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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		Identification Information							
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/20	016	and ending 1	2/31/2016				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.)									
A THISTOC	uni/report is ior.	a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	/report (less than 12 m	nonths)				
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program				
		special extension (enter descri	ption)						
Part II	Basic Plan Info	ermation—enter all requested info	ormation						
1a Name ALLIED PLU	of plan	LLC SAFE HARBOR 401(K) PLAN			1b Three-digit plan number (PN) ▶	001			
					1c Effective date	of plan 01/2015			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	Box)		2b Employer Iden				
City or		e, country, and ZIP or foreign posta		uctions)	2c Sponsor's tele				
					2d Business code				
246 W. MANS CHELAN, WA	SON HWY #124 A 98816					220			
3a Plan a	dministrator's name ar	nd address X Same as Plan Spon	sor.		3b Administrator's EIN				
					3c Administrator's telephone number				
						,			
4 If the r	name and/or FIN of the	e plan sponsor has changed since t	he last return/report filed fo	or this plan, enter the	4b EIN				
name,	EIN, and the plan nur	mber from the last return/report.	ne last retain report mea re	r the plan, enter the					
a Sponso					4c PN 5a				
_		at the beginning of the plan year			F1.				
		at the end of the plan yearaccount balances as of the end of t				9			
compl	ete this item)				5c				
		rticipants at the beginning of the pla			5d(1)	8			
		rticipants at the end of the plan yea			5d(2)	8			
than '	100% vested	terminated employment during the			5e	0			
		or incomplete filing of this return				Santila a Oakaalala			
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.							
SIGN	Filed with authorized/	valid electronic signature.	10/13/2017	CINDY SMILEY					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan ad	dministrator			
SIGN HERE									
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan									
Preparer's	name (including firm r	name, if applicable) and address (in	clude room or suite numbe	r)	Preparer's telephon	e number			

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 Were all of the plan's assets during the plan year invested in eligit 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 can 	f an indepe and condi	ndent qualified public a	account	ant (IC	(PA)			Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC						_	No	Not determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Year			((b) End of	Year
a Total plan assets	7a		7346	6				27399
b Total plan liabilities	7b		C)				0
C Net plan assets (subtract line 7b from line 7a)	7c		7346	5				27399
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tota	al
a Contributions received or receivable from:	90(1)		5232					
(1) Employers	8a(1)		14519					
(2) Participants	8a(2)							
b Other income (loss)	8a(3) 8b		302	_				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								20053
d Benefits paid (including direct rollovers and insurance premiums	00							
to provide benefits)	8d		C)				
e Certain deemed and/or corrective distributions (see instructions).	8e		C					
f Administrative service providers (salaries, fees, commissions)	8f		C)				
g Other expenses	8g		С					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
i Net income (loss) (subtract line 8h from line 8c)	8i							20053
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 3D	n feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instruc	ctions:
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instructi	ions:
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A		Amount
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	Fiduciary 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			
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?	•		10d		Χ			
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		X			
f Has the plan failed to provide any benefit when due under the pl	an?		10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-	end.)	10g		X			
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 exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	10i					

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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 sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

