSame as Plan Spon	sor.		3b Administrate	or's EIN					
name		e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	or this plan, enter the	3c Administrate 4b EIN 4c PN	or's telephone number					
		at the heginains of the plan year			5a	25					
_	5a Total number of participants at the beginning of the plan year					25					
C Numb	er of participants with	at the end of the plan yearaccount balances as of the end of	the plan year (defined bene	efit plans do not	5b 5c	11					
d(1) Tota	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	22					
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	21					
e Numb	per of participants that 100% vested	terminated employment during the	e plan year with accrued be	nefits that were less	5e	1					
		or incomplete filing of this return									
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.									
SIGN	Filed with authorized	/valid electronic signature.	03/09/2016	JEFFREY HOWELL							
HERE	Signature of plan a	f plan administrator Date Enter name of individ				administrator					
SIGN											
HERE	Signature of emplo	over/nlan snonsor	Date	Enter name of individua	ividual cigning ac amployor or plan enoncor						
Preparer's		name, if applicable) and address (in			idual signing as employer or plan sponsor Preparer's telephone number						
	, 11 3	. ,,		ŕ	,						

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 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 cannot be a second or line 6b. 	an indepen and condition not use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			Yes 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 d	etermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End		
a Total plan assets	. 7a		93	8602					104650
b Total plan liabilities	. 7b		00	8602					104650
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	. 7с	(a) A		0002			(1-)		104650
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(a)	Total	
(1) Employers	. 8a(1)		4	000					
(2) Participants	. 8a(2)		14	343					
(3) Others (including rollovers)	. 8a(3)								
b Other income (loss)	. 8b		-5	140					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								13203
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								
e Certain deemed and/or corrective distributions (see instructions)	. 8e		1	835					
f Administrative service providers (salaries, fees, commissions)	. 8f			320					
g Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								2155
i Net income (loss) (subtract line 8h from line 8c)	8i								11048
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruc	tions:	
Part V Compliance Questions									
During the plan year:			1	Yes	No	N/A		Amo	unt
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					F0000
d Did the plan have a loss, whether or not reimbursed by the plan's			100	^					50000
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 son the plan? (See instructions.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a									2004
h If this is an individual account plan, was there a blackout period?	•	,	10g	X					2924
2520.101-3.)	•		10h		X				
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						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			-						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes X 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 3	302 of E	RISA?	<u>.L</u>	Yes X No

	F	orm 5500-SF 2015 Page 3 - 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
	rianio	of tubics of suctorial			telephone		a 11 0
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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 section 410(b):						rage efit test
16b	b 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?					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

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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► 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

			and plan year baginning	01/01/2015	and ending	12/31/201	5				
-or	calendar pla	n year 2015 or ii	scal plan year beginning			Water Company of the National Property of the					
A	This return/re	port is for:	a single-employer plan a one-participant plan		an (not multiemployer) (l mployer information in a						
В	This return/re	port is:	the first return/report	the final return/report							
		•	an amended return/report	a short plan year retu	n/report (less than 12 m	onths)					
C	Check box if	filing under:	Form 5558	automatic extension		DFVC pi	rogram				
Contract of			special extension (enter desc	· ,							
-			ormation enter all requested	Information		4b There digit					
1a	Name of pl		facturing, LLC 401(k)	Plan		1b Three-digit plan numb (PN) ▶	1				
						1c Effective d 01/01/2					
2a	Mailing Add	dress (include ro	loyer, if for a single-employer plan) nom, apt., suite no. and street or P. nce, country, and ZIP or foreign pos	O. Box)	ructions)	, ,	Identification Number -1368777				
	-		ifacturing, LLC	star code (il foreign, see inst	idollons)		telephone number 663-7070				
	153 Nor PO BOX	th 5th Stre		2d Business of 332900	code (see instructions)						
	US Nokomi	s IL 62075									
3a	Plan admir	nistrator's name	and address 🕱 Same as Plan S	ponsor Name		3b Administra	itor's EIN				
							ator's telephone number				
4	If the name name, EIN	e and/or EIN of t , and the plan n	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed	or this plan, enter the	4b EIN					
а	Sponsor's	name				4c PN					
5a	Total num	per of participan	ts at the beginning of the plan year	*****************************	************************************	5a	25				
b	Total num	oer of participan	ts at the end of the plan year		*******************************	5b	25				
С	Number of complete t	participants wit	h account balances as of the end o	f the plan year (defined ben	efit plans do not	5c	11				
d	(1) Total nu	mber of active p	articipants at the beginning of the p	olan year	••••••	5d(1)	22				
d	(2) Total nu	mber of active p	articipants at the end of the plan ye	ear	***************************************	5d(2)	21				
е		participants that	t terminated employment during the	e plan year with accrued be	nefits that were	5e	1				
C	aution: A pe	nalty for the la	te or incomplete filing of this ret	urn/report will be assesse	d unless reasonable ca	use is establishe	ed.				
U	nder penaltie B or Schedu	e of periury and	other penalties set forth in the inst I and signed by an enrolled actuary	ructions. I declare that I hav	e examined this return/re	eport, including, if	applicable, a Schedule				
		1.1h/F	A - 00	3-9-16	Jeffrey A	Yowell					
1000	HERE Sign	ature of plan ac	dministrator	Date	Enter name of individu		administrator				
	SIGN		-								
1000000	\$ 6060 C 10	ature of employ	/er/plan sponsor	Date	Enter name of individu	ual signing as emp	loyer or plan sponsor				
P	reparer's nar	ne (including firi	m name, if applicable) and address	; include room or suite num	per -	Preparer's telep	ohone number				

