Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	i Identification Information	l								
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/2	2015	and ending 12/31/2	2015						
A This return/report is for: X a single-employer plan					· · ·						
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 months)						
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program						
		special extension (enter descri									
Part II		ormation—enter all requested in	formation	146	There is all all						
1a Name o	of plan O BODY & GLASS, I	NC. 401(K) PLAN		16	Three-digit plan number (PN) • 001						
				1c	Effective date of plan 01/01/2000						
Mailing	address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	,		Employer Identification Number (EIN) 16-1354716						
	D BODY & GLASS IN	ce, country, and ZIP or foreign post C	al code (if foreign, see instr	ructions) 2c	Sponsor's telephone number 716-835-2455						
374 NIAGAR BUFFALO, N	A FALLS BLVD Y 14223			2d	Business code (see instructions) 811120						
					011120						
3a Plan ad	dministrator's name a	and address XSame as Plan Spons	sor.	3b	Administrator's EIN						
				3c	Administrator's telephone number						
		ne plan sponsor has changed since imber from the last return/report.	the last return/report filed for	or this plan, enter the 4b	EIN						
a Sponso	•			4c	PN						
5a Total n	number of participants	s at the beginning of the plan year		5	5						
b Total n	number of participants	s at the end of the plan year		5	5b 4						
		account balances as of the end of	. , ,	' 3	i c 3						
d(1) Tota	al number of active pa	articipants at the beginning of the pl	an year	5d	4						
d(2) Tota	al number of active pa	articipants at the end of the plan year	ar	5d	4						
		t terminated employment during the	' '	1 2	i e 0						
		or incomplete filing of this return									
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, an plete.									
SIGN	Filed with authorized	I/valid electronic signature.	07/21/2016	MEGAN CARRIVEAU							
HERE	Signature of plan	administrator	Date	Enter name of individual si	gning as plan administrator						
SIGN	•				·						

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone 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 cann 	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 Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	detern	nined
Part III Financial Information	1									
7 Plan Assets and Liabilities	_	(a) Beginning					(b) En	d of Ye		7.4
a Total plan assets	7a		159	971 0	-				17117	0
b Total plan liabilities	7b 7c		150	971					17117	
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	70	(a) Amou		371			(b)	Total	17 117	
a Contributions received or receivable from:		(a) Amot	ant				(D)	TOTAL		
(1) Employers	8a(1)		5	335						
(2) Participants	8a(2)		6	977						
(3) Others (including rollovers)	8a(3)			0						
b Other income (loss)	8b		-1	084						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								1122	28
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			9						
e Certain deemed and/or corrective distributions (see instructions)	8e			0						
f Administrative service providers (salaries, fees, commissions)	8f			16						
g Other expenses	8g			0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								2	25
i Net income (loss) (subtract line 8h from line 8c)	8i								1120)3
j Transfers to (from) the plan (see instructions)	8j			0						
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in t	he instr	uctions	i:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instru	ctions:		-
							0	0		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
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)	oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest					V					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		X					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
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						254
f Has the plan failed to provide any benefit when due under the plan			10f		X					
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	Χ						11457
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g 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							
j Did the plan trust incur unrelated business taxable income?			10i							
Part VI Pension Funding Compliance			. •,	I	<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								<u></u>]	Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a		<u> </u>		
12 Is this a defined contribution plan subject to the minimum funding							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 custodian's				
140 Name of trustee of eastedian					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)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
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	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).							
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	19 Were in-service distributions made during the plan year?					No		
	If "Yes	" enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?						N/A	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Department of Labor

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).

