Form 5500-SF		Short Form Annua	al Return/Repor Benefit Plan	t of Small Employ	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed	iled under sections 104 and 4065 of the Employee Retirement 2016					
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).					
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the inst	tructions to the Form 550	0-SF.	Public Inspection		
Part I		lentification Information			4/0040			
For calenda	ar plan year 2016 or fisc				31/2016			
A This ret	urn/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) (Fil mployer information in acco		•		
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 mon	iths)			
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC pr	ogram		
Part II	Basic Plan Infor	nation —enter all requested info						
1a Name		•	Jimation		(PN)	number		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					2b Employer Identification Number (EIN) 37-1368777			
	ION MANUFACTURING	country, and ZIP or foreign posta	al code (if foreign, see ins	tructions)	2c Sponsor's telephone number 217-563-7070			
153 NORTH PO BOX 220 NOKOMIS, II				2	2d Busin	ess code (see instructions) 332900		
3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN 3c Administrator's telephone number				
		plan sponsor has changed since t per from the last return/report.	he last return/report filed	for this plan, enter the	1b EIN			
a Sponse	or's name			4	1C PN			
5a Total r	number of participants at	t the beginning of the plan year			5a	25		
b Total r	number of participants at	the end of the plan year			5b	32		
		count balances as of the end of t			5c	11		
d(1) Tota	al number of active partion	cipants at the beginning of the pla	an year		5d(1)	21		
• •		cipants at the end of the plan yea rminated employment during the			5d(2)	29		
than	100% vested				5e	-		
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return r penalties set forth in the instruc signed by an enrolled actuary, as	tions, I declare that I have	e examined this return/repo	rt, includir	ng, if applicable, a Schedule		
SIGN		lid electronic signature.	02/10/2017	JEFFREY HOWELL				
HERE			Data	Entor nome of individue				
SIGN	Signature of plan adr	ווווושנומנטו	Date	Enter name of individua	i signing a	is pian aunimistratur		
HERE	Signature of employe	er/nlan snonsor	Date	Enter name of individua	l signing a	s employer or plan sponsor		
Preparer's		ne, if applicable) and address (in				telephone number		
		and the Instructions for Form 5500	0.5			Form 5500 SE (2016)		

b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
Pa	rt III Financial Information								
_/	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	104650	137067					
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	104650	137067					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	7911						
	(2) Participants	8a(2)	12899						
	(3) Others (including rollovers)	8a(3)							
b		8b	11914						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		32724					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions).	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	307						
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		307					
i	Net income (loss) (subtract line 8h from line 8c)	8i		32417					
j	Transfers to (from) the plan (see instructions)	8j							
Do	rt IV Plan Characteristics		•	-					

Fart IV Fian Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х			2477
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No		
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			YAS Y					
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-			
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling		
	gran	ting the waiver	onth _		_ Day		_ Year			
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.							
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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?				Yes	s XI	No		
		es," enter the amount of any plan assets that reverted to the employer this year			13a					
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No		
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to					
1		Name of plan(s):		13c(2)	EIN(s) 13c(3) PN(s)					
Part	VIII	Trust Information								
14a	Name	e of trust			14b ⊺	Frust's E	IN			
14c	Name	e of trustee or custodian					s or custo ne number			
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:			gn-based "Prior year" ADP harbor Lest					
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A			
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A		
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
	the le		-			-				
	letter		er the	e date	of the m	nost rece	ent determ	ination		
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No			
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No			

