For	m 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	f Small Employee OMB Nos. 1210-0 1210-0				
	tment of the Treasury nal Revenue Service	This form is required to be filed u		065 of the Employee Re					
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974 (E		7(b) and 6058(a) of the		This Form is Open to Public Inspection			
_	nefit Guaranty Corporation	Complete all entries in acc	cordance with the instr	uctions to the Form 55	00-SF.				
For calenda	Annual Report Ic ar plan year 2016 or fisca	lentification Information	6	and ending 12	/31/2016				
						king this box must attach a			
A This ret	urn/report is for:	a one-participant plan				with the form instructions.)			
B This retu	ırn/report is	the first return/report an amended return/report							
C Check b	box if filing under:	Form 5558	automatic extension						
Part II	Basic Plan Inform	nation—enter all requested inform	,						
1a Name of plan WILMOT AVIATION CORP DBA BEST VOLVO 401(K) PLAN					1b Three-digit plan number 001				
					1c Effect	tive date of plan 01/01/1990			
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. E			2b Employer Identification Number (EIN) 16-1182126				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WILMOT AVIATION CORP				2c Sponsor's telephone number 585-473-8530					
BEST VOLVO	5			-	2d Busir	ness code (see instructions)			
1500 UNIVERSITY AVE ROCHESTER, NY 14610					441110				
3a Plan a	dministrator's name and	address X Same as Plan Sponso	Dr.		3b Administrator's EIN				
					3c Administrator's telephone number				
		olan sponsor has changed since the per from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN				
a Sponse	or's name				4c PN				
		the beginning of the plan year		F	5a	2			
		the end of the plan year count balances as of the end of the			5b	2			
				•	5c	1			
• • •	•	cipants at the beginning of the plan			5d(1)	2			
e Numb	er of participants that te	cipants at the end of the plan year . rminated employment during the pl	an year with accrued ber	nefits that were less	5d(2) 5e	2			
		incomplete filing of this return/re			ise is estal	olished.			
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as w	ons, I declare that I have	examined this return/rep	oort, includi	ng, if applicable, a Schedule			
SIGN	Filed with authorized/va	lid electronic signature.	06/29/2017	CAROL ALDRICH					
HERE Signature of plan administrator Date Enter name of indiv					ual signing	as plan administrator			
SIGN HERE									
	Signature of employe name (including firm nar	er/plan sponsor ne, if applicable) and address (inclu	Date ude room or suite numbe			as employer or plan sponsor s telephone number			
			_						

b c	 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.) c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? c Part III Financial Information 								
7 7	Plan Assets and Liabilities		(a) Deminuting of Veen	(b) End of Veer					
<u> </u>		_	(a) Beginning of Year 983284	(b) End of Year 1091441					
<u>a</u>	Total plan assets	7a	0	1031441					
b	Total plan liabilities	7b	•						
С	Net plan assets (subtract line 7b from line 7a)	7c	983284	1091441					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	4745						
	(2) Participants	8a(2)	58315						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	48339						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		111399					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	30						
е	Certain deemed and/or corrective distributions (see instructions).	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	3212						
g	Other expenses	8g	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3242					
i	Net income (loss) (subtract line 8h from line 8c)	8i		108157					
j	Transfers to (from) the plan (see instructions)	8j	0						
Pa	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 2F 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			150000
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		
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			1277
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			6189
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	

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		OMB Nos	 . 1910
Νp.	7465	P. 2	