2015

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning and ending 01/01/2015 12/31/2015 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions) A This return/report is for: a one-participant plan a foreign plan the first return/report the final return/report B This return/report is an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number Corsi Auto Body & Glass, Inc. 401(k) Plan (PN) ▶ 001 1c Effective date of plan 01/01/2000 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 16-1354716 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Corsi Auto Body & Glass Inc (716) 835-2455 2d Business code (see instructions) 811120 874 Niagara Falls Blvd Buffalo NY 14223 3b Administrator's EIN **3a** Plan administrator's name and address |X|Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a 5b 4 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 3 complete this item) 5d(1) 4 d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 4 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 5e 0 than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete SIGN HERE Signature of plan administrator Enter name of individual signing as plan administrator SIGN

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

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

Signature of employer/plan sponsor

HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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b .	Were all of the plan's assets during the plan year invested in eligith. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cantof the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit not use Fo	ndent qualified public ations.)	account	ant (IC	PA) Form	5500.	··········	_	ermined		
Par		- Iourunoo p	nogram (oco Entorto				1 100 [- Not dot			
Charles F7	Plan Assets and Liabilities		(a) Beginnin				, 	(b) End	of Voor	 		
	Total plan assets	. 7a	(a) Degimini		9,97	1		(b) Lilu		171 , 174		
	Total plan liabilities	7b				0				0		
	Net plan assets (subtract line 7b from line 7a)	7с		15	9,97	1				171,174		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total				
	Contributions received or receivable from:				E 22	_						
	(1) Employers	8a(1)			5,33 6,97							
	(2) Participants(3) Others (including rollovers)	8a(2) 8a(3)			0,51	0						
	Other income (loss)	. 8b			1,08							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			,			50.000		11,228		
	Benefits paid (including direct rollovers and insurance premiums											
	to provide benefits)	. 8d				9						
	Certain deemed and/or corrective distributions (see instructions)	8e	·			0						
	Administrative service providers (salaries, fees, commissions)	. 8f		16								
	Other expenses. (add lines 2d, 2c, 2f, and 2d)	. 8g . 8h				0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8i								25 11,203		
	Transfers to (from) the plan (see instructions)									11,200		
Pari	IV Plan Characteristics	1 9	I			<u> </u>						
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare V Compliance Questions											
10	During the plan year:		<u> </u>		Yes	No	N/A		Amoun			
a	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	Voluntary F	iduciary Correction	10a	ics	Х	IVA		Amoun	t		
b	Were there any nonexempt transactions with any party-in-interes			406		Х						
	reported on line 10a.)			10b	 	_						
d				10c	 	Х						
	by fraud or dishonesty?			10d		Х						
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e	Х				-	254		
f	Has the plan failed to provide any benefit when due under the pla			10f		Х			***			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g	Х					11,457		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	s there a blackout period? (See instructions and 29 CFR			- 11	. X				11,407		
i	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10	he require 11-3	d notice or one of the	10i								
j	Did the plan trust incur unrelated business taxable income?			10j								
Part	VI Pension Funding Compliance			L	·		·	·				
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	Y	es X 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	requireme	ents of section 412 of t	he Cod	e or se	ection	302 of E	RISA?	Ye	∋s ⊠ No		

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in			date of		ling		
If	granting the waiver		Day_		Year			
	Enter the minimum required contribution for this plan year		12b					
			12c					
	Enter the amount contributed by the employer to the plan for this plan year		120					
u	negative 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			٠				
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s 🛛 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 brough the PBGC?				Yes 🛚	No		
. <u> </u>	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to)					
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
		,			1			
Part	VIII Trust Information			·				
14a	Name of trust		14b Trust's EIN					
110 Norma of translation					14d Trustee's or custodian's			
14c Name of trustee or custodian				telephone number				
Par	t IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan?	.,	Ye	s	∏No			
			_ De	esign-		······		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		1 🖰 1			P/ACP		
<u> </u>			method test					
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4		Yes					
	2(a)(2)(ii))?							
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ra pe	atio :rcentage		erage efit test		
16h	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com-	hinin a	tes			ent test		
100	this plan with any other plans under the permissive aggregation rules?		Ye	s 	∐ No			
17a	Has the plan been timely amended for all required tax law changes?		Ye	s	∏ No	□ N/A		
17	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	plicable	code	(See inst	tructions		
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial nu		t to a fa	vorable l	IRS opinion	or		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, el determination letter		the plar	n's last fa	vorable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		No			
19 Were in-service distributions made during the plan year?					No			
	If "Yes," enter amount		19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whom the second se		∏ Ye		∏ No	N/A		
	retired), as required under section 401(a)(9)?		П		П.мо	□'™^		