Internal Revenue Service	This form is required to be	Benefit Plan filed under sections 104 and 4065 of the Employe	e	2016		
Employee Benefits Security Administration	Retirement Income Security Ac	ct of 1974 (ERISA), and section 6057(b) and 6058 ernal Revenue Code (the Code).	a) of This Form is Open to Publ Inspection			
		ordance with the instructions to the Form 550	0-SF.	mopeouon		
Part I Annual Report Ider	ntification Information	01/01/2016 and ending	12/31/201	6		
a transmission of the second design of the second design of the second design of the second design of the second	a single-employer plan	a multiple-employer plan (not multiemployer) (
A This return/report is for:	a one-participant plan he first return/report an amended return/report	 a list of participating employer information in a a foreign plan the final return/report a short plan year return/report (less than 12 m 	ccordance with th			
	Form 5558 special extension (enter descrip	automatic extension	DFVC p	rogram		
Part II Basic Plan Informa	tion enter all requested in	formation				
1a Name of plan All Precision Manufact			1b Three-digit plan number			
			(PN) ► 1c Effective da 01/01/2	ate of plan		
2a Plan sponsor's name (employer, i Mailing Address (include room, ar City or town, state or province, co	ot., suite no. and street, or P.O.		2b Employer I	dentification Number -1368777		
All Precision Manufact		tode (il loreign, see instructions)	2c Sponsor's (217) 5	telephone number 63–7070		
153 North 5th Street PO BOX 220			2d Business c 332900	ode (see instructions)		
US Nokomis IL 62075 3a Plan administrator's name and ad	dress X Same as Plan Spor	ISOT	3b Administrat	tor's FIN		
			a.			
If the name and/or EIN of the plan name, EIN, and the plan number		e last return/report filed for this plan, enter the	4b EIN			
a Sponsor's name			4c PN			
			5a 5b	25		
C Number of participants with account	int balances as of the end of the	e plan year (only defined contribution plans	50 5c	.32		
d(1) Total number of active participa		vear	5d(1)	21		
d(2) Total number of active participa			5d(2)	29		
		an year with accrued benefits that were		29		
less than 100% vested	***************************************		5e	0		
Under penalties of perjury and other p	enalties set forth in the instruct gned by an enrolled actuary, as	freport will be assessed unless reasonable cau ions, I declare that I have examined this return/report s well as the electronic version of this return/report	oort, including, if a t, and to the best o	pplicable, a Schedule		
Under penalties of perjury and other p SB or Schedule MB completed and sig	enalties set forth in the instruct gned by an enrolled actuary, as	ions, I declare that I have examined this return/rep	, and to the best o	pplicable, a Schedule		
Under penalties of perjury and other p SB or Schedule MB completed and sig belief, it is true, correct, and complete SIGN HERE Signature of plan administ	enalties set forth in the instruct gned by an enrolled actuary, as	ions, I declare that I have examined this return/reports well as the electronic version of this return/report Date 2/10/11 Enter name of individual	a, and to the best of $\frac{1}{2}$	pplicable, a Schedule of my knowledge and		
Under penalties of perjury and other p SB or Schedule MB completed and sig belief, it is true, correct, and complete SIGN HERE Signature of plan administ SIGN	enalties set forth in the instruct gned by an enrolled actuary, as where the set of the	ions, I declare that I have examined this return/report s well as the electronic version of this return/report Date 2/10/112 Enter name of individual Set f 1/0	t, and to the best of $\frac{1}{12}$ all signing as plan a $\frac{1}{12}$	pplicable, a Schedule of my knowledge and administrator		
Under penalties of perjury and other p SB or Schedule MB completed and sig belief, it is true, correct, and complete SIGN HERE Signature of plan administ SIGN	enalties set forth in the instruct gned by an enrolled actuary, as where the set of the set of the set of the rator sponsor	ions, I declare that I have examined this return/report s well as the electronic version of this return/report Date 2/10/12 Enter name of individua Date 2/10/12 Enter name of individua	t, and to the best of $\frac{1}{10000000000000000000000000000000000$	pplicable, a Schedule of my knowledge and administrator over or plan sponsor none number		
Under penalties of perjury and other p SB or Schedule MB completed and sig belief, it is true, correct, and complete SIGN HERE Signature of pian administ SIGN HERE Signature of employer/plan Preparer's name (including firm name	enalties set forth in the instruct gned by an enrolled actuary, as where the set of the set of the set of the rator sponsor	ions, I declare that I have examined this return/report s well as the electronic version of this return/report Date 2/10/12 Enter name of individua Date 2/10/12 Enter name of individua	and to the best of $\frac{1}{2}$, and to the best of $\frac{1}{2}$, and $\frac{1}{2}$. The property of the prope	pplicable, a Schedule of my knowledge and administrator over or plan sponsor none number		
Under penalties of perjury and other p SB or Schedule MB completed and sig belief, it is true, correct, and complete SIGN HERE Signature of pian administ SIGN HERE Signature of employer/plan Preparer's name (including firm name	enalties set forth in the instruct gned by an enrolled actuary, as well rator sponsor if applicable) and address (inc	ions, I declare that I have examined this return/report well as the electronic version of this return/report Date 2/10/11 Enter name of individua Date 2/10/11 Enter name of individua dude room or suite number)	and to the best of $\frac{1}{2}$, and to the best of $\frac{1}{2}$, and $\frac{1}{2}$. The property of the prope	pplicable, a Schedule of my knowledge and administrator over or plan sponsor none number		