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

OMB Nos. 1210-0110

2016

This Form is Open to Public Inspection

Pension c	senetit Guaranty Corporation	▶ Complete all entries in acc	cordance with the inst	ructions to the Form 5	5500-SF.					
Part I		t Identification Information								
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016										
A This re	eturn/report is for:	X a single-employer plan	list of participating er			ing this box must attach a ith the form instructions.)				
a one-participant plan a foreign plan										
B This ret	turn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 n	nonthe)					
C Check	box if filing under:	X Form 5558	automatic extension	Timeport (less than 12 h						
- 311331	sox ii ming anaon	special extension (enter descript	_		☐ DFVC pr	ogram				
Part II	Basic Plan Info	ormation—enter all requested inform	mation							
1a Name	***	and an requested fine.			1b Three	-digit				
		Safe Harbor 401(K) Plan				number				
-						ive date of plan /2015				
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. B			and the second s	oyer Identification Number 32-0279819				
	oing and Pumps, LLC	ce, country, and ZIP or foreign postal o	code (ii foreign, see inst	ructions)	2c Spons	sor's telephone number (509) 682-4700				
					2d Busine	ess code (see instructions)				
246 W. Man	son Hwy #124				238220					
Chelan, WA	98816									
3a Plan a	dministrator's name a	nd address 🏻 Same as Plan Sponso	r.		3b Administrator's EIN					
					3c Admin	istrator's telephone number				
4 If the	name and/or EIN of the	e plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b EIN					
	, EIN, and the plan nui or's name	mber from the last return/report.			4c PN					
		at the beginning of the plan year			5a	8				
		at the end of the plan year			. 5b	9				
c Numb	er of participants with	account balances as of the end of the	plan year (only defined	contribution plans	5с	8				
d(1) Tota	al number of active pa	rticipants at the beginning of the plan	year		5d(1)	8				
		rticipants at the end of the plan year			5d(2)	8				
		terminated employment during the pla			5e	0				
Caution: A	penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable ca	use is establ	ished.				
Under pena SB or Sche	alties of perjury and otle edule MB completed ar	her penalties set forth in the instruction nd signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/re	port, includin	g, if applicable, a Schedule				
And the same of the same	rue, correct, and comp		10/12/17	Cindy Smiley						
SIGN HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as	s plan administrator				
SIGN	D	8.11	10/13/17	0 0	niley					
HERE	Signature of emplo		Date	Enter name of individ		s employer or plan sponsor				
Preparer's	name (including firm n	ame, if applicable) and address (inclu	de room or suite numbe	er)		telephone number				
					Tellicia -					

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.							
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	nsurance p	orogram (see ERISA section 4	1021)?		Yes	No Not determined	
7	Plan Assets and Liabilities		(a) Reginning of Veg	. T	<u> </u>		(b) End of Voca	
a		7a	(a) Beginning of Year				(b) End of Year 27399	
	Total plan liabilities	7b		0			0	
С	Net plan assets (subtract line 7b from line 7a)	7c	73	46			27399	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	523	32				
	(2) Participants	8a(2)	145	19				
	(3) Others (including rollovers)	8a(3)		0		Table 1		
b	Other income (loss)	8b	30	02				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					20053	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0		5.70		
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
i	Net income (loss) (subtract line 8h from line 8c)	8i					20053	
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Cha	racteris	stic Co	des in	the instructions:	
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
Par	t V Compliance Questions							
10	During the plan year:			Yes	No	N/A	Amount	
_	Most been a failure to transmit to the plan any porticional contribut		a Ala a Alisa a sa asia al			71		

10	During the plan year:					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		
С	Was the plan covered by a fidelity bond?	10c		X		
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		X		
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		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
į	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				

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Form 5500-SF 2016

Part	VI	Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and memory and the state of the second s				B		Yes		No
11a	E nte	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	,,,,,,,,,,,	.,,,,,,,,	11a					1000000000
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the C						Yes	X	No
	(If "	SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiver.		ns, and	d enter		e of the le Yea		ling	
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13,		paccoons	·				
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the stive amount)		2.	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?		,,,,,,,,		Ye	s X	No		
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				non t annatum	
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					Yes	X N	0	
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident h assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to					
	13c(1)	Name of plan(s):		13c(2)	EIN(s)		13c	(S) P1	ا(s)	
			- 1	-						
Part	VIII	Trust Information	XXXXIII XXXIII			and white the same of the same				
14a	Name	of trust			14b	Trust's	EIN			
14c	Name	of trustee or custodian					's or custo ne numbe		3	
Par	t IX	IRS Compliance Questions								
		plan a 401(k) plan? If "No," skip b		Yes			No			
15b	How (lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:			ign-based "Prior year" ADP test					
	401(K)	(o) for the plan year? Officer all that apply.		"Curre	ent year est	(N/A			
16a		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		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			☐ No			
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	ost rec	ent detern	ninatio	n	
	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 sepa e?		rom	Yes	S [No			
19	Was a	any plan participant a 5% owner who had attained at least age 70 $1/2$ during the prior plan year?			Yes	6	No			