-	m 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee Re	etirement	2016
	epartment of Labor enefits Security Administration	Income Security Act of 1974		7(b) and 6058(a) of the		This Form is Open to
Pension Be	enefit Guaranty Corporation	 Complete all entries in a 	accordance with the instru	្ uctions to the Form 55	00-SF.	Public Inspection
Part I		dentification Information al plan year beginning 01/01/2	016		21/2016	
For calenda	ar plan year 2016 or fisc N	al plan year beginning 01/01/2			2/31/2016 Filors chock	king this box must attach a
A This ret	urn/report is for:	a one-participant plan				ith the form instructions.)
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year returr	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descr				- Grann
Part II	Basic Plan Inform	nation —enter all requested inf	. ,			
1a Name	of plan	ROFIT SHARING PLAN & TRUS			1b Three plan (PN)	number
					1c Effect	tive date of plan 01/01/2004
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		uctions)	2b Empl (EIN)	oyer Identification Number
	MATICS, INC.	country, and Zir of foreign posts			2c Spor	nsor's telephone number 315-331-7363
127 WEST S NEWARK, N	HORE BLVD. Y 14513				2d Busir	ness code (see instructions) 333900
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	nsor.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
name	EIN, and the plan numb	blan sponsor has changed since to ber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	
	or's name				4c PN 5a	40
_		t the beginning of the plan year			5a 5b	12 13
C Numb	er of participants with ac	t the end of the plan year	the plan year (only defined	contribution plans	50 50	13
	,	cipants at the beginning of the pla			5d(1)	10
• • •	·	cipants at the end of the plan yea	•		5d(2)	11
e Numb	per of participants that te	rminated employment during the	plan year with accrued ber	nefits that were less	5e	C
Caution: A	penalty for the late or	incomplete filing of this return	/report will be assessed	unless reasonable cau		
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, a ete.				
SIGN	Filed with authorized/va	lid electronic signature.	04/04/2017	CRAIG PARSONS		
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ual signing	as plan administrator
SIGN HERE	0		Data			
Preparer's	Signature of employed and a signature of employed name (including firm name and the signal si	er/plan sponsor me, if applicable) and address (in	Date clude room or suite numbe			as employer or plan sponsor s telephone number

	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit ot use Fo	ndent qualified public accountant (itions.) rm 5500-SF and must instead us	IQPA) [] Yes [] No se Form 5500.
Pa	rt III Financial Information		r	·
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	791341	931455
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	791341	931455
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	55649	
	(2) Participants	8a(2)	33073	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	51642	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		140364
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	250	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		250
i	Net income (loss) (subtract line 8h from line 8c)	8i		140114
j	Transfers to (from) the plan (see instructions)	8j		
Do	rt IV Plan Characteristics			

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D

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	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		
C	Was the plan covered by a fidelity bond?	10c	Х			100000
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			25406
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		Year	
lf	you c	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			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le 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?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t 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		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	ent determ	ination
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 separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

