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

2015

This Form is Open to Public Inspection

Part I		Identification Information						
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/20	<u>15</u>	and ending 12	2/31/2015			
A This ret	turn/report is for:	a single-employer plan a one-participant plan		olan (not multiemployer) mployer information in ac				
B This retu	urn/report is	the first return/report	the final return/report	ro/roport (loss than 12 m	ontha)			
		an amended return/report	a short plan year retui	rn/report (less than 12 m	Ontris)			
C Check I	box if filing under:	Form 5558 special extension (enter descrip	automatic extension		DFVC pr	rogram		
Part II	Basic Plan Info	prmation—enter all requested infor						
1a Name		,	maion		1b Three-digit plan number (PN) ▶	001		
					1c Effective date 0	e of plan 1/01/1993		
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. I ee, country, and ZIP or foreign postal		ruotiona)		entification Number 6-1416287		
	OOL & DIE, INC.	e, country, and zir or loreign postar	code (ii Toreign, see inst	iuctions)	2c Sponsor's te	lephone number 7-533-7400		
182 NEWMA				2d Business code (see instruction				
GROTON, N	Y 13073				3	32700		
3a Plan a	dministrator's name a	nd address XSame as Plan Sponsor	r.		3b Administrator	's EIN		
						's telephone number		
name	, EIN, and the plan nu	e plan sponsor has changed since the mber from the last return/report.	e last return/report filed f	for this plan, enter the	4b EIN			
	or's name				4c PN	0		
5a Total i	number of participants	at the beginning of the plan year			5a	8		
		at the end of the plan year			5b	8		
compl	lete this item)	account balances as of the end of the			5c	8		
d(1) Tota	al number of active pa	rticipants at the beginning of the plan	year		5d(1)	5		
d(2) Tot	al number of active pa	rticipants at the end of the plan year.			5d(2)	5		
than	100% vested	terminated employment during the p			5e	0		
		or incomplete filing of this return/r her penalties set forth in the instruction				nlicable a Schodula		
SB or Sche		nd signed by an enrolled actuary, as						
SIGN	Filed with authorized	/valid electronic signature.	03/02/2016	BECKY, BAILEY				
HERE	Signature of plan a	ndministrator	Date	Enter name of individ	ual signing as plan	administrator		
SIGN								
HERE	Signature of emplo		Date	Enter name of individ				
Preparer's	name (including firm r	name, if applicable) and address (incl	ude room or suite numb	er)	Preparer's telepho	ne number		

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepenand	dent qualified public a	ccount	ant (IQ	PA)					
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No Not determined			
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year			
a Total plan assets	7a		1113	319			1136519			
b Total plan liabilities	7b		4446	040			4400540			
C Net plan assets (subtract line 7b from line 7a)	7c		1113	319			1136519			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total			
(1) Employers	8a(1)		5	031						
(2) Participants	8a(2)		5	820						
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		12	2421						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						23272			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f			72						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						72			
i Net income (loss) (subtract line 8h from line 8c)	8i						23200			
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 2G 2J 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	e instructions:			
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instructions:			
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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary 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?				X			45000			
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	^			15000			
by fraud or dishonesty?			10d		X					
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 t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla					X					
			10f							
g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period?	•	,	10g		X					
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							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance			,		<u> </u>	<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)										
11a Enter the unpaid minimum required contribution for all years from						11a				
12 Is this a defined contribution plan subject to the minimum funding						302 of EF	RISA? Yes X N			

