_	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089								
	Department of Labor Benefits Security Administration	This form is required to be file Income Security Act of 1974		057(b) and 6058(a) of the		2017 This Form is Open to						
Pension E	Benefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I												
For calend	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan											
A This return/report is for: a single-employer plan a multiple-employer plan (not multilemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a one-participant plan												
B This ref	turn/report is											
the first return/report in the first return/report in a short plan year return/report (less than 12 months)												
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC p	rogram						
		special extension (enter desci	ription)									
Part II	Basic Plan Info	prmation—enter all requested in	formation									
1a Name	•				1b Three	e-digit number						
CAYUGAT	OOL & DIE, INC. 401(F	() PLAN			(PN)							
					1c Effec	tive date of plan 01/01/1993						
Mailin	ng address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		atructiona)	2b Empl (EIN)	oyer Identification Number 16-1416287						
	OOL & DIE, INC.	e, country, and zir of foreign post	ai code (il loreign, see in	structions)	2c Sponsor's telephone number 607-533-7400							
	182 NEWMAN ROAD GROTON, NY 13073					2d Business code (see instructions) 332700						
3a Plan a	administrator's name ar	nd address 🗙 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN						
					3c Administrator's telephone number							
4 If the	name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN							
this p		nsor's name, EIN, the plan name a	5	•	4d PN							
C Plan I												
5a Total	number of participants	at the beginning of the plan year			5a	9						
		at the end of the plan year			5b	0						
		account balances as of the end of			5c	0						
d(1) ⊺o	tal number of active pa	rticipants at the beginning of the pl	an year		5d(1)	0						
• •		rticipants at the end of the plan year			5d(2)	0						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0						
Under per SB or Sch	nalties of perjury and ot	or incomplete filing of this return her penalties set forth in the instruc- nd signed by an enrolled actuary, a plete	ctions, I declare that I have	e examined this return/re	port, includi	ng, if applicable, a Schedule						
SIGN		/valid electronic signature.	03/05/2018	BECKY, BAILEY								
HERE	Signature of plan a		Date	Enter name of individ	ividual signing as plan administrator							
SIGN						· ·						
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing a	ng as employer or plan sponsor						
For Paperv	For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2017) v.170203											

							Yes No			
-	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
D	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.									
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									
	If "Yes" is checked, enter the My PAA confirmation number from th	ie PBGC p	remium filing for this pl	lan year			(See instructions.)			
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year			
а	Total plan assets	. 7a		35587			0			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7c	123	35587			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
а	Contributions received or receivable from:	- (1)		1000						
	(1) Employers	8a(1)		1630	_					
	(2) Participants	8a(2)		1390	-					
	(3) Others (including rollovers)	8a(3)	14	58018	_					
		oss)								
<u> </u>							161938			
	to provide benefits)	8d	139	96717						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		808						
g	Other expenses	8g			_					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1397525			
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				-1235587				
	Transfers to (from) the plan (see instructions)	- 8j								
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 3D	feature co	des from the List of Pla	an Char	acteri	stic Co	des in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	es in the instructions:			
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	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)	•	•	10a		x				
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions							
	reported on line 10a.)			10b		Х				
C	C Was the plan covered by a fidelity bond?			10c	Х		150000			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x				
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				10f		Х				
	Did the plan have any participant loans? (If "Yes." enter amount a			100		X				

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		

r

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Page 3- 1

Part	VI Pension Fu	iding Compliance				
11		fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 11a below)	dule S	В	Y	es 🗌 No
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section me 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	f 	[] Y	es X No
a		mum funding standard for a prior year is being amortized in this plan year, see instructions, and			f the letter Year _	ruling
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum re	uired contribution for this plan year	12b			
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			_
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termir	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	C
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b		ets distributed to participants or beneficiaries, transferred to another plan, or brought under the		×	Yes	No
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s	13c(2)	EIN(s)		13c(3)	PN(s)

