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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.					
		dentification Information								
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010				
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/report final return/report									
		an amended return/report	short plar	year return/report (less than 12 mo	nths)					
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program				
		special extension (enter description	on)							
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation							
1a	Name of plan				1b	Three-digit				
C & [MACHINE COMPANY INC 40	1K PROFIT SHARING PLA				plan number 001				
					10	(PN) •				
					10	Effective date of plan 09/15/1999				
2a	Plan sponsor's name and addr	ess (employer, if for single-employer	plan)		2b	Employer Identification Number				
C & [MACHINE COMPANY INC					(EIN) 16-1576085				
261 (GROSVENOR RD				2c	Plan sponsor's telephone number 607-562-8936				
ROC	HESTER, NY 14610				2d	Business code (see instructions)				
						331200				
3a C & [Plan administrator's name and MACHINE COMPANY INC	address (if same as Plan sponsor, e 261 GROSV	enter "Same ENOR RD	e")	3b	Administrator's EIN 16-1576085				
		ROCHESTE	R, NY 146	10	3c	Administrator's telephone number				
						607-562-8936				
		an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b EIN					
1	iame, Em, and the plan number	in from the last return/report. Oponsc	n s name		4c PN					
5a	Total number of participants a	t the beginning of the plan year			5a	26				
b	Total number of participants a	5b	25							
C	• • •	rith account balances as of the end o		•	_	12				
	•				5c					
	•	during the plan year invested in eligib he annual examination and report of		,		Yes No				
D	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility	and condit	ions.)		Yes No				
		ner 6a or 6b, the plan cannot use F								
Pa	rt III Financial Inform	ation								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		. 7a	37474	1	38699				
b	Total plan liabilities		. 7b							
С	Net plan assets (subtract line	7b from line 7a)	. 7с	37474	74 3869					
8	Income, Expenses, and Trans			(a) Amount		(b) Total				
а	Contributions received or rece (1) Employers	ivable from:	. 8a(1)							
		:)								
b	, ,		- ' '	3869)					
С	,	8a(2), 8a(3), and 8b)				3869				
d		rollovers and insurance premiums		264						
			. 8d	2644	_					
e		tive distributions (see instructions)			4					
f		rs (salaries, fees, commissions)								
g	•					0644				
h		8e, 8f, and 8g)				2644 1225				
!		e 8h from line 8c)				1225				
J	rransiers to (from) the plan (s	ee instructions)	. 8i							

Form 5500-SF 2010 Page 2-								
Par	IV Plan Characteristics							
)a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions:		
	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	ctaris	ic Coc	las in t	tha instruc	tione.		
	in the plan provides wellare benefits, effer the applicable wellare reactive codes from the last of real orders.	CICIIS		103 111	TIC IIISII GC	ilonis.		
art	V Compliance Questions							
0	During the plan year:		Yes	No	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		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					72000
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		X				
е								55
f	f Has the plan failed to provide any benefit when due under the plan?							
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)							
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			X				
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							
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))							
2								X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	a 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							ng
If ·	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	เก		Day		rear_		
	Enter the minimum required contribution for this plan year		12b					
	Enter the amount contributed by the employer to the plan for this plan year		12c					
	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)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No)	N/A
art								

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/13/2011	MIKE BAHDE						
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						

