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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part	I Annual Report	Identification Information									
For cale	endar plan year 2015 or f	iscal plan year beginning 01/01/2	2015 and ending 12	2/31/2015		<u> </u>					
A This	return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in act a foreign plan	•	•						
B This	s return/report is the first return/report an amended return/report as short plan year return/report (less than 12 months)										
	ck box if filing under:	Form 5558 special extension (enter descri	· /	_ D	FVC progr	am					
Part l		ormation—enter all requested in	formation	T							
	me of plan MS OIL FILTER SERVICE	E CO. 401(K) PLAN		1b Three plan n (PN)	umber	003					
				1c Effecti		plan 1/2014					
Mai	iling address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		2b Emplo (EIN)	-	ication Number 782192					
VILLIAM	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) //ILLIAMS OIL FILTER SERVICE CO. OF TACOMA, INC.					2c Sponsor's telephone number 253-627-8163					
247 PUYALLUP AVE. ACOMA, WA 98421					2d Business code (see instructions) 811190						
3a Pla	n administrator's name a	nd address XSame as Plan Spons	Sor.	3b Administrator's EIN3c Administrator's telephone number							
A 15.41	no nome on des FINI sé de			4h su							
na		imber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN 4c PN							
		a at the beginning of the plan year		5a		16					
		0 0 1 7		5b		15					
		s at the end of the plan year	the plan year (defined benefit plans do not			10					
COI	mplete this item)			5c		11					
			an year	5d(1)		15					
			ar	5d(2)		14					
th	an 100% vested		plan year with accrued benefits that were less	5e	ioho-l	0					
			n/report will be assessed unless reasonable cau			oblo o Cobodulo					
CD or C	renanies of perjuly and o		ctions, I declare that I have examined this return/re	port, including	y, ii appilc	anie, a oulieuule					

<u>belief, it is t</u>	rue, correct, and complete.							
	Filed with authorized/valid electronic signature.	06/17/2016	TIM LARSEN					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe	r)	Preparer's telephone number				

	Form 5500-SF 2015		Page 2								
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 f you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	1	Not det	ermined
Par	t III Financial Information		<u> </u>			1					
	Plan Assets and Liabilities		(a) Beginning			-		(b) Eı	nd o	f Year	
	Fotal plan assets	. 7a		279	0133	+				30	7844
	Fotal plan liabilities	. 7b		070	0	0					0 7844
	Net plan assets (subtract line 7b from line 7a)	. 7c	(5) A		7133	+		/1-			7044
	Contributions received or receivable from:		(a) Amou	ınt				<u>a)</u>) To	tai	
	1) Employers	. 8a(1)		7	'884						
	2) Participants	. 8a(2)		'112							
	3) Others (including rollovers)	. 8a(3)			0						
	Other income (loss)				5111						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								2	3885
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d			0						
е (Certain deemed and/or corrective distributions (see instructions)	. 8e			174						
f /	Administrative service providers (salaries, fees, commissions)	. 8f			0						
g	Other expenses	. 8g			0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									174
	Net income (loss) (subtract line 8h from line 8c)	. 8i								2	3711
_ J _	Fransfers to (from) the plan (see instructions)	8j									
Part											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the inst	ructi	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	les in th	e instr	uctio	ns:	
Part	V Compliance Questions				ı	Ti-					
10	During the plan year:				Yes	No	N/A			Amoun	t
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					V					
	reported on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X						50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her person ne or all of	s by an insurance the benefits under		X						233
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e	^	V					233
-	· · · · · · · · · · · · · · · · · · ·			10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g		Χ					
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	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10i							
Part	VI Pension Funding Compliance			,							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	es X No
11a	Enter the unpaid minimum required contribution for all years from						11a				_
12	Is this a defined contribution plan subject to the minimum funding		, ,				302 of E	RISA?	,	Ye	es 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 custodian's					
	rianio	of tubics of suctorial		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/ 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	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)?								

