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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

P	arti Annuai Repon	t identification information									
For	calendar plan year 2016 or f	fiscal plan year beginning 01/01/2	2016	and ending 1	12/31/2016						
Α	This return/report is for:	a single-employer plan			oloyer) (Filers checking this box must at on in accordance with the form instruct						
		a one-participant plan	a foreign plan			,					
В	This return/report is	the first return/report an amended return/report	the final return/repor								
		months)									
С	Check box if filing under:	Form 5558	automatic extension DFVC program								
		special extension (enter desc	cription)								
Pa	art II Basic Plan Info	ormation—enter all requested in	nformation								
	Name of plan				1b Three-digit						
CAY	JGA TOOL & DIE, INC. 401((K) PLAN			plan numbe	er 001					
					(PN) •						
					1c Effective da	ite of plan)1/01/1993					
2a	Plan sponsor's name (empl	oyer, if for a single-employer plan)			2b Employer Id	lentification Number					
		om, apt., suite no. and street, or P.0				6-1416287					
CAYI	JGA TOOL & DIE, INC.	ce, country, and ZIP or foreign pos	tai code (if foreign, see in	structions)	2c Sponsor's telephone number						
	, , , , , , , , , , , , , , , , , , ,					-533-7400					
					2d Business code (see instructions)						
	IEWMAN ROAD FON, NY 13073				332700						
0.10											
3a	Plan administrator's name a	and address X Same as Plan Spo	onsor.		3b Administrate	or's EIN					
					3c Administrator's telephone number						
4	If the name and/or EIN of the	ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN						
	name, EIN, and the plan nu	umber from the last return/report.	·	, ,							
a	Sponsor's name				4c PN						
5a		s at the beginning of the plan year.			5a						
b		s at the end of the plan year			5b						
С		account balances as of the end of		· ·	5c						
d	(1) Total number of active pa	articipants at the beginning of the p	lan year		5d(1)						
d	(2) Total number of active p	articipants at the end of the plan ye	ear		5d(2)						
е		t terminated employment during the	' '		5e						
	ution: A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca							
SB	or Schedule MB completed a	other penalties set forth in the instru and signed by an enrolled actuary,									
Sig	ef, it is true, correct, and com Filed with authorized	nplete. d/valid electronic signature.	03/07/2017	BECKY, BAILEY							

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 Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	No			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes	s No							
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.												
С	If 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 det	ermined			
Pa	rt III Financial Information												
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End o	of Year				
a	Total plan assets	7a	1	136519)	1235587							
b	Total plan liabilities	7b											
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1	136519)	1235587							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	tal				
а	Contributions received or receivable from:	90/1)		5366									
	(1) Employers	8a(1) 8a(2)		5720									
				0.20									
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		88090)								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							99176	3			
d	Benefits paid (including direct rollovers and insurance premiums	80				33.1.0							
	to provide benefits)	8d											
e	Certain deemed and/or corrective distributions (see instructions).	8e											
f	Administrative service providers (salaries, fees, commissions)	8f		108									
g	Other expenses	8g											
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						108					
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							99068	3			
<u>j</u>	Transfers to (from) the plan (see instructions)	ransfers to (from) the plan (see instructions)											
Pa	t IV Plan Characteristics												
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	uctions:				
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instrud	ctions:				
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X							
b		t? (Do not	include transactions	10b		X							
С	Was the plan covered by a fidelity bond?			10c	X					150000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X							
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.)					X							
f	Has the plan failed to provide any benefit when due under the plan?					X							
9	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 a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)						Yes No		
	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				f	I n	Yes X No		
	(If "	SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiver		s, and	d enter t Day		of the lette Year_	er ruling		
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			T				
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						
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lative amount)	eft of a		12d					
<u>e</u>	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 X 1	Ю		
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					X Yes	No		
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to					
1	3c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)		
-										
Part	VIII	Trust Information								
14a	Name	of trust			14b Trust's EIN					
14c	Name	e of trustee or custodian				14d Trustee's or custodian's telephone number				
Part	: IX	IRS Compliance Questions		<u> </u>						
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:			ign-based "Prior year" ADF e harbor test					
	,			"Curre ADP t	rent year" N/A P test					
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					centage Average N/					
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No			
	If the	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS etter/ and the serial number	opinion							
	letter		nter the	date	of the m	nost rec	ent determ	ination		
	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 sepace?		rom	Ye	s [No			
19	Was	any plan participant a 5% owner who had attained at least age 70 $1\!\!2$ during the prior plan year?			Ye	s [No			