	Form 5500-SF 2016		Page 2			_				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See	e instructions.)					*******	XYes	No
b	Are you claiming a waiver of the annual examination and report of a	ın independen	t qualified public accou	Intant	(IQP	A)			29 - S-	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							*******	XYes	No
_	If you answered "No" to either line 6a or line 6b, the plan canno									
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance progr	am (see ERISA section	n 402	1)?	******	Yes		o 🔄 Not	determined
Pa	Int III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End	d of Year	hifun an
a	Total plan assets	. 7a	10	04,6	50				137	,067
b	Total plan liabilities	. 7b								
C	Net plan assets (subtract line 7b from line 7a)	. 7c	10	04,6	50				137	,067
	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total	
а	Contributions received or receivable from:	90(1)		7,9	11					
	(1) Employers			_		in the second se				
	(2) Participants	. 8a(2)	L.	L2,8	99					
b	(3) Others (including rollovers)	. 8a(3)								
-	Other income (loss)	. 8b	•	L1,9	14					
Contract Contractor	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c			See al			1	32	2,724
u	to provide benefits)	. 8d								
е	Certain deemed and/or corrective distributions (see instructions)									
	Administrative service providers (salaries, fees, commissions)	. 8f		3	07					
g	Other expenses	. 8g				1				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								307
1	Net income (loss) (subtract line 8h from line 8c)	. 8i							30	2,417
÷.	Transfers to (from) the plan (see instructions)	. 8j				9 1985	all and			.,,
Pa	Int IV Plan Characteristics									
		actura codos f	rom the List of Dise Ch			0.1				
Ja	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D	eature codes r	rom the List of Plan Cr	iaraci	eristic	Code	es in the	e instruc	tions:	r.
-										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes fro	om the List of Plan Cha	aracte	ristic	Codes	s in the	instructi	ons:	
Pa	Int V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a		tions within the	e time period		100				Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		A 10 10000			2				
	Program)	-		10a		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inclu	ide transactions	10b		x		19 19		
С	Was the plan covered by a fidelity bond?	*******		10c	х			5		50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		and an end of the second second second second second second	10d		x		5		
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.)	e or all of the	benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end)	10g	x					2,477
h		See instructio	ns and 29 CFR	10g		x			a.	~;=11
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	ne required no	tice or one of the	10i	*					

Form 5500-SF 2016

Page	3	-	
------	---	---	--

					<u>•</u>	5 K.		
Par	VI Pension Funding Compliance	,			1	÷		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500 and line 11a below)					Yes 🛛	No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?					Yes 🛛	No	
	(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 i granting the waiver	Month		r the date	e of the I		ing	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	ə 13.		1		da ana ang ang ang ang ang ang ang ang an		
b	Enter the minimum required contribution for this plan year.	******	. 12b					
C	Enter the amount contributed by the employer to the plan for the 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)	••••••						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*********	· [] Yes [No	<u> </u>	/A	
Par	VII Plan Terminanations and Transfers of Assets							
13 a	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		. 13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro control of the PBGC?				Yes	X No	I	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	ntify the pla	n(s) to					
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)			
						, 		
Par	VIII Trust Information - Skip These Questions							
14a	Name of trust		14b	Trust's E	IN			
140	Name of trustee or custodian		140	Trustee telephor				
Par	IX IRS Compliance Questions - Skip These Questions					8.		
15 a	Is the plan a 401(k) plan? If "No," skip b.		Yes			No		
15k	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Design-l safe har			"Prior yo test	ear" ADP	
			"Current ADP tes			N/A	с. Э	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percenta test	age 🗌	Avera benefi		☐ [′] N/A	
16k	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IF the letter/ and serial number	RS opinion I	etter or a	dvisory le	tter, ent	er the d	ate of	
17k	If the plan is an individually-designed plan that received a favorable determination letter from the IRS letter/	, enter the d	ate of the	e most red	cent det	erminati	on	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not s service?			Yes		No	1	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No	8 *	