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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information)							
For calenda	ar plan year 2018 or f	iscal plan year beginning 01/01/2	2018		and ending 1	2/18/2018				
A This ret	urn/report is for:	X a single-employer plan			an (not multiemployer) of the ployer information in accordance in the ployer in the ployer information in the ployer		-			
		a one-participant plan		foreign plan				,		
B This retu	urn/report is	the first return/report	브	e final return/report						
		an amended return/report	x a s	short plan year returr	n/report (less than 12 m	onths)				
C Check I	oox if filing under:	Form 5558		tomatic extension		DFVC prog	gram			
		special extension (enter desc	' '							
Part II	Basic Plan Info	ormation—enter all requested in	formation	on		T -				
1a Name	•	ING, LLC 401(K) PLAN				1b Three-o	mber	004		
						(PN) 1C Effectiv		001 Folan		
								1/2006		
Mailing	address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				2b Employ (EIN)		fication Number		
	town, state or provinction MANUFACTURI	ce, country, and ZIP or foreign post NG, LLC	tal code	(if foreign, see instr	uctions)	2c Sponso	or's telep 217-563	hone number 3-7070		
						2d Business code (see instructions)				
153 NORTH PO BOX 220	5TH STREET					332900				
NOKOMIS, II										
3a Plan a	dministrator's name a	nd address X Same as Plan Spo	nsor.			3b Adminis	strator's I	ΞΙΝ		
						3C Adminis	strator's t	elephone number		
		e plan sponsor or the plan name honsor's name, EIN, the plan name				4b EIN				
	or's name	onsons name, Lin, the plan hame a	and the	pian number nom u	ie iast retum/report.	4d PN				
C Plan N										
5a Total r	number of participants	s at the beginning of the plan year.				5a		27		
		s at the end of the plan year				5b		0		
		account balances as of the end of				5с		0		
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan yea	r		5d(1)		23		
d(2) Total number of active participants at the end of the plan year				. 5d(2)						
		o terminated employment during the				5e		0		
Caution: A	penalty for the late	or incomplete filing of this retur	n/repor	t will be assessed	unless reasonable ca	use is establi	shed.			
Under pena SB or Sche	alties of perjury and o	ther penalties set forth in the instru and signed by an enrolled actuary,	ctions, l	declare that I have	examined this return/re	port, including	, if applic			
SIGN		d/valid electronic signature.		01/08/2019	JEFFREY HOWELL					
HERE	Signature of plan a			Date	Enter name of individ	ual signing as	plan adr	ninistrator		
SIGN	Filed with authorized	d/valid electronic signature		01/08/2019	JEFFREY HOWELL					

Date

HERE

Enter name of individual signing as employer or plan sponsor

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 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. 							X Yes No	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)
Pa	rt III Financial Information		T					
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year
a	Total plan assets	7a	1	58390				0
<u>b</u>	Total plan liabilities	7b						0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1	58390				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) 1	otal
a	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		10546				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		5857				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						16403
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	74620				
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		173				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						174793
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-158390
j	Transfers to (from) the plan (see instructions)	8j						
Pai	rt 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 Pl	an Cha	racteri	stic Co	odes in the inst	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the instr	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	,	Amount
а	Was there a failure to transmit to the plan any participant contribu 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		X		
С	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?	fidelity bo	nd, that was caused	10d		X		
е	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		Χ		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					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 the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i				

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)		SB	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 Code or se ERISA?		of	Yes X No				
	(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 instructions, and enter the date of the letter ruling granting the waiver. Month Day Year							
lf y	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	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative 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?		X Ye	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 brought under control of the PBGC?	the		X Yes No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to						
1	3c(1) Name of plan(s):	(2) EIN(s)		13c(3) PN(s)				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Fo	r calendar plan year 2018 or fisca	al plan year beginning	01/01/2018	and ending	12/18	/2010
Λ	TI: 4 4 4 5	x a single-employer plan	1	r plan (not multiemployer)		
A	This return/report is for:		a list of participatin	g employer information in	accordance w	rith the form instructions.)
В	This return/report is:	a one-participant plan	a foreign plan			,
	Time returning port is.	the first return/report				
	L	an amended return/report	a short plan year re	turn/report (less than 12 r	nonths)	
С	Check box if filing under:	Form 5558 special extension (enter description	automatic extension	1	DF	VC program
P	art II Basic Plan Inforr					
	Name of plan	mation enter all requested infor	mation		4h ==	
	All Precision Manufa	cturing, LLC 401(k) Plan	L		(PN) I	umber ▶ 001
_					1c Effect	ive date of plan 1/2006
2a	Mailing Address (include room, City or town, state or province,	apt., suite no. and street, or P.O. Bo country, and ZIP or foreign postal co	ox) ode (if foreign, see in:	structions)	2b Emplo	yer Identification Number 37–1368777
	All Precision Manufac	cturing, LLC		,	2c Spons (217	or's telephone number) 563-7070
	153 North 5th Street PO BOX 220				2d Busine 3329	ess code (see instructions)
	US Nokomis IL 62075					
3a	a Plan administrator's name and address 🗓 Same as Plan Sponsor					istrator's EIN
_					3c Admin	istrator's telephone number
4	If the name and/or EIN of the plathis plan, enter the plan sponsor	an sponsor or the plan name has cha r's name, EIN, the plan name and the	anged since the last e plan number from t	return/report filed for he last return/report.	4b EIN	
	Sponsor's name Plan Name				4d PN	
		<i>*</i>				
5a	Total number of participants at the	he beginning of the plan year	000000000000000000000000000000000000000	000000000000000000000000000000000000000	5a	27
	rotal number of participants at ti	ne end of the plan year			5b	0
С	raumber of participants with acco	ount balances as of the end of the pla	an year (only defined	contribution where	5c	0
d (1) Total number of active particip	ants at the beginning of the plan yea			5d(1)	23
d(2	?) Total number of active particip	ants at the end of the plan year	***************************************		5d(2)	0
е	Number of participants who term less than 100% vested	inated employment during the plan y	ear with accrued be	nefits that were	5e	
Cau	tion: A penalty for the late or i	ncomplete filing of this return/repo	ort will be assessed	l unless reasonable cau		0
SB	er penalties of perjury and other	penalties set forth in the instructions	I doolare that I have	and the second state of th		N=1
SIC	ON GALL XHOW	ell		Jeff How	011	
HE	RE Signature of plan adminis	trator	Date 1-8-19	Enter name of individual		an administrator
SIG	ON Jeff XISTW	elf		Deff How		an administrator
HE	RE Signature of employer/pla	n sponsor	Date /-8-19	Enter name of individual	/	oplover or plan sponsor
					J J OII	Transfer of picti opuliou

