Form 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed		4065 of the Employee Re	tirement		2015
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	957(b) and 6058(a) of the I le).	nternal		orm is Open to ic Inspection
	Complete all entries in a dentification Information	ccordance with the ins	tructions to the Form 55	00-SF.		-
For calendar plan year 2015 or fisca		015	and ending 12	/31/2015		
A This return/report is for:	a single-employer plan		plan (not multiemployer) (mployer information in acc	(Filers che	-	
B This return/report is	the first return/report an amended return/report	the final return/report	ırn/report (less than 12 mc	onths)		
C Check box if filing under:	Form 5558	automatic extension			DFVC progr	am
	special extension (enter descri	ption)				
Part II Basic Plan Inform	mation—enter all requested info	ormation				
1a Name of plan C & C AUTOMATICS, INC. 401(K) F	PROFIT SHARING PLAN & TRUS	ST		(PN)	number	002
				IC Effec	tive date of 01/0	1/2004
	apt., suite no. and street, or P.O.		(m	2b Emp (EIN		ication Number 457567
C & C AUTOMATICS, INC.	country, and ZIP or foreign posta	ii code (ii foreign, see ins	iructions)	2c Spor		hone number 31-7363
			-	2d Busi		see instructions)
127 WEST SHORE BLVD. NEWARK, NY 14513					3339	00
3a Plan administrator's name and	address XSame as Plan Spons	or.		3b Adm	inistrator's E	EIN
4 If the name and/or EIN of the p	plan sponsor has changed since t	he last return/report filed	for this plan, enter the	3C Adm 4b EIN	inistrator's t	elephone number
name, EIN, and the plan numb a Sponsor's name				4c PN		
5a Total number of participants at	the beginning of the plan year			5a		14
b Total number of participants at	the end of the plan year			5b		12
	count balances as of the end of t			5c		12
d(1) Total number of active partic			Ē	5d(1)		11
d(2) Total number of active partic		-	F	5d(2)		10
than 100% vested	rminated employment during the	· · · · · · · · · · · · · · · · · · ·		5e		1
Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	r penalties set forth in the instruc signed by an enrolled actuary, as	tions, I declare that I hav	e examined this return/rep	ort, includi	ng, if applic	
SIGN Filed with authorized/va		05/06/2016	CRAIG PARSONS			
HERE Signature of plan adr	ninistrator	Date	Enter name of individu	al signing	as plan adn	ninistrator
SIGN HERE						
Preparer's name (including firm name		Date Clude room or suite numb	Enter name of individu		as employe telephone	
For Paparwork Poduction Act Notico	and OMB Control Numbers, see the	instructions for Form 550	0-SF			Form 5500-SF (2015)

b.	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	ccount	ant (IQ	PA)			
	If you answered "No" to either line 6a or line 6b, the plan cann		,						
CI	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No Not determined	
Par	t III Financial Information	-							
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year	
<u>a</u> -	Total plan assets	7a		758	508			791341	
b ⁻	Total plan liabilities	7b			0				
C	Net plan assets (subtract line 7b from line 7a)	7c		758	508			791341	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total	
	Contributions received or receivable from:	- (1)		25	076				
-	(1) Employers	8a(1)			076	_			
	(2) Participants	8a(2)		30	127				
· · · ·	(3) Others (including rollovers)	8a(3)			500	_			
	Other income (loss)	8b			-509	_			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		54694	
t	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		226					
e (Certain deemed and/or corrective distributions (see instructions)	8e				_			
f /	Administrative service providers (salaries, fees, commissions)	8f			635	_			
	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						21861	
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	8i				_		32833	
j ·	Transfers to (from) the plan (see instructions)	8j							
Part	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2G $$ 2J $$ 2K $$ 2T $$ 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	tic Coo	des in th	he 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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х			
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			40000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
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		x			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х			32750	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
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						-	•	

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched	dule SB	(Form		
	5500) and line 11a below)			Yes X N	10
11a	Enter the unpaid minimum required contribution 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 section	302 of E	RISA?	Yes X N	No

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					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	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								
lf	you c	ompleted 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					
-		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 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?			Ye	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h									
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	C 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.)								
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