<u> </u>	· · · · · · · · · · · · · · · · · · ·	1									
Fo	rm 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Empl Benefit Plan								
Depa	intment of the Treasury mail Revenue Service	This form is required to be fil		4065 of the Employee Ret	irement	2017					
	epartment of Labor Senefits Security Administration	Income Security Act of 197	4 (ERISA), and sections 60 Revenue Code (the Cod		This Form is O						
Pension B	enefit Guaranty Corporation	Complete all entries in	Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I	Annual Report	Identification Information									
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017											
A This return/report is for:											
R This ret	um/report is	a one-participant plan	a foreign plan								
	uniteportis	the first return/report	X the final return/report								
		an amended return/report	a short plan year retu	rn/report (less than 12 mor	nths)						
C Check	box if filing under:	Form 5558	automatic extension] DFVC p	rogram					
		Special extension (enter desc	cription)								
Part II	Basic Plan Info	prmation-enter all requested in	nformation								
1a Name					1b Three	e-digit					
CAVICA					plan	number 001					
CATUGA .	IOOL & DIE, I	NC. 401(K) PLAN			(PN)						
						tive date of plan 1/1993					
		over, if for a single-employer plan)			2b Empl	oyer Identification Number					
		m, apt., suite no. and street, or P. e, country, and ZIP or foreign pos		tructions)	<u>_</u>	16-1416287					
CAYUGA TOOL & DIE, INC.					2c Sponsor's telephone number 607-533-7400						
190 NEW	MAN ROAD				2d Business code (see instructions)						
ICZ NEP	WAN KOAD				332700						
GROTON		NY 13073									
3a Plan a	idministrator's name ai	nd address 🛛 Same as Plan Spo	onsor.		3b Administrator's EIN						
					3c Admi	nistrator's telephone number					
4 If the	nome and/or Fibl of the	e plan sponsor or the plan name h	an abarrad sizes the test		<u> </u>						
this p	lan, enter the plan spo	nsor's name, EIN, the plan name		the last return/report.	4b EIN						
a Spons C Plan N	sor's name Name			· · · · · · · · · · · · · · · · · · ·	4 d PN						
5a Total i	number of participants	at the beginning of the plan year			5a	9					
		at the end of the plan year			5 b	0					
C Numb compl	er of participants with lete this item)	account balances as of the end of	the plan year (only defined	1 contribution plans	5c	0					
		rticipants at the beginning of the p			5d(1)	0					
d(2) Tota	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)	0					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0					
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable caus	e is estab	lished.					
SB or Sche	edule MB completed a	her penalties set forth in the instru nd signed by an enrolled actuary,	ctions, I declare that I have as well as the electronic ve	e examined this return/report, a sign of this return/report, a	ort, includir and to the	ng, if applicable, a Schedule best of my knowledge and					
SIGN	true, carrect, and com	Harley	03/05/2018	Becky, Bailey							
HERE	Signature of plan a		Date	Enter name of individua	I signing a	is plan administrator					
SIGN	Decker /	hallen		Becky, Bailey							
HERE	Signature of emplo	/	0 <u>0000000000000000000000000000000</u>		ual signing as employer or plan spons						
For Paperwo		e, see the Instructions for Form 550		Citter name of individua	n signing a	Form 5500-SF (2017)					
•						v.170203					

6a	the plane plane plane plane plane debeter. (eee med debeter.)	X Yes No
D	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.)	X Yes 🛛 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.	
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information	

7 Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of Year
a Total plan assets	. 7a	1,	235,	587		
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c	1,	1,235,587			(
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt	T		(b) Total
a Contributions received or receivable from: (1) Employers	Contributions received or receivable from:					
(2) Participants	. 8a(2)		1,	390		
(3) Others (including rollovers)	. 8a(3)					
b Other income (loss)	. 8b		158,	918		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					161,938
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1,	396,	717		
e Certain deemed and/or corrective distributions (see instructions)	. 8e			T		
f Administrative service providers (salaries, fees, commissions)	. 8f			808		<u> </u>
g Other expenses	. 8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,397,525
i Net income (loss) (subtract line 8h from line 8c)	8i					-1,235,587
j Transfers to (from) the plan (see instructions)	81					
Part IV Plan Characteristics	<u> </u>					
 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 is a second s						
Part V Compliance Questions		- <u> </u>				
10 During the plan year:				Yes	No	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 Program).	/oluntary F	iduciary Correction	10a		x	
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		x	
C Was the plan covered by a fidelity bond?			10c	x		150,000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		x	
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.).			10e		x	
Has the plan failed to provide any benefit when due under the plan?					х	
g Did the plan have any participant loans? (If "Yes," enter amount a	is of year-e	end.)	10g		х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	
If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i			

Form 5500-SF 2017

Page 3-

Part	VI	Pension Funding Compliance					
11	ls th (Fo	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci m 5500) and line 11a below)	nedule \$	SB	Ī] Yes	No
<u>11a</u>	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302 (sf] Yes	X No
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an ting the waiver	d enter Da		of the la Yea		ng
<u> </u>	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
C		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 left of a alive amount)	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?					No		I/A
Part	VII	Plan Terminations and Transfers of Assets	-				
13a	Has	a resolution to terminate the plan been adopted in any plan year?		X Yes		No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?		. E	Yes	No)
<u>с</u>		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1)	Name of plan(s): 13c(2	EIN(s)		13	c(3) PN	(s)
			. <u> </u>				
	-						