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

OMB Nov. 1210-0110 1210-0069

2010

	Department of Labor reployee Benetis Security Administration lansion Benefit Gueranty Corporation	This Form is Open to Public inspection									
_		dentification information	rdanco Wil	h the instructions to the Form 6600	-SF.	<u> </u>					
	calendar plan year 2010 or fisc	al plan year beginning	01/01/2	2010 and ending		12/31/201	0				
		alngle-employer plan	muttlote	amployer plan (not multiemployer)		one-participa					
	This return/report is for:	first return/report	finel retur		Į.	[] our bounder	W Patri				
_	tine reisinsteport is ion.	an amended return/report	4	n year return/report (less than 12 mon	(ha)						
С	Check box if filing under:	Form 6568	•	c expansion	الجاسا	DFVC progra	_				
U	Check box is ning unions:	片		CEALITIONI		☐ OLAC bendis	EI)				
	special extension (enter description)										
	Part II Basic Plan Information—enter all requested Information 1a Name of plan 1b Three-digit										
		ANY INC 401K PROFIT SI	ARING	PLA	10	biau ununpet					
				ļ		(PN) ▶	001				
					1c	Effective date of plan					
20	Disc anager's name and adde	man familiaria Marahata amalaya			<u> </u>	09/15/1999					
24	C. T. D. WACHINE COMP	eas (employer, if for single-employe ANY INC	r ptan)	i	2b	2b Employer identification Number (EIN) 16-1576085					
				ľ		2c. Plan aconsor's telephone number					
	261 GROSVENOR RD			ļ		(607) 562-8	936				
	DACUECTED			NV 14610	2d	Business code (i 331200	see instructions)				
	ROCHESTER Plan administrator's name and	address (if same as Plan sponsor,	enter "Sam	NY 14610	3h	Administrator's 6	IME				
-	EARE	accious (il cario as I all operator)	A1001 00111	"'			-114				
					3c	Administrator's t	elephone number				
4	The name and/or Fibl of the at-	an sponsor has changed since the ta		and find for this plan anter the	<u> </u>						
		er from the last return/report. Sponse		sport rued for this pien, enter the	4b	EIN					
					4c	PN					
5a	5a Total number of participants at the beginning of the plan year						26				
b	Total number of participants at	t the end of the plan year	**************	104 () . Part Part rd . Pamp rooms 175 176 177 186 186 186 186 186 186 186 1	5b	2					
C	Total number of participants w	ith account balances as of the end o	f the plan y	rear (defined benefit plans do not	5c		12				
60							0 0				
b	Are you claiming a waiver of the	he annual examination and report of	ze esseta <i>r</i> Lan indone	(See Instructions.)ndent qualified public accountent (IQI		W11-110-10-00/10-0-0-0-	⊠ Yes ∐ No				
~	under 29 CFR 2520.104-467 (See instructions on waiver oligibility	and condit	ions.)	~~y		🔀 Yes 🗌 No				
			orm 5800-	SF and must instead use Form 550	0.						
	rt III Financial Informa	ation	т		_						
7	Plan Assets and Liabilities			(a) Beginning of Year	+	(b) End					
	•			37,47	4		38,699				
b	•				_						
		7b from line 7a)	. 70	37,47	4	 	38,699				
8	Income, Expenses, and Transf	•		(e) Amount	-	(b) T	olal				
a	Contributions received or received (1) Employers	ASTES LALL	88(1)								
	· · · ·	-4, 11, 14, -4, 4, -4, 14, 14, 14, 14, 14, 14, 14, 14, 14, 1		_	1		·				
	•)			1						
ь	=•	, - 14.33.445.44.141.141.141.151.141.141.141.141.		3,86	9						
C	• •	8a(2), 8a(3), and 8b)			1		3,869				
ď	•	rollovers and insurance premiums	1		1-						
			. Bd	2,64	4						
e	Certain deemed and/or correct	live distributions (see instructions)	. <u>8e</u>		1						
f	Administrative service provider	re (salaries, fees, commissions)	- 18	,	1						
g	Other expenses	**************************************	. <u>6g</u>		_	····					
h	Total expenses (add lines 8d, l	8e, 8f, and 8g)	. <u>8</u> h				2,644				
j	Net income (loss) (subtract line	e 6h from line 8c)	. <u>81</u>		<u> </u>		1,225				
_ j	Transfers to (from) the plan (se	pe instructions)	· 8j								
For F	sperwork Reduction Act Notice and	OMB Control Numbers, see the instruction	one for Form	5500-SF.	-		Form 6500-9F (2010)				

	Form 5500-SF 2010	<u> </u>	Pago 2-							
Par	t IV Plan Characteristics	-								
9a	If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2K 3D	eature codes from th	e List of Plan Char	acteri	stic C	odes l	n the inst	ruction	5 ;	
b										
Part	V Compliance Questions		<u> </u>							
10	During the plan year:				Yes	No	T	Am	ount	
а	Was there a failure to transmit to the plan any participent contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidus.)	ions within the time p	eriod described in	10a		x				
þ	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	10b	-	x	1					
c	Was the plan covered by a fidelity bond?			10c	X		†	72,000		
đ	Old the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	idelity bond, that was	ceused by fraud	10d		×	†			2,000
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	er persons by an insu The bonefits under the	rance carrier, re plan? (See	100	x					55
ſ	Has the plan failed to provide any benefit when due under the plant			10f		x	 			
g	Old the plan have any participant loans? (If "Yes," enter amount as	of year end.)	******************	10g	x	Ë	 			
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	Seo instructions and 2	29 CFR			Ţ	1			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	o required motice or o	ne of the	10h		X	 			·
Part			· · · · · · · · · · · · · · · · · · ·				<u>. </u>			
11	is this a defined benefit plan subject to minimum funding requirements 5500))	nts? (If "Yes," see In	structions and com	pleto	Sched	Julo S	B (Form	Г	Yes	M No
12	is this a defined contribution plan subject to the minimum funding re								Yes	
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12o below, as applicable.) 8 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									
В	granting the waiver.	amortized in this pla	ın year, see instruc	:Uons. th	and c	nter t Dav	ne date o	f the le Yes	itter rul ir	ing
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5500), an	d skip to line 13.		_					
	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 loft negative amount)						120	<u>[</u>			
	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?		*******			Yes		No [N/A
Part										
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior yea	97		<u>.</u>	·····		X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year		*********		13a	<u> </u>			0
	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC7					*****			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s), Identify th	relq s	1(3) to					
1	3c(1) Name of plan(s):				13c(2) EİN(s) 13c(3) PI				PN(s)	
								_		
Card										
Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perfury and other penalties set forth in the instructions, i declare that I have examined this return/report, including. If applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and										
belief,	it is true, correct, ond complete.									
SIGN		1//a/tc	Kel Shi	-						
		5//	Enter name of in				s plan ad	mintstr	ator	\dashv
SIGN HERE	SIGN Signature of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor							nsor		