Form 5500-SF	Short Form Annual	Return/Report Benefit Plan	t of Small Emplo	oyee	OMB No	s. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed un		4065 of the Employee Re	etirement	2015	5		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ER	ISA), and sections 600 venue Code (the Code	57(b) and 6058(a) of the l	Internal	This Form is (
Pension Benefit Guaranty Corporation	▶ Complete all entries in according	ordance with the inst	ructions to the Form 55	00-SF.	Public Inspe	ection		
Part I Annual Report Id	dentification Information							
For calendar plan year 2015 or fisc			and ending 12/3				a na an	
A This return/report is for:			olan (not multiemployer) (nployer information in acc					
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)				
C Check box if filing under:	Form 5558	automatic extension		□□	DFVC program			
[special extension (enter description	n)		Second				
Part II Basic Plan Inform	mation-enter all requested information	ation				and the rest of the second		
1a Name of plan				1b Three				
C & C Automatics, Inc. 401(k) Profit	Sharing Plan & Trust			•	number 002			
				(PN)	tive date of plan	17737711071777717170717171717177797979797		
				01/01	1/2004			
2a Plan sponsor's name (employe Mailing address (include room,	apt., suite no. and street, or P.O. Box	()			oyer Identification N 16-1457567	lumber		
City of town, state of province, C & C Automatics, Inc.	country, and ZIP or foreign postal co	de (if foreign, see instr	uctions)	2c Spons	sor's telephone nun	nber		
			Ļ	A 1	(315) 331-7363			
127 West Shore Blvd.				2d Busine 33390	ess code (see instru 10	uctions)		
Newark, NY 14513			·					
3a Plan administrator's name and	address XSame as Plan Sponsor.			3b Admin	nistrator's EIN			
				3c Admin	nistrator's telephone	number		
A If the name and/or EIN of the n	lan sponsor has changed since the la	at roturn/ronart flaid fo	sthis play enter the	Alu				
name, EIN, and the plan numb	er from the last return/report.	ist return/report med to	or this plan, enter the	4b EIN				
a Sponsor's name	•			4c PN				
5a Total number of participants at	the beginning of the plan year			5a		14		
b Total number of participants at	the end of the plan year			5b		12		
	count balances as of the end of the pl			5c		12		
	· · · · · · · · · · · · · · · ·				*			
	ipants at the beginning of the plan ye			5d(1)				
	ipants at the end of the plan year minated employment during the plan			5d(2)		10		
than 100% vested		-		5e		1		
Caution: A penalty for the late or	incomplete filing of this return/repo	ort will be assessed u	inless reasonable caus	e is establi	ished.			
SB or Schedule MB completed and belief, it is true, correct, and completed	penalties set forth in the instructions, signed by an enrolled actuary, as wel te.	I declare that I have e I as the electronic vers	sion of this return/report, a	and to the b	g, if applicable, a So best of my knowledg	chedule ge and		
SIGN J 8/2-	- (Pres)	104/27/2016	Craig Parsons	****				
HERE Signature of plan adm		Date	Enter name of individua	as noionia l	s nlan administrator		a an	
SIGN				i olgining do	plan dan mistrator	· · · · · · · · · · · · · · · · · · ·	and the second	
UEDE		Date	Enterner of individua					
Preparer's name (including firm name	r/pian sponsor ne, if applicable) and address (include		Enter name of individua		employer or plan s elephone number	ponsor	a da anticipat de la construcción d La construcción de la construcción d	
			· .	- _F , , v N				
			Sarta					
For Paperwork Reduction Act Notice a	nd OMB Control Numbers, see the instr	uctions for Form 5500-S	SF.		Form 5500			
1999 (1999) 1997 - 1997 (1997) (1997) (1997) 1997 - 1997 (1997) - 1997 (1997) (1997) (1997) 1997 - 1997 (1997) (1997) (1997) (1997) (1997) (1997) (1997) (19						v. 150123		

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Page Z	Page	2	
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 6a
 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)
 X
 Yes
 No

 b
 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)
 X
 Yes
 No

 independent guardified public accountant (IQPA)
 X
 Yes
 No

 inf 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

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

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 7a	758508	791341
b	Total plan liabilities	. 7b	0	
С	Net plan assets (subtract line 7b from line 7a)	. 7c	758508	791341
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	25076	
	(2) Participants	. 8a(2)	30127	
	(3) Others (including rollovers)	8a(3)	· ·	
b	Other income (loss)		-509	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		54694
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	21226	
e	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	635	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		21861
I	Net income (loss) (subtract line 8h from line 8c)	8i		32833
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 2G 2J 2K 2T 3D	feature co	des from the List of Plan Characteristic Cod	les in the instructions:
Ð				1977/00/00/00/10/10/10/00/00/00/00/00/00/00/

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		I0a		x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	0b		х				
С	Mar the star and but Salatite bando	0c	Х			40000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	0d		х				
e	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.)	0e		х				
f	Has the plan failed to provide any benefit when due under the plan?	Of		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	0g	Х			32750		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	0h		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	01						
j	Did the plan trust incur unrelated business taxable income?	0						
Part	VI Pension Funding Compliance					9976-996999-996999999999999999999999999		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution 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 section 302 of ERISA?...

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all owner months	
material and some state	
redering a more	
the second products	

Form 5500-SF 2015 Page 3 - 1			
(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 granting the waiver	d enter the da Day	e of the letter ruling Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		al de Bienne bie Berny Sannel Harre de Marie, yn werd marine berken al de anter an anter anter	
b Enter the minimum required contribution for this plan year		a na na n	an er
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)			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	Ye	s 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 🛛 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 the of the PBGC?		🗌 Yes 🛛 No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
13c(1) Name of plan(s): 13c(2	t) EIN(s)	13c(3) PN(s)	
Part VIII Trust Information		·]	
14a Name of trust	14b Trust	s EIN	
14c Name of trustee or custodian		tee's or custodian's hone number	
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan?	. Yes	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Design based harbor method	safe ADP/ACP test	
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)(ii))2	Yes	No	
2(a)(2)(ii))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ratio percent test	age Average benefit 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?	Yes	Νο	
17a Has the plan been timely amended for all required tax law changes?	🗌 Yes	No N/A	
	annlicable cor	le (See instructions	
17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).	applicable cot		
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 subje advisory letter, enter the date of that favorable letter and the letter's serial number	ect to a favoral	ole IRS opinion or	
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 subje advisory letter, enter the date of that favorable letter and the letter's serial number	ect to a favoral	ole IRS opinion or	
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 subje 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 or determination letter	ect to a favoral	ole IRS opinion or	
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 subje 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 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	to a favoral	ble IRS opinion or	
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 subjered 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 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)?	to a favorat f the plan's las	ble IRS opinion or	

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