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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

2015

This Form is Open to Public Inspection

	enefit Guaranty Corporation		accordance with the instru	ctions to the Form 550)0-SF.		· · · · · · · · · · · · · · · · ·		
Part I		Identification Information				-			
For calenda	er plen year 2015 or fi	scal plan year beginning	01/01/2015	and ending		31/201			
A This ret	turn/report is for:	X a single-employer plan	list of participating emp	an (not multiemployer)(ployer information in acc					
		a one-participant plan	∐ a foreign plan —						
B This retu	um/report is	the first return/report	the final return/report		a Maria				
C Charles	hav M Clina vadan	an amended return/report	∐ a short plan year return.	report (less than 12 mol	_				
G Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension		Пв	FVC progr	am		
Part II	Racio Plan Info	rmation—enter all requested in							
1a Name		i matron enter all requested i	nonnauon	T	1b Three	-digit T			
	•	Service Co. 401(k)	Plan			rumber	003		
					1c Effecti 08/0	ive date of 01/2014	-		
2a Plan sponsor's name (employer, if for a single-employer plan) Meiling address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						yer identifi 91-078	ication Number 32192		
William	s Oil Filter	e.country, and ZIP or foreign pos Service Co. of	ital code (if foreign, see instru	ictions)	•	sor's telept 3) 627-8	none number		
Tacoma,	ruc.			-	2d Busine	ess code (s	see instructions)		
1247 Ри	yallup Ave.			ĺ	8111	.90			
<u> Tacoma</u>		nd address XSame as Plan Spor	WA	98421	3b Admin				
		e plan sponsor has changed since mber from the last return/report.	e the last return/report filed fo	r this plan, enter the	4b EIN				
a Sponse	· · ·	The state of the s			4c PN				
5a Total r	number of participants	at the beginning of the plan year.			5a		16		
		at the end of the plan year			5b		15		
C Numb	er of participants with	account balances as of the end o	f the plan year (defined benef	ît plans do not	Sc				
d(1) Tota	al number of active pa	rticipants at the beginning of the p	olan year		5d(1)		15		
d(2) Tota	al number of active pa	rticipants at the end of the plan ye	987		5d(2)		14		
e Numb	er of participants that 100% yested	terminated employment during th	e plan year with accrued ben	efits that were less	5e		0		
Caution: A	penalty for the late	or incomplete filing of this retu	m/report will be assessed u	niess reasonable caus	e is establ	ished.			
SB or Sche	attes or perjury and or edule MB completed a gate, correct, and com	her penalties set forth in the instru nd signed by an enrolled actuary, Neter	as well as the electronic vers	ixamined this return/report,	and to the b	g, it applicates to my	knowledge and		
SIGN	2 or=1	Harry	1400 16 20K	-					
科学学				Enter name of individua	al eigning as	e nlan adm	inistrator		
SIGN				Tarito di Marrio di	a bigining di	J DIENY CONT			
HERE	Signature of emplo	umrinian enament	Date	Enter nome of individual	al niening of		or alan anongor		
Preparer's		ame, if applicable) and address (i		Enter name of individua)	arsigning as Preparer's t				