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Dage	2
rage	/

6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions)			-				
b	Are you claiming a waiver of the annual examination and report of a	n indoner	dont avalities 1 . 1.1						X Yes	No
	and 25 of 104-40? (See instructions on waiver eligibility a	and conditi	one)							
	to either line of or line ob, the plan canno	ot use For	m 5500-SF and must in	netas	d uco	Eam	EEOO		XYes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see FRISA sec	tion 4	12112	. 01111	□ Vo.			
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC nr	emium filing for this yea	r	221):	******		, [] NO		
-				·				(S	ee instruc	tions.)
	Part III Financial Information									
	Plan Assets and Liabilities		(a) Beginning	of Ye	ar		***************************************	(b) End of	Year	
<u>a</u>	Total plan assets	7a		158,	390				700	0
<u>b</u>	Total plan liabilities	7b								0
8	Net plan assets (subtract line 7b from line 7a)	7c		158,	390					0
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	nt				(b) To	tal	
~	(1) Employers	00(4)								
	(2) Participants	8a(1)		10	0					
	(3) Others (including rollovers)	8a(2)		10,	546					
b	Other income (loss)	8a(3) 8b								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5,	857	4				
d	Benefits paid (including direct rollovers and insurance premiums	OC.							16,4	103
	to provide benefits)	8d	1	L74,	620					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		:	L73					
<u>g</u>	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							174,7	93
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							(158,39	
	Transfers to (from) the plan (see instructions)	8j							,,	• /
	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fea	ature code	s from the List of Plan C	harac	teristi	. Code	es in the	inetructions		
_	2E 2F 2G 2J 2K 2T 3D		-			oou	30 117 1170	ii ioti deliorie	·.	
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan Ch	aract	riotio	C = d = -	. I O 1			
		00000	TOTAL CITE EIST OF FIAIT CIT	aracte	HISUC	Codes	s in the ii	nstructions:		
Pa	rt V Compliance Questions			-			···			
10	During the plan year:			•	V	I				
a	and a familiar to transfinit to the plant any participant contribution	ns within	the time period	1	Yes	NO	N/A	An	ount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volu	ıntary Fidu	iciary Correction							
1.	Program)	************		10a		х				7
b	Were there any nonexempt transactions with any party-in-interest?	(Do not in	dudo troposations							
С	reported on line 10a.)	***********		10b		Х				
d	Was the plan covered by a fidelity bond?			10c	x				50	,000
u	and plan have a loss, whether of not reimbursed by the plan's fid	lelity bond	, that was caused							
е	Were any fees or commissions paid to any brokers, agents, or other			10d		Х				
	carrier, insurance service, or other organization that provides some	persons i	y an insurance e henefits under							
	the plant: (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 o									
h	If this is an individual account plan, was there a blackout period? (Se	a instruct	one and 20 CED	10g		Х				
	2520.101-3.)	·······································	ons and 29 CFR	10h		x				
i	If 10h was answered "Yes," check the box if you either provided the	required n	otice or one of the	.511		Α				
	exceptions to providing the notice applied under 29 CFR 2520.101-3	***************************************	**************************************	10i						
							l			

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Par	t VI Pension Funding Compliance							
11	g compilation							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and conforms 5500 and line 11a below)	omplete Sci	hedule	SB	Yes	X No		
_11a	Effect the dripaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		44-	************				
12	is this a defined contribution plan subject to the minimum funding requirements of a still and the still a	de or coefic	11a					
)II 3UZ () i	☐ Yes	X No		
а	The state of the s							
	as a standard of the infill minimum fulfuling standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling							
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	nth	Da	ıy	Year			
b	Enter the minimum required contribution for this plan year.	<u>.</u>	401					
С	Enter the amount contributed by the	12b						
d	Enter the amount contributed by the employer to the plan for the plan year	12c						
u	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the length amount)	eft of a	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	************		V []				
Part		**********		Yes	No	N/A		
-	and Italisies of Assets							
100	Has a resolution to terminate the plan been adopted in any plan year?	**********	X	Yes	☐ 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 brought	t under the		TT V	🗆			
	CONTROL OF THE L POC							
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	to					
13	c(1) Name of plan(s):	40-70) ED	16.5					
		13c(2) EIN	V(S)		13c(3) PN	l(s)		
			-					