F	r	n	m	٠	
1	F	υ	10	٠	

Form 5500-SF	Short Form Ann	ual Return/Repor Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0 1210-0
Department of the Treasury Internal Revenue Service	This form is required to be fil	led under sections 104 and			2016
Department of Labor Employee Benefits Security Administration	Income Security Act of 197	4 (ERISA), and sections 60 Revenue Code (the Cod	157(b) and 6058(a) of the le).	Internal	This Form is Open to
Pension Benefit Guaranty Corporation	 Complete all entries in 	accordance with the insi	경험 영양 가슴 소리 같은 것이 같아.	00-SF.	Public Inspection
	t Identification Information				
for calendar plan year 2016 or	fiscal plan year beginning 01/01/20		and ending 12/3		
A This return/report is for:	X a single-employer plan		ilan (not multiemployer) (l mployer information in ac		
· · · · ·					
3 This return/report is	the first return/report	the final retum/report			· · · ·
	an amended return/report	a short plan year retu	m/report (less than 12 mo	onths)	
Check box if filing under:	Form 5558	automatic extension		DFVC pro	gram
	special extension (enter desc	cription)			
Part II Basic Plan Info	ormation-enter all requested ir	nformation	<u>an an a</u>	2000	an a
 a Name of plan & C Automatics, Inc. 401(k) Pro 	ofit Sharing Plan & Trust	la estado en la companya de la comp Na companya de la comp	ang	1b Three- plan nu	umber
				(PN) 1c Effectiv	ve date of plan
				01/01/	
Mailing address (include roc	over, if for a single-employer plan) om, apt., suite no. and street, or P.C	O. Box)			ver Identification Numbe 6-1457567
City or town, state or province C Automatics, Inc.	ce, country, and ZIP or foreign pos	tal code (if foreign, see insi	iructions)	2c Spons	or's telephone number
o Automatica, mo.					(315) 331-7363
					ss code (see instruction
West Shore Blvd.				333900)
vark, NY 14513					
					strator's telephone numl
16 the arms and in Fibi at th	e plan sponsor has changed since	the last stumbaret filed	for this pian option the	4b EIN	
name, EIN, and the plan nu	mber from the last return/report.	the last return choir nice i	or the pice, criter the	40 CIN	1874 - 1974 - 497
Sponsor's name				4c PN	
	at the beginning of the plan year.			5a	
I otal number of participants			-		1
Total number of participants	at the end of the plan year			5b	
Total number of participants Number of participants with	account balances as of the end of	the plan year (only defined	I contribution plans		
 Total number of participants Number of participants with complete this item) 	account balances as of the end of	the plan year (only defined	I contribution plans	5b 5c	1
 Total number of participants Number of participants with complete this item) 1(1) Total number of active participants 	account balances as of the end of inticipants at the beginning of the p	the plan year (only defined	l contribution plans	5b 5c 5d(1)	1
 Total number of participants Number of participants with complete this item) 1(1) Total number of active paid 1(2) Total number of active paid 	account balances as of the end of inticipants at the beginning of the plan inticipants at the end of the plan ye	the plan year (only defined lan year	l contribution plans	5b 5c 5d(1) 5d(2)	1
 Total number of participants Number of participants with complete this item)	account balances as of the end of inticipants at the beginning of the plan inticipants at the end of the plan ye terminated employment during the	the plan year (only defined lan year ar e plan year with accrued be	l contribution plans	5b 5c 5d(1) 5d(2) 5e	1
 Total number of participants Number of participants with complete this item)	account balances as of the end of inticipants at the beginning of the plan tricipants at the end of the plan ye terminated employment during the or incomplete filing of this return her penalties set forth in the instru- fig signed by an enrolled actuary, a	the plan year (only defined lan year e plan year with accrued be n/report will be assessed ctions, I declare that I have	I contribution plans	5b 5c 5d(1) 5d(2) 5e se is establi ort, including	1 1 1 1 shed.
 Total number of participants Number of participants with complete this item) 1(1) Total number of active pa 1(2) Total number of active pa Number of participants that than 100% vested ution: A penalty for the late der penalties of perjury and of or Schedule MB completed at iaf, it is true, correct, and completed at the second correct and correc	account balances as of the end of inticipants at the beginning of the plan tricipants at the end of the plan ye terminated employment during the or incomplete filling of this return ther penalties set forth in the instru- ing signed by an enrolled actuary, a plete.	the plan year (only defined lan year e plan year with accrued be n/report will be assessed ctions, I declare that I have as well as the electronic ve	I contribution plans	5b 5c 5d(1) 5d(2) 5e se is establi ort, including	1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1
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Total number of participants Number of participants with complete this item) I(1) Total number of active pa I(2) Total number of active pa Number of participants that than 100% vested ution: A penalty for the late der penalties of perjury and ot der penalties of perjury of der penalties of perjury and ot der penalties of penalties of der penalties der pena	account balances as of the end of inticipants at the beginning of the plan terminated employment during the or incomplete filling of this return ther penalties set forth in the instru- that signed by an enrolled actuary, a dete.	the plan year (only defined lan year e plan year with accrued be n/report will be assessed ctions, I declare that I have as well as the electronic ve 02/20/2017 Date	I contribution plans enefits that were less unless reasonable cau examined this return/rep rsion of this return/report, Craig Parsons Enter name of Individu	5b 5c 5d(1) 5d(2) 5e se is establior ort, including and to the b al signing as al signing as	, if applicable, a Schedu est of my knowledge an
Total number of participants Number of participants with complete this item) I(1) Total number of active pa I(2) Total number of active pa Number of participants that than 100% vested than 100% vested tor Schedule MB completed al ief, it is true, correct, and correct Signature of plan a N RE Signature of emplo	account balances as of the end of inticipants at the beginning of the plan terminated employment during the or incomplete filing of this return her penalties set forth in the instru- her penalties set forth in the instru- nd signed by an enrolled actuary, a plate.	the plan year (only defined lan year e plan year with accrued be n/report will be assessed ctions, I declare that I have as well as the electronic ve 02/20/2017 Date	I contribution plans enefits that were less unless reasonable cau examined this return/rep rsion of this return/report, Craig Parsons Enter name of Individu	5b 5c 5d(1) 5d(2) 5e se is establior ort, including and to the b al signing as al signing as	1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1