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).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part i	Annual Repor	<u>t Identification Informatior</u>	<u> </u>							
For calend	ar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2	016				
A This rol	turn/report is for:	🛛 a single-employer plan	a multiple-employer pl	an (not multiemployer) aployer information in a						
7 1113101	taminoport is ior.	a one-participant plan	a foreign plan	.,,		, ,				
B This retu	urn/report is									
		an amended return/report	a short plan year retur	nonths)						
C Check	box if filing under:	☐ DFVC program	n							
		special extension (enter desc	automatic extension							
Part II	Rasic Plan Info	ormation—enter all requested in	· ·							
1a Name	 	printed on the da requestes in	iioiiiidiioii		1b Three-digit					
	rool & DIE, I		plan numb							
					1c Effective d	•				
2a Plan e	noncor'e name (empl	oyer, if for a single-employer plan)			 	dentification Number				
Mailing	address (include roo	om, apt., suite no. and street, or P.0		4!>		1416287				
-	TOOL & DIE,	ce, country, and ZIP or foreign positing.	tal code (ir toreign, see insti	ructions)	•	telephone number				
					607-533	ode (see instructions)				
182 NEW	MAN ROAD				332700	,				
GROTON		NY 13073								
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Spo	nsor.		3b Administrator's EIN					
					3c Administrator's telephone number					
					JC Auministrat	or s telephone number				
4 If the r	name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
	, EIN, and the plan nu or's name	imber from the last return/report.			4c PN					
		s at the beginning of the plan year.			<u> </u>					
	•	s at the end of the plan year			5b	9 9				
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c					
•	•	articipants at the beginning of the p			5d(1)	9				
• •		articipants at the beginning of the plan ye			5d(2)					
		t terminated employment during the			5e					
than	100% vested	***************************************	***************************************	•••••	4 i	0				
Linder pen	t penalty for the late	or incomplete filing of this retur ther penalties set forth in the instru	n/report WIII be assessed	examined this return/re	use is establishe nort including if a	o. Apolicable, a Schedule				
SB or Sche	edule MB completed a true, correct, and con	and signed by an enrolled actuary,	as well as the electronic ver	sion of this return/repor	t, and to the best	of my knowledge and				
SIGN	Beeken L	ailer	03/07/2017	Becky, Bailey						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator				
SIGN	Beeker DO	ally	03 07 2017	Becky, Bailey						
HERE	Signature of empl		ployer or plan sponsor							
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite numbe	er)	Preparer's telep	none number				
,										
l .					B					

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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 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. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No No Part III Financial Information										
_ Pa			(2) 5 1 1	. 1			46.1 Park of Manage			
<u>_</u>	Plan Assets and Liabilities		(a) Beginning of Year 1,136,				(b) End of Year 1,235,58°			
	Total plan assets	7a 7b	1,136,	319			1,233,36			
	Total plan liabilities	7 C	1,136,	519			1,235,587			
8	Income, Expenses, and Transfers for this Plan Year	76	(a) Amount	317			(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)		366			(b) Total			
	(2) Participants	8a(2)	5,	720						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	88,	090						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					99,176			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
0	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	1 4 11.252 400	108						
<u>g</u>	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					108			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81					99,068			
_ <u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	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 3D									
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	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 Vo	oluntary F	iduciary Correction		х					

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		
С	Was the plan covered by a fidelity bond?	10c	х			150,000
đ	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		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 of year-end.)	10g		х		
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				

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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 (Form 5500) and line 11a below)						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 ERISA?						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 i		dantari	bo dot						
granting the waiver.		_ Day			Year	ar rum	.ng		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.								
b 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 negative amount)	e left of a	12d							
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes		No	<u></u> №	l/A		
Part VII Plan Terminations and Transfers of Assets		_							
13a Has a resolution to terminate the plan been adopted in any plan year?				es	X N	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 control of the PBGC?					Yes [] No)		
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	ntify the plan(s)	to							
13c(1) Name of plan(s):	13c(2)	EIN(s)	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? If "No," skip b	Yes			□ N	0				
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	U safe i				Prior y est	ear" A	\DP		
"Current ADP tes			•	□ N/A					

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Ratio

test

Yes

percentage

∐ Yes

Yes

Average

∏ No

∏ No

No

benefit test

☐ N/A

16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan

year? Check all that apply:

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

for the plan year by combining this plan with any other plan under the permissive aggregation rules?......

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?