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6a v	Vere all of the plan's assets during the plan year invested in eligible	assets? (So	ee instructions.)	*******				*******	X Yes	No
	re you claiming a waiver of the annual examination and report of ar									
	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility ar			•••••		**********		000000	X Yes	No
lf	you answered "No" to either line 6a or line 6b, the plan cannot	t use Form	5500-SF and must inst						_	
c If	the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	gram (see ERISA sectior	4021	1)? .		Yes	∐ No L	Not deter	mined
Par	t III Financial Information									
7 P	lan Assets and Liabilities		(a) Beginning of	Year	•	_		(b) End of	Year	-
<u>a</u> T	otal plan assets	7a	9	3,6	02	-			104,65	0
***************************************	otal plan liabilities	7b				-				
_	let plan assets (subtract line 7b from line 7a)	7c		3,6	02	-		(I-) T-	104,65	0
***************************************	ncome, Expenses, and Transfers for this Plan Year contributions received or receivable from:		(a) Amount					(b) To	aı	
	1) Employers	8a(1)		4,0	00					
(2) Participants	8a(2)	1	4,3	43					
(;	3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	(5	,14	0)					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13,20	3
••	denefits paid (including direct rollovers and insurance premiums or provide benefits)	. 8d								
	Certain deemed and/or corrective distributions (see instructions)	. 8e		1,8	35					
f A	administrative service providers (salaries, fees, commissions)	. 8f		3	20					
g	Other expenses	. 8g								
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							2,15	5
i	let income (loss) (subtract line 8h from line 8c)	. 8i							11,04	8
j 1	ransfers to (from) the plan (see instructions)	. 8j		,						
	t IV Plan Characteristics	21,000 and 100								
9a 1	f the plan provides pension benefits, enter the applicable pension fe	eature code	s from the List of Plan Ch	aract	eristic	Code	es in the	instruction	is:	
	2E 2F 2G 2J 2K 2T 3B					-				
b i	f the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Cha	racte	ristic (Codes	in the i	nstructions	:	
Par	t V Compliance Questions					Ι				
10	During the plan year:				Yes	No	N/A	A	mount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program)	,	,	10a		x				
b	Were there any nonexempt transactions with any party-in-interest				7					
***************************************	reported on line 10a.)			10b		Х				
C	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 by fraud or dishonesty?	,	,	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or oth			100						
	carrier, insurance service, or other organization that provides som									
	the plan? (See instructions.)	000000000000000000000000000000000000000		10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g	х				2	,924
h	If this is an individual account plan, was there a blackout period?	(See instruc	ctions and 29 CFR							
	2520.101-3.)			10h	ļ	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			10i						
j	Did the plan trust incur unrelated business taxable income?	000000000000000000000000000000000000000		10j						
Par	t VI Pension Funding Compliance					-				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								☐ Yes 2	☑ No
11a	Enter the unpaid minimum required contribution for current year for	rom Schedu	lle SB (Form 5500) line 4	0			11a			
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the C	code	or sec	tion 3	02 of EF	RISA?	Yes 2	No No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ranting the waiver. Month	ctions, and e	enter the av	e date of the Yea	ne letter ru ar	ing	
g	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	12b					
С	Enter the amount contributed by the employer to the plan for this plan year	1	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [No L	N/A	
Part							
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	1	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under the co	ntrol		Yes [K No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	ne plan(s) to					
	which assets or liabilities were transferred. (See instructions.)		(a) E111	(-)	42-(2)	DNI(a)	
1	3c(1) Name of plan(s):	130	(2) EIN	(S)	13c(3)	-IV(S)	
D 4	VIII Trust Information						
Part	30000 TOP 100000 1		14b Trust's EIN				
14a	Name of trust		170	Tusts Env	•		
14c	Name of trustee or custodian	14d Trustee or custodian's telephone number					
			teie	epnone nu	mbei		
Par	t IX IRS Compliance Questions			-			
	Is the plan a 401(k) plan:		☐ Ye	es	☐ No		
	15 the plant a 401(k) plant.		D	esign-	***		
15k	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e	employer		ased safe arbor	ADP/	ACP	
	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ethod	test		
150	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year		Пу	es	□No		
150	testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(m)-			<u></u>		
	2(a)(2)(ii))?						
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	410(b):	$ \sqcup $ P	atio ercentage est	Avera Bene	age fit Test	
16k	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combit this plan with any other plans under the permissive aggregation rules?	ning		es	☐ No		
17a	Has the Plan been timely amended for all required law changes?		Y	es	☐ No	□ N/A	
171	Date of the last plan amendment/restatement for the required tax law changes was adopted//_	Enter th	ne appli	cable code	e (Se	ee	
	instructions for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that	t is subject to	n a favo	rable IRS	opinion or		
	advisory letter, enter the date of that favorable letter / / and the letter's serial number	er.					
	If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please determination letter / / /		e of pla	ın's last fa	vorable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) ha made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	is been lands)?	☐ Y	'es	☐ No		
19	Were in-service distributions made during the plan year?		Y	'es	☐ No		
	If Yes, enter amount	•••••	19				
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whe not retired) as required under section 401(a)(9)?	ther or		'es	☐ No	□ N/A	
	1101 1001 00/ 00 1 24011 00 01101 1 1 1 1 1 1 1 1 1 1 1 1 1						