Form 5500-SF 2016		Page 2					X Yes No
Were all of the plan's assets during the plan year invested in eligible							X Yes No
Were all of the plane development of the annual examination and report of an Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an If you answered "No" to either line 6a or line 6b, the plan canno If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC inst the plan is a defined benefit plan, is it covered under the PBGC inst	t use Form	5500-SF and must instead gram (see ERISA section 40	21)?		res []No [Not determined
If the plan is a defined benefit plan, to the			T		()) End	of Year
rt III Financial Information		(a) Beginning of real	Concession of the local diversion of the loca		1.	1	931455
and Liabilities	7a	79134	<u>11</u>	-	A CONTRACTOR OF THE OWNER	COLUMN DE LA COLUMN	
	7b			CONTRACTOR OF THE OWNER	NATURAL DESCRIPTION OF THE OWNER	-	931455
		7913	41	and the second design of the	CANCEL CONTRACTOR		C. 40]
Total plan liabilities Net plan assets (subtract line 7b from line 7a)	70	(a) Amount				<u>(a)</u>	rotal
Income, Expenses, and Transfers for this Plan Year	-						
	8a(1)	556	the second s				1
Contributions received or receivable from: (1) Employers	1	33(373	and the second			
	+						
the rollovers)		51	642				140364
				and a contraction of		-	
			a jana da al a da a da a da a da a da a da				
 b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8d			ļ			
d Benefits paid (including unect removed							
			250				
 Certain deemed and/or corrective advantage f Administrative service providers (salaries, fees, commissions) 	8f						250
f Administrative service providers (curate	8g						200
				- S			4 40 111
	1						140114
g Other expenses	8h						140114
 g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) 	8h 8i 8i						
 g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) 	8h 8i 8i				• Code	s in the	
g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions)	8h 8i 8j	codes from the List of Plan	Charac	teristic	; Code	s in the	instructions:
g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions)	8h 8i 8j	codes from the List of Plan	Charact	teristic	; Code	s in the	instructions:
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g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions) j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pen 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welf Date V Compliance Questions	8h 8i 8j sion feature are feature			teristic eristic Yes			instructions:
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g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions) j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pen 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welf Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant control of the plan and p	8h 8i 8j sion feature are feature ntributions v DL's Volunta	within the time period ary Fiduciary Correction			No		instructions:
g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions) j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pen 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welf Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant control of the plan and p	8h 8i 8j sion feature are feature ntributions v DL's Volunta	within the time period ary Fiduciary Correction			No		instructions:
g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions) j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pen 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welf Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant condescribed in 29 CFR 2510.3-102? (See instructions and Displaced provides and provid	8h 8i 8j sion feature are feature ntributions N DL's Volunta	within the time period ary Fiduciary Correction			No X		instructions: instructions: Amount
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Form 5500-SF 2016	Page	3				
n VI Pension Funding Compl	lance		- Ladula D		Ye	s 🕅 No
is this a defined benefit plan subject t	o minimum funding requirements r (if i res, see nee	ructions and complete s				s 17
a Enter the unpaid minimum required c	contributions for all years from Schedule SB (rom Schedule	412 of the Code or sec	tion 302 o		Ye	s X No
Is this a defined contribution plan sui ERISA?	bject to the minimum and the below, as applicable.)	vear, see instructions,	**********		the letter	ruling
a If a waiver of the minimum funding st granting the waiver.	andard for a prior year is being amonazed in the para	Nonth	na Da	<u>Y</u>		
the stilling 429 complete li	nes 3, 8, and 10 of ochevere the		12b			Manadation of Personal State
b Enter the minimum required contributi	ion for this plan year		12c		under staat in de see	
c Enter the amount contributed by the e	employer to the plan for this plan year the amount in line 12b. Enter the result (enter a min	us sign to the left of a	12d			
d Subtract the amount in the 120 ment	the amount in line 12b. Enter the result (chief of	*******		Yes	No] N/A
e Will the minimum funding amount re	ported on line 12d be met by the funding deadline?.					-
H VII Plan Terminations and	Transfers of Assets			Yes	X No)
(hope of the second	a sub-stand is only right very sussessment of the		13a			
If "Yes," enter the amount of any pla	an assets that revened to the employer this year the	r nian or brought unde	r the		Yes X	No
b Were all the plan assets distributed control of the PBGC?	to participants or beneficiaries, transferred to another or liablitiles were transferred from this plan to another eferred. (See instructions.)	er plan(s), identify the pl	an(s) to	CONTRACTOR OF THE OWNER		
c If, during this plan year, any assets which assets or liabilities were trans	sferred. (See instructions.)	1	3c(2) EIN(s)	13c(3) PN(s)
13c(1) Name of plan(s):	na na na sa na mana na		ANTHER CONTRACTOR OF A			
Part VIII Trust Information				D Trust's El		
Part VIII Trust Information				o Trust's El d Trustee's telephon	or custor	Jian's
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