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

Parti		identification information									
For calenda	ar plan year 2015 or fi	scal plan year beginning 10/01/2	2015	and ending 0	9/30/2016						
A		X a single-employer plan			(not multiemployer) (Filers checking this box must attach a over information in accordance with the form instructions)						
A This ret	turn/report is for:	a one-participant plan	a foreign plan	, employer information in accordance with the form instruction							
		_									
B This retu	urn/report is	the first return/report the final return/report									
		urn/report (less than 12 m	nonths)								
C Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program											
		special extension (enter desc	ription)		_						
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name	of plan				1b Three-c	digit					
ORISON B.	CURPIER COMPANY	Y, INC. 401(K) PLAN			plan nu	mber					
					(PN) ▶	003					
					1c Effective date of plan 01/01/1992						
2a Plan s	ponsor's name (emplo	oyer, if for a single-employer plan)			2b Employ	er Identification Number					
		m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign pos		etructions)	(EIN) 16-1002481						
	CURPIER COMPANY		lar code (ii foreigh, see ins	structions)	2c Sponso	or's telephone number 607-432-5732					
					2d Busines	ss code (see instructions)					
222 HILLSIDE DRIVE ONEONTA, NY 13820						511190					
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		3b Adminis	strator's EIN					
					3c Adminis	strator's telephone number					
					OO Adminis	strator 3 telephone number					
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN						
	or's name	mber nom the last return/report.			4c PN						
5a Total i	number of participants	at the beginning of the plan year.			5a	6					
b Total i	number of participants	at the end of the plan year			5b	5					
		account balances as of the end of		•	5c	5					
	,	rticipants at the beginning of the p			5d(1)	2					
		articipants at the end of the plan ye			5d(2)	2					
		terminated employment during the			5e	5e 0					
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca	use is establis	shed.					
SB or Sche		ther penalties set forth in the instru nd signed by an enrolled actuary, oplete.									
SIGN		/valid electronic signature.	04/25/2017	BRIAN CURPIER	!						
HERE	Signature of plan a	administrator	Date	Enter name of individ	dividual signing as plan administrator						
SIGN											
HERE	Signature of employer/plan sponsor Date Enter name of individu					dual signing as employer or plan sponsor					
Preparer's	name (including firm r	name, if applicable) and address (i	nclude room or suite numb	per)	Preparer's te	lephone 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 a 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	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.	X Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determine	∌d
Part III Financial Information	Г							
7 Plan Assets and Liabilities	_	(a) Beginning					(b) End of Year	
a Total plan assets	7a		855	0			271725	
b Total plan liabilities	7b 7c		855	5266			271725	
8 Income, Expenses, and Transfers for this Plan Year	76	(a) Amou		200			(b) Total	
a Contributions received or receivable from:		(a) Amot	ant				(b) Total	
(1) Employers	8a(1)		66	693				
(2) Participants	8a(2)		64	000				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b		53	237				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						183930	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		764	148				
e Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f		3	323				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						767471	
i Net income (loss) (subtract line 8h from line 8c)	8i						-583541	
j Transfers to (from) the plan (see instructions)	8j			0				
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructions:	
10 During the plan year:				Yes	No	N/A	Amount	
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X			0
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			0
C Was the plan covered by a fidelity bond?			10c	X			300	0000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			0
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			2	2168
f Has the plan failed to provide any benefit when due under the plan			10f		Х			0
· · · · · · · · · · · · · · · · · · ·			10g		X			0
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				X			0
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	ne required	notice or one of the	10h 10i					
j Did the plan trust incur unrelated business taxable income?			10i					
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)								No
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 E	RISA? Yes X	No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol	Yes X No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
140 Name of trustee of custodian					telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Yes No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio Average benefit				
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ 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	Annual Repor	t Identification Information	accordance with the ma	tructions to the Form 5	500-SF.					
For calend	lar plan year 2015 or	fiscal plan year beginning	10/1/2015	and ending	0	/30/2016				
		a single-employer plan		nv =====						
A This re	turn/report is for:		list of participating e	(Filers checking this box must attach a coordance with the form instructions)						
		a one-participant plan	a foreign plan			, man and rom	i instructions)			
B This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)					
C Check	box if filing under:	Form 5558				1				
			automatic extension		L	DFVC prog	ram			
Part II	Racio Plan Inf	special extension (enter descr								
1a Name	of plan	ormation—enter all requested inf	formation	· · · · · · · · · · · · · · · · · · ·	1					
		COMPANY INC. 404(1) PI				ree-digit				
Orth	BON B. CORFIER	R COMPANY, INC. 401(k) PL	_AN		1	an number N) 🕨	003			
						fective date of	f nlan			
			2		10 2.	1/1/1	1992			
2a Plan s	ponsor's name (emple	oyer, if for a single-employer plan)	ω .		2b Em	plover Identif	fication Number			
City of	town, state or proving	om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta	. Box)	tructions)	(EI	N) 16	6-1002481			
ORISC	N B. CURPIER C	OMPANY, INC.	ar code (ir foreign, see ms	aructions)	2c Sp	onsor's telep	hone number			
222 HI	LLSIDE DRIVE						2-5732			
	LLOIDE DIVIVE				2d Bu	siness code (see instructions)			
ONEO	ATV	NY				E4.4	100			
13820						511	190			
3a Plan a	dministrator's name a	nd address Same as Plan Spons	or.		3b Administrator's EIN					
		_								
					3c Ad	3c Administrator's telephone number				
4 If the r	anne and/an FINI af the									
name	EIN, and the plan nu	e plan sponsor has changed since to imber from the last return/report.	he last return/report filed	for this plan, enter the	4b EI	1				
	or's name	men nem die last retarineport.			4c PN	ı				
5a Total	number of participants	at the beginning of the plan year				T	6			
b Total	number of participants	at the end of the plan year			5b		5			
C Numb	er of participants with	account balances as of the end of the	he plan year (defined hen	efit plane de not	30	+				
compl	ete this item)			ment plans do not	5c		5			
d(1) Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)		2			
d(2) Tota	al number of active pa	articipants at the end of the plan yea	r		5d(2)					
e Numb	er of participants that	terminated employment during the	plan year with accrued be	enefits that were less		+	2			
man	100% vested				5e		0			
Caudon. A	penalty for the late	or incomplete filing of this return.	report will be accepted	unloce reseasable see	ise is est	ablished.				
		ther penalties set forth in the instruct and signed by an enrolled actuary, as plete	s well as the electronic ve	e examined this return/report	port, included	ding, if applica	able, a Schedule			
	1	pleté.		7	, uno to t	ic best of my	Knowledge and			
SIGN HERE	Ameri	Xuper	4/25/17	BRIAN C	URPI	ER				
HERE	Signature of plan a	idministrator V	Date	Enter name of individu	ual signing	as plan adm	inistrator			
SIGN	0				3	, _ p.a.r doin	ou detor			
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual oignina		•			
Preparer's	name (including firm r	name, if applicable) and address (inc	clude room or suite number	Enter name of individuer)		as employer 's telephone i				
				1						
				1			1			