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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 granting the waiver			enter the Day	date of the	ne letter rul Year	ing
If	If you completed line 12a, complete lines 3, 9, and 10 c			Бау_		T C G I	
b	b Enter the minimum required contribution for this plan ye	ar		12b			
	C Enter the amount contributed by the employer to the pla			12c			
	Subtract the amount in line 12c from the amount in line negative amount)	12b. Enter the result (enter a minus sign to the	left of a	12d			
е	e Will the minimum funding amount reported on line 12d	be met by the funding deadline?			Yes	No	N/A
Part	t VII Plan Terminations and Transfers of A	Assets					
13a	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 rever	<u> </u>		13a			
b	Were all the plan assets distributed to participants or be of the PBGC?				X	Yes 🗌	No
С	If during this plan year, any assets or liabilities were tra which assets or liabilities were transferred. (See instruc	•	ify the plan(s) to				
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) F	PN(s)
Part	rt VIII Trust Information		1				
	A Name of trust			14b ⊺	rust's EIN	<u> </u>	
14c	C Name of trustee or custodian					or custodia	an's
					telephone	number	
Par	art IX IRS Compliance Questions						
15a	a Is the plan a 401(k) plan?			Ye	s	No	
15b	b If "Yes," how does the 401(k) plan satisfy the nondiscrin matching contributions (as applicable) under sections 4			ba ha me	esign- sed safe arbor ethod	ADF test	P/ACP
15c	C If the ADP/ACP test is used, did the 401(k) plan perform testing method" for nonhighly compensated employees 2(a)(2)(ii))?	(Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(Ye		No	
16a	a Check the box to indicate the method used by the plant	to satisfy the coverage requirements under sect	ion 410(b):		atio rcentage st		rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					No	
17a	a Has the plan been timely amended for all required tax la	aw changes?		Ye	S	No	N/A
17b	b Date the last plan amendment/restatement for the requi for tax law changes and codes).	ired tax law changes was adopted//	Enter the ap	plicable	code	_ (See ins	tructions
17c	C If the plan sponsor is an adopter of a pre-approved mas advisory letter, enter the date of that favorable letter	ster and prototype (M&P) or volume submitter pl /and the letter's serial i		t to a fa	vorable IR 	RS opinion	or
17d	d If the plan is an individually-designed plan and received determination letter/			the plar	n's last fav	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Ri made), American Samoa, Guam, the Commonwealth o			Yes	· ·	No	
19	Were in-service distributions made during the plan year	?		Ye	s	No	
	If "Yes," enter amount		<u></u>	19			
20	Were required minimum distributions made to 5% owner etired), as required under section 401(a)(9)?	• • • •		Ye	s	No	N/A

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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		t Identification Information				
For calend	ar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/	
A		X a single-employer plan		lan (not multiemployer)		
A This ref	turn/report is for:	a one-participant plan	a foreign plan	nployer information in a	ccordance with the	e form instructions)
		O a sue barrenbarrenbarren				
B This retu	urn/report is	the first return/report	the final return/report			
D ,,,,,,		an amended return/report	<u> </u>	n/report (less than 12 m	onths)	
0 •						
C Check I	box if filing under:	Form 5558	automatic extension		∐ DFVC	program
		special extension (enter desc	· · ·			
Part II		ormation—enter all requested in	formation		T	
1a Name		(O. /!!) DI 337			1b Three-digi	
CAYUGA	TOOL & DIE,	INC. 401(K) PLAN			plan numb (PN) ▶	er [001
					1c Effective d	ale of plan
					01/01/	1993
		loyer, if for a single-employer plan)				dentification Number
		om, apt., suite no. and street, or P.G nce, country, and ZIP or foreign posi-		uctions)		-1416287
	TOOL & DIE		ar source (in revergiti, see man	3000.0,		telephone number
					607-53	ode (see instructions)
182 NE	WMAN ROAD				332700	ade (see mandenons)
GROTON		NY 13073				
3a Plan ad	dministrator's name	and address XSame as Plan Spon	sor.		3b Administra	tor's EIN
					3C Administra	tor's telephone number
					JC Administra	tor a telephone number
A 16 th a m	and/ar Elbi of t	he plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
		umber from the last return/report.	the last return report med it	or this plant, effect the		
	or's name				4c PN	
5a Total r	number of participant	s at the beginning of the plan year.			5a	8
		s at the end of the plan year			5b	8
C Numb	er of participants with	n account balances as of the end of	the plan year (defined bene	efit plans do not	5c	_
comp	lete this item)		•••••••••••••••••••••••••••••••••••••••	••••••		8
	•	participants at the beginning of the p	•		5d(1)	5
		participants at the end of the plan ye			5d(2)	55_
		at terminated employment during the			5e	0
Caution: A	100% vested	or incomplete filing of this retur	n/report will be assessed	unless reasonable ca	use is establishe	
Under gena	alties of periury and o	other penalties set forth in the instru	ctions. I declare that I have	examined this return/re	port, including, if:	applicable, a Schedule
	edule MB completed true, correct, and cor	and signed by an enrolled actuary,	as well as the electronic ver	sion of this return/repor	t, and to the best	or my knowledge and
SIGN	Beery 80/6		03/02/2016	Becky, Bailey		
HERE	7 4		Date	Enter name of individ		n administrator
	Signature of plan	Bailly	03/02/2016	Becky, Bailey		T daminou de la
SIGN HERE	7 7					
	Signature of emp	loyer/plan sponsor name, if applicable) and address (i	Date		Preparer's telep	ployer or plan sponsor hone number
rieparer s	name (including film	name, ii applicable) and address (ii	industration of suite number	·· ,		
ļ						
j						

