Form 5500-SF	Short Form Annu			Employee OMB Nos. 1210 1210				
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Plai			2015			
Department of Labor Employee Benefits Security Administration	Income Security Act of 197		6057(b) and 6058(a) of the	Internal	his Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation			structions to the Form 5	500-SF.				
Part IAnnual ReportFor calendar plan year 2015 or fis	Identification Information		and ending 12	2/31/2015				
	X a single-employer plan		er plan (not multiemployer)		his box must attach a			
A This return/report is for:	a one-participant plan	list of participating	employer information in ac	ccordance with the	e form instructions)			
B This return/report is	the first return/report	the final return/repo	ort					
·	an amended return/report	a short plan year re	eturn/report (less than 12 m	ionths)				
C Check box if filing under:	Form 5558	automatic extension	n	DFVC	program			
	special extension (enter dese							
Part II Basic Plan Info	rmation—enter all requested in	nformation						
1a Name of plan GARLOCK DISTRIBUTION, INC. 4	401K PLAN			1b Three-digit plan numb	er			
				(PN) ► 1c Effective d	001			
					10/01/2012			
	ver, if for a single-employer plan) n, apt., suite no. and street, or P. e, country, and ZIP or foreign pos		nstructions)	(EIN)	dentification Number 26-0797701			
GARLOCK DISTRIBUTION, INC.			,		telephone number 206-931-5599			
				2d Business c	ode (see instructions)			
3733 S. 212TH ST. KENT, WA 98031					484110			
3a Plan administrator's name an	d address XSame as Plan Spor	nsor.		3b Administra	tor's EIN			
				3c Administra	tor's telephone number			
name, EIN, and the plan nun	e plan sponsor has changed since nber from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN				
a Sponsor's name				4C PN	11			
5a Total number of participants				5a 5b	5			
	at the end of the plan year account balances as of the end o				5			
				5c	2			
d(1) Total number of active par	ticipants at the beginning of the p	olan year		5d(1)	9			
	ticipants at the end of the plan ye			5d(2)	5			
	terminated employment during th			5e	0			
Caution: A penalty for the late of	or incomplete filing of this retu	rn/report will be assess	ed unless reasonable cau					
Under penalties of perjury and oth SB or Schedule MB completed an	id signed by an enrolled actuary,							
	noto.	1						
belief, it is true, correct, and comp	valid electronic signature.	07/14/2016	RICK GARLOCK					
belief, it is true, correct, and comp	valid electronic signature. dministrator	07/14/2016 Date	Enter name of individ	lual signing as pla	n administrator			
belief, it is true, correct, and comp SIGN HERE Filed with authorized/ Signature of plan ar				lual signing as pla	n administrator			
belief, it is true, correct, and comp SIGN Filed with authorized/ HERE Signature of plan au SIGN Signature of employ	dministrator yer/plan sponsor	Date	Enter name of individ Enter name of individ	lual signing as em	ployer or plan sponsor			
belief, it is true, correct, and comp SIGN HERE Signature of plan action SIGN HERE	dministrator yer/plan sponsor	Date	Enter name of individ Enter name of individ		ployer or plan sponsor			

-	Were all of the plan's assets during the plan year invested in eligib		· ,					Yes No	
	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	and condit	ions.)		·····	, ,		Yes No	
	If the plan is a defined benefit plan, is it covered under the PBGC ir							No Not determined	
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year	
а	Total plan assets	7a			056			201934	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		150	056			201934	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)			480	_			
	(2) Participants	8a(2)		48	000				
	(3) Others (including rollovers)	8a(3)				_			
b	Other income (loss)	8b			349				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						54829	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2	951				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2951	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					51878		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2J$ $2K$ $2R$ $3D$	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in	the instructions:	
B	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Coo	les in th	ne instructions:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
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 V Program)	/oluntary F	iduciary Correction	10a		x			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c	Х			25000	
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 carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ne or all of	the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g		Х			
h		(See instru	uctions and 29 CFR	10g 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	he required	d notice or one of the	10i					
—i	Did the plan trust incur unrelated business taxable income?								
Part				10j	<u> </u>			1	

11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedu)) and line 11a below)		(Form	Υe	es 🗙 N	lo
11a	Ente	er the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 30	02 of E	RISA?	Ye	es X N	lo

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-											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		enter th Day _	e date of t	he letter rul Year	ing					
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		r —							
b	Enter the minimum required contribution for this plan year		12b								
C	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 negative amount)		12d								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A					
Part	Part VII Plan Terminations and Transfers of Assets										
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	s 🗙 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 brou of the PBGC?		ontrol		Yes 🗙	No					
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)										
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)					
Part	VIII Trust Information										
	Name of trust LOCK DISTRIBUTION, INC. 401K PLAN			Trust's Ell 1956776	N						
	Name of trustee or custodian AN GARLOCK		14d Trustee's or custodian's telephone number 206-931-5599								
Part	t IX IRS Compliance Questions										
15a	Is the plan a 401(k) plan?		Υe	es	No						
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADP test	P/ACP					
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?		Yes [No	No					
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Ratio percentage test		Average benefit test						
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by conthis plan with any other plans under the permissive aggregation rules?		Ye	es	No						
17a	Has the plan been timely amended for all required tax law changes?		Υe	es	No	N/A					
17b	Date the last plan amendment/restatement for the required tax law changes was adopted// for tax law changes and codes).	Enter the ap	plicable	e code	(See ins	tructions					
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter/ and the letter's serial r	number		·		or					
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the pla	n'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 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Ye	S	No						
19	Were in-service distributions made during the plan year?		Ye	es	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)?											