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in							lNo □ N	ot determined
	t III Financial Information	iourunoo j	orogram (boo Errio) (boo	0000114	021):		103]110 11	ot determined
_	Plan Assets and Liabilities		(a) Reginning	of Vo		T		(b) End of	Vast
	Total plan assets	. 7a	(a) Beginning		5526	6		(b) End of	271725
1921	Total plan liabilities	7b		- 0		0			0
	Net plan assets (subtract line 7b from line 7a)	7c		8	5526	-			271725
_	Income, Expenses, and Transfers for this Plan Year		(a) Amou		0020			(b) Tota	
	Contributions received or receivable from:								
	(1) Employers	8a(1)			6669	1000000			
	(2) Participants	8a(2)	-		6400				
	(3) Others (including rollovers) Other income (loss)	8a(3)			Name of the	0			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c			5323	/			192020
	Benefits paid (including direct rollovers and insurance premiums	. 60							183930
	to provide benefits)	. 8d		7	6414	8			
	Certain deemed and/or corrective distributions (see instructions)	8e				0			
	Administrative service providers (salaries, fees, commissions)	. 8f			332				
	Other expenses	. 8g				0			707474
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					767471		
	Net income (loss) (subtract line 8h from line 8c)	. 8i)			-583541
	t IV Plan Characteristics	8j							
B		eature co	des from the List of Pla	n Chara				instruction	s:
10	During the plan year:				Yes	No	N/A	A	mount
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 I	iduciary Correction	10a		~			
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions				12 150		
	reported on line 10a.)			10b		~			
С				10c	~				300000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		~			
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	~		100 m		2168
f	Has the plan failed to provide any benefit when due under the pla			10f		~			
a	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end)	10g		V			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10g		V	22.00	and the second	
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i			100		
j	Did the plan trust incur unrelated business taxable income?			10i			~		
Part	MATERIAL STATE OF THE STATE OF			10)					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If '	'Yes," see instructions	and cor	nplete	Sched	dule SB (Form	☐ Yes ☑ No
11a	Enter the unpaid minimum required contribution for all years from								
12	Is this a defined contribution plan subject to the minimum funding							RISA?	Yes No
_									

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		T						
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year								
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to								
b	Enter the minimum required contribution for this plan year		12b						
	Enter the amount contributed by the employer to the plan for this plan year		12c						
d		to the left of a	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes 🗍	№ П	N/A			
Part									
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		r brought under the co	ontrol	Y	es 🛭 N	No			
С		, identify the plan(s) to	1						
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)			
Part	t VIII Trust Information								
14a	ust's EIN								
14c	Name of trustee or custodian		4d Trustee's or custodian's telephone number						
Par	t IX IRS Compliance Questions								
15a	Is the plan a 401(k) plan?		Yes		No				
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee defermatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	bas har	sign- sed safe bor thod	d safe ADP/ACP					
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) 2(a)(2)(ii))?	and 1.401(m)-	Yes		No				
	Check the box to indicate the method used by the plan to satisfy the coverage requirements unde	er section 410(b):	Rat per tes:	centage	rage efit test				
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) be this plan with any other plans under the permissive aggregation rules?	by combining	Yes		No				
	Has the plan been timely amended for all required tax law changes?		Yes		No	□ N/A			
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap			(See inst				
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submit advisory letter, enter the date of that favorable letter and the letter's s	serial number				or			
17d	If the plan is an individually-designed plan and received a favorable determination letter from the determination letter	IRS, enter the date of	the plan	's last favor	able				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 102 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S.	22(i)(2) has been . Virgin Islands)?	Yes	s No					
19	Were in-service distributions made during the plan year?		Yes		No				
	If "Yes," enter amount		19						
20	Were required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardles retired), as required under section 401(a)(9)?	ss of whether or not	Yes	[No	□ N/A			