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6a Were all of the plan's assets during the plan year invested in eligib b 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:	an indeper and condit not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	account t instea	ant (IQ	PA)	 5500.		X Yes	No
C If the plan is a defined benefit plan, is it covered under the PBGC i Part III Financial Information	nsurance p	orogram (see ERISA se	ection 4	021)?	······ L	J Yes [lot determ	ined
7 Plan Assets and Liabilities		(a) Saninnin	4 V -		1		/h\ Fd4	V	
a Total plan assets	. 7a	(a) Beginning		ar 1331	9		(b) End of		6519
b Total plan liabilities					1			- 113	
C Net plan assets (subtract line 7b from line 7a)	7c		11	1331	9			113	6519
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Tot	al	
a Contributions received or receivable from:	1			503	$\overline{}$, <u>, , , , , , , , , , , , , , , , , , </u>		
(1) Employers	. 8a(1)			582	_				
(2) Participants	. 8a(2)			582	'				
(3) Others (including rollovers)	8a(3) 8b			1242	, [_				
D Other income (loss)	. 8c				+-			2	3272
d Benefits paid (including direct rollovers and insurance premiums	<u> </u>		•		1-				
to provide benefits)	. 8d				_				
e Certain deemed and/or corrective distributions (see instructions)	. 8e				_				
f Administrative service providers (salaries, fees, commissions)	. <u>8f</u>			7	2				
g Other expenses	. 8g								72
h Total expenses (add lines 8d, 8e, 8f, and 8g)								2	3200
i Net income (loss) (subtract line 8h from line 8c) i Transfers to (from) the plan (see instructions)					+				3200
Part IV Plan Characteristics	·] 8j								
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D B If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions									
10 During the plan year:		<u>-</u>		Yes	No	N/A	Α	mount	
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		х				
C Was the plan covered by a fidelity bond?			10c	х				1	50000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	nd, that was caused	10d		х				
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		х				
f Has the plan failed to provide any benefit when due under the plan	an?		10f		х				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10g		Х				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	<u>.</u>		10h		х				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	01-3		10i						
j Did the plan trust incur unrelated business taxable income?			10j	<u> </u>			<u></u>		
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)			· · · · · · · · · · · · · · · · · · ·	•••••	********	· · · · · · · · · · · · · · · · · · ·	(Form	Yes	No
11a Enter the unpaid minimum required contribution for all years from								Пи	
12 Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of t	he Cod	e or se	ection	302 of E	RISA?	Yes	X 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 instructions,	and e	nter t Dav		te of th	ne letter r Year	uling
granting the waiver		Day			I Cal	
b Enter the minimum required contribution for this plan year	12b	T				
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 left of a negative amount)		12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	es [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	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 brought under to fithe PBGC?	he co	ntrol		X	Yes [No
C 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.)						
	c(2) E	EIN(s)	_	13c(3)	PN(s)
`						
Part VIII Trust Information						
14a Name of trust		14b Trust's EIN				
14c Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Part IX IRS Compliance Questions						
15a Is the plan a 401(k) plan?		□ '	es/		No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employee matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	r		Desig based harbo metho	l safe	AD te	P/ACP st
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii)?		□ `	res .		No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		U i	Ratio percei test	ntage		rerage nefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?			/es		□No	
17a Has the plan been timely amended for all required tax law changes?			Yes		No	
	r tha t				{See	instruction
17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter for tax law changes and codes).						
17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is sadvisory letter, enter the date of that favorable letter and the letter's serial number	subjec	t to a	favor	able IF	RS opinio	n or
17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is a advisory letter, enter the date of that favorable letter and the letter's serial number. 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter.	subjec ate of	t to a	favor	able IF	RS opinio vorable	n or
17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is a advisory letter, enter the date of that favorable letter and the letter's serial number. 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the date of the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan is an individually-designed plan and received a favorable determination letter from the IRS.	subjec ate of	t to a	favor lan's l	able IF	RS opinio	n or
 17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is a advisory letter, enter the date of that favorable letter and the letter's serial number. 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter. 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? 19 Were in-service distributions made during the plan year?	subjec ate of	t to a	favor	able IF	RS opinio vorable	n or
17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is a advisory letter, enter the date of that favorable letter and the letter's serial number. 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter. 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guarn, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	subject ate of	t to a	favor lan's l	able IF	RS opinio	n or □