Form 5500-SF	Short Form Annual	Return/Report of Benefit Plan	of Small Employ	ee		OMB Nos. 1210-0110 1210-0089
Internal Revenue Service	This form is required to be		2	015		
Department of Labor Employee Benefita Security Administration		s Open to Public				
Pension Benefit Guaranty Corporation	Complete all entries in ac	cordance with the instru	ctions to the Form 5500	-SF.		
Part I Annual Report I For calendar plan year 2015 or fisc	dentification Information	01/01/2015	and ending	12/3	31/2015	
	x a single-employer plan		lan (not multiemployer) (i			must attach
A This return/report is for:	A a single-employer plan		mployer information in a		-	
	a one-participant plan	a foreign plan				
B This return/report is:	the first return/report	the final return/report				
l	an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)		
C Check box if filing under:	Form 5558	automatic extension		П	DFVC progra	m
	special extension (enter descri	ption)				
Part II Basic Plan Infor	mation enter all requested i	nformation				
1a Name of plan					ree-digit	
GARLOCK DISTRIBUTION	N, INC. 401k Plan				an number N) ►	001
					fective date of	plan
				and the owner where the state of the state o	0/01/2012	
	er, if for a single-employer plan) n, apt., suite no. and street or P.O	Box)				ication Number
City or town, state or province	e, country, and ZIP or foreign posts		ructions)		IN) 26-079	
GARLOCK DISTRIBUTION	N, INC.				onsor's teleph 206) 931-5	
						see instructions)
8733 S. 212th St.					84110	
US Kent WA 98031						
3a Plan administrator's name and	d address X Same as Plan Spo	nsor Name		3b Ad	Iministrator's I	EIN
				3c Ad	lministrator's t	elephone number
	plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	4b El	N	
	ber from the last return/report.			4		
a Sponsor's name 5a Total number of participants a	t the beginning of the plan year			4c PN 5a	1	11
	t the end of the plan year			5b		5
C Number of participants with a	ccount balances as of the end of t	he plan year (defined bene	afit plans do not	5c		
			and the second se			2
d(1) Total number of active partie	cipants at the beginning of the pla	n year		5d(1)		9
d(2) Total number of active partie				5d(2)		5
e Number of participants that te less than 100% vested	rminated employment during the p			50		0
Caution: A penalty for the late of	the second se	and the second	and the second se	so is est	ablished.	
Under penalties of perjury and oth					the second s	able a Schedule
SB or Schedule MB completed an belief, it is true, correct, and comp	id signed by an enrolled actuary, a	is well as the electronic ve	rsion of this return/report	and to the	he best of my	knowledge and
SIGN Am Dula	4	11	Rick Gar	101.11		
HERE Signature of plan admin	histrator	Date 7/14/16	Enter name of individua	Isianina	as plan admir	istrator
SIGN Ann Sca	lut	11	Rick Garl	Dr.K	uo pierr darini	
HERE Signature of employer/	plan sponsor	Date 17/14/11	Enter name of individua	Isignina	as employer o	or plan sponsor
Preparer's name (including firm na		111111	er	the same state of the same state of the	r's telephone	And Address of Addre
		/ /				
For Paparwork Reduction Act N	lotice and OMB Control Number	a see the instructions fo	Form 5500.9E		E	orm 5500-SF (2015)

with control numbers, see the instructions for Form 5500-5F.