	Form 5500-SF 2015		Page 2								
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							X	Yes [No No	
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA s	ection 4	1021)?		Yes	∏ No [] Not	determir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End	of Ye		
а	Total plan assets	7a		27	9,13	3		307,			
ь	Total plan liabilities	7b				0					0
C	Net plan assets (subtract line 7b from line 7a)	7c		27	9,13	3				307	,844
8	Income, Expenses, and Transfers for this Plan Year		(a) Amor	(a) Amount				(b)	Total		
	Contributions received or receivable from: (1) Employers	8a(1)	7,884			4					·
	(2) Participants	8a(2)	27,11							· .	
	(3) Others (including rollovers)	8a(3)				<u>-</u>					
	Other income (loss)	8b			6,11			an committee radio di Ann			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				÷				28	,885
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d				0			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·	
е	Certain deemed and/or corrective distributions (see instructions)	8e			17	4	: :			1	
f	Administrative service providers (salaries, fees, commissions)	8f									
9	Other expenses	8g					1				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									174
i	Nat income (loss) (subtract line 8h from line 8c)	81		·						28	,711
j	Transfers to (from) the plan (see instructions)	se instructions)8i									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of P	len Cha	recterí	istic Co	odes in	the instr	uctions:	:	
	If the plan provides welfare benefits, enter the applicable welfare for	eature cox	des from the List of Pla	n Char	acteris	tic Co	des in ti	ne instruc	tions:		
Part	V Compliance Questions				,						
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	in the time period		Yes	No	N/A		Amo	ount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		х					
D	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b	1	x					
C	Was the plan covered by a fidelity bond?			10c	х					EΛ	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d	^	х				50	,000
	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.)	ner person ne or all of	s by an insurance the benefits under	10e	×						233
f					^	 					600
	Did the plan have any participant loans? (If "Yes," enter amount a		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	10f		X					
g h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	10g 10h		X X					<u> </u>
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	101		Λ.					
	Did the plan trust incur unrelated business taxable income?			101		1					· · · · · · · · · · · · · · · · · · ·
Part	VI Pension Funding Compliance			,							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							(Form		Yes 2	No
11a	Enter the unpaid minimum required contribution for all years from										,
12	Is this a defined contribution plan subject to the minimum funding						•	ERISA?		Yes	No

	F	orm 5500-SF 2015 Page 3 -						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	. , , , , , , , , , , , , , , , , , , ,			······································	·	
	granti	iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ig the waiver.	Month	ente Da		of the lette Year	er ruli	ng
<u> f </u>	уоц со	mpleted line 12e, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1				
Ь	Enter t	e minimum required contribution for this plan year	**-3:::::::::::::::::::::::::::::::::::	12	ib			
C	Enter tr	e amount contributed by the employer to the plan for this plan year		12	c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the re amount)		12	d			
е		e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
art	VII I	Plan Terminations and Transfers of Assets						
13a	Has a	esolution to terminate the plan been adopted in any plan year?			Π,	∕es 🛭 N	o o	
		," enter the amount of any plan assets that reverted to the employer this year		13	a			
b	Were of the	ght under the co	ontro	4	Yes	N N	lo	
С	If durk	ig this plan year, any assets or liabilities were transfeπed from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)	fy the plan(s) to)				
1	3c(1) N	13c(2)	EIN	s)	13c	(3) P	V(s)	
art	VIII:	Trust Information						
4a r	Name o		14	b Trust's '	EIN			
14c	4¢ Name of trustee or custodian					e's or cus one numb	r custodien's number	
Part	i X	IRS Compliance Questions						
5a	is the p	olan a 401(k) plan?			Yes	<u> </u>	do	
	matchi	how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based so harbor method				ACP
	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "ci method" for nonhighly compensated employees (Trees. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 ii))?	01(m)-		Yes	∏ No		
		he box to indicate the method used by the plan to satisfy the coverage requirements under section	.,		Ratio percenta test	ge []	Average benefit test	
16b	Does that this pla	ne 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?	bining		Yes	יו	Vo.	
		plan been timely amended for all required tax law changes?			Yes	<u>[]</u>	Vo.	□ N/A
	for tax	he last plan amendment/restatement for the required tax law changes was adopted aw changes and codes).	Enter the ap					uctions
		an sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla y letter, enter the date of that favorable letter		t to :	a favorable	RS opir	ilon d	ır
17d	If the p	an is an individually-designed plan and received a favorable determination letter from the IRS, er nation letter	nter the date of	the	pian's last	favorable		
		lan 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	0	o	
9	Were in	-service distributions made during the plan year?			Yes	_ No	>	
	If "Yes,	enter amount		19	,			
		equired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wi as required under section 401(a)(9)?			Yes	□ No)	□ N/A