	Form 5500-SF 2015		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)						X Yes	No
	Are you claiming a waiver of the annual examination and report of an									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditio	ns.)						X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Form	n 5500-SF and must inst					-		
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	h 4021	1)?	[Yes	No	Not	determined
Pa	Int III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Year				(b) End o	of Year	
а	Total plan assets	7a	15	50,0	56				201	,934
b	Total plan liabilities	7b				-				
C	Net plan assets (subtract line 7b from line 7a)	7c		50,0	56	+				,934
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	1000	(a) Amount			-		(b) T	otal	
a	(1) Employers	8a(1)		6,4	80	1.52.63				
	(2) Participants	8a(2)	4	18,0	00					
-	(3) Others (including rollovers)	8a(3)					14.52			
b	Other income (loss)	8b		3	49		-			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							54	,829
d	Benefits paid (including direct rollovers and insurance premiums	8d		2,9	51					
-	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e		2,3		0.510				
e f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g				1.01		Sec. 19		
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		and the second	191.9	-			2	,951
Ť	Net income (loss) (subtract line 8h from line 8c)	81			(1996) 1996)				and the second second	,878
i	Transfers to (from) the plan (see instructions)	81				1220		1-15 (d1-1-1-		
P	Int IV Plan Characteristics					And and a second				and the state of the
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Ch	aract	eristic	Code	s in the	instructio	ons:	
	2E 2F 2J 2K 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aracte	ristic	Codes	in the i	nstruction	ns:	
		1.								
Pa	Int V Compliance Questions	13	<i>6</i>							
10	During the plan year:				Yes	No	N/A		Amount	
a	the second s		· · · · · · · · · · · · · · · · · · ·							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	uciary Correction							
	Program)	and the second se	the second se	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			106		x				
c				100	x	-				25,000
-				100	-					23,000
	by fraud or dishonesty?	-	•	10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth									
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e		x				
4	Has the plan failed to provide any benefit when due under the plan		and the second sec	106		-				
-						X				
				10g		x				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruc	ctions and 29 CFR	10h		x				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i						
j	Did the plan trust incur unrelated business taxable income?		******	10j						
Pa	rt VI Pension Funding Compliance									
11						Sched	ule SB (Form		s X No
11	a Enter the unpaid minimum required contribution for current year for					I	11a		1 - 1	
40						[

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... 🗌 Yes 🕱 No

Form 5500-SF 2	015	Page 3-						
	a 12a or lines 12b, 12c, 12d, and 12e below, as applicab							
granting the waiver.	imum funding standard for a prior year is being amortize	N	IonthD	enter the	e date of th Yea		ruling	
If you completed line 12	a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and skip to line	13.					
b Enter the minimum re	quired contribution for this plan year			12b				
c Enter the amount con	tributed by the employer to the plan for this plan year			12c				
	n line 12c from the amount in line 12b. Enter the result (12d				
e Will the minimum fund	ling amount reported on line 12d be met by the funding of	deadline?			Yes [No [N/A	
Part VII Plan Term	inations and Transfers of Assets							
13a Has a resolution to te	minate the plan been adopted in any plan year?			1 Y		0		
If "Yes," enter the am	ount of any plan assets that reverted to the employer this	s year		13a				
	ets distributed to participants or beneficiaries, transferred				[Yes	X No	
C If during this plan yea	r, any assets or liabilities were transferred from this plan ies were transferred. (See instructions.)							
13c(1) Name of plan(s):			130	(2) EIN	s)	13c(3)	PN(s)	
terre to the second	mation (optional)							
14a Name of trust				14b T	rust's EIN			
GARLOCK DISTRIB	TION, INC. 401k Plan			46-1956776				
14c Name of trustee or cu	stodian			14d Trustee or custodian's telephone number				
Susan Garlock				(206) 931-5	5599		
Part IX IRS Comp	liance Questions							
15a is the plan a 401(k) plan	an:			🗌 Ye	6	No No		
	401(k) plan satisfy the nondiscrimination requirements (as applicable) under sections 401(k)(3) and 401(m)(2)?			bas ha	sign- sed safe rbor ethod	ADP test	ACP	
	the 401(k) plan perform ADP/ACP testing for the plan year highly compensated employees (Treas. Reg. section 1.			🗌 Ye	5	No No		
	ate the method used by the plan to satisfy the coverage		and the second second	Ratio Percentage Avera Test Bene			age afit Test	
this plan with any othe				Ye	5	No No		
17a Has the Plan been tim	ely amended for all required law changes?			Ye	5	No No	N/A	
instructions for tax law	mendment/restatement for the required tax law changes changes and codes).				able code			
17c If the plan sponsor is a advisory letter, enter th	in adopter of a pre-approved master, prototype (M&P), o e date of that favorable letter / /	or volume submitter plan and the letter's serial nu	that is subject to	a favor	able IRS o	pinion or		
17d If the plan is an individ determination letter	ually-designed plan and recieved a favorable determinal	tion letter from IRS, plea	ase enter the date	of plan	's last favo	orable		
18 Is the Plan maintained made), American Sam	in a U.S. territory (i.e., Puerto Rico (if no election under i oa, Guam, the Commonwealth of the Northern Mariana I	ERISA section 1022(i)(2 slands or the U.S. Virgin) has been n Islands)?	🗌 Ye	s	No		
19 Were in-service distrib	utions made during the plan year?			🗌 Ye	8	🗌 No		
If Yes, enter amount		*********		19				
20 Were minimum require not retired) as required	d distributions made to 5% owners who have attained a under section 401(a)(9)?			C Ye	5	No No	□ N/A	
		and the second se	and a second		Contraction of the local division of the loc	the state of the s	and the second se	