Fo	orm 5500-SF	Short Form Annu			loyee	OMB Nos. 1210-0110 1210-0089
	periment of the Treasury lemet Revenue Service	This form is required to be file	Benefit Plar ad under sections 104 ar	-	Retirement	2016
	Ospariment of Labor Benefils Security Administration	Income Security Act of 1974	(ERISA), and sections (Revenue Code (the Co	6057(b) and 6058(a) of th	e Internal	This Form is Open to
-	Benefil Gueranly Corporation	-	•	,	5500-SF.	Public Inspection
Part I		Identification Information				
For calen	dar plan year 2016 or fis		01/01/2016	and ending		31/2016
A This r	eturn/report is for;	⊠ a single-employer plan □ a one-participant plan		plan (not multiemployer) employer information in a		ng this box must attach a th the form instructions.)
🖪 This re	etum/report is	be first return/report an amended return/report	☐ lhe final return/repo. ☐ a short plan year ret	rt um/report (less than 12 r	nonthe)	
C Check	c box if filing under:	 ☐ Form 5558 □ graphic extension (extd	autometic extension	ı	DFVC pr	ogram
Dout II	Decis Olas Infe	special extension (enter descr				
Part II		mation enter all requested inf	ioimetion		41	
1a Nem WILMOT		DBA BEST VOLVO 401 (F	() PLAN		(PN) 1c Effecti	umber ▶ 001 ve date of plan
2a Dian	poporto nome (ameleu					01/1990
Mailir	ig address (include room	er, if for a single-employer plen)), apt., suite no. and street, or P.O , country, and ZIP or foreign posta	. Box) al code (if foreign, see in	Structions)	(EIN)	yer Identification Number 16-1182126
	AVIATION CORP			•		or's telephone number 5) 473-8530
BEST VO)TAO				2d Busine	ss code (see instructions)
1500 UN	IVERSITY AVE				4411	.10
ROCHEST	ER		N	Y 14610		
					3c Admini	strator's telephone number
		blan sponsor has changed since the form the last return/report.	he last return/report filed	for this plan, enter the	4b EIN	
	or's name	Son reserved to the rest of th			4c PN	
5a Total	number of participants at	t the beginning of the plan year	·····		5 a	29
		t the end of the plan year			5b	27
C Numb	er of participants with ec	count balances as of the end of the	ne plan year (only define	d contribution plans	5c	15
ɗ(1) Tot	al number of active partic	cipants at the beginning of the pla	n year		5d(1)	26
d(2) ⊺ot	al number of active partie	cipants at the end of the plan year			5d(2)	25
e Numb than	oer of participants that ter 100% vested	minated employment during the p	olan year with accrued b	enefile that were less	5e	
Gaunou: A	penalty for the late or	incomplete tiling of this return/	report will be assessed	i Uniass reasonable car	ise is establi:	bhed.
Under pena SB or Sche	allies of perjury and other	r penalties set forth in the instruct signed by an enrolled actuary, as	ions. I declare that I have	a examined this return/report	port, including , and to the b	, if applicable, a Schedule ast of my knowledge and
HERE	Bignature of plan adn	ninietrator	<u> </u>	GERALD G.		
6IGN	All		Date	Enter name of individu	ial signing as	plan administrator
HERE	Signature of employe		Dete			
Preparer's a	name (including firm nan	ripian sponsor ne, if applicable) and address (incl	Ude room or suite numb	er)		employer or plan sponsor lephone number
				ł		

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	Form 5500-SF 2016		Page 2							
þ	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can be the plan b a defeard beactive languing in the plan can	f an indepe r and condit not use Fo	ndent qualified public tions.) rm 5500-SF and mu	accou st inst	ntant (1 ead us	QPA) e For	m 5500). 	X Yes [] 1	
	If the plan is a defined benefit plan, is it covered under the PBGC i	nance p	vogram (see ERISA s	section	4021)	•••••	Yes		Not determine	30
Pa	rt III Financial Information									
7	Plan Assets and Llabilities		(a) Beginning					(b) End		
	Total plan assets	. 7a		983,					1,091,4	41
<u> </u>	Total plan liabilities	, 7b			0					
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		983,	284				1,091,4	41
<u> </u>	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) T	otal	
a 	Contributions received or receivable from: (1) Employers	. 0a(1)		4,	745					
	(2) Participants	8#(2)		50,	315					
	(3) Others (including rollovers)	8a(3)			0	<u>.</u>				
b	Other Income (loss)	8b		40,	339					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		••-					. 111,3	99
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	· · · · · ·		30					
	Certain deemed and/or corrective distributions (see instructions)	80	0							
f	Administrative service providers (salaries, fees, commissions)	05		3,212						
g	Olher expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							3,242		
-i	Net Income (loss) (subtract line 8h from line 8c)	81							108,1	
Ì	Transfers to (from) the plan (see instructions)	8 í	· · · · · · ·	0						
Par	t IV Plan Characteristics				'					
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	lan Cha	aracteri	istic C	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codi	es from the List of Pla	n Cher	acteris	tic Co	des in 1	he Instru	ctiona:	
Par	t V Compliance Questions		·		•					—
10	During the plan year:	• •			Yes	ND	N/A		Amount	
a	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 Fl	ductary Correction	10a		x				
b	Were there any nonexempt transections with any party-in-interast reported on line 10a.)	? (Do not Ir	nclude transactions	10b		x		<u> </u>		
Ç	Was the plan covered by a fidelity bond?			10c	x				150,00	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	100		x				
9	Were any fees or commissions paid to any brokers, agents, or oth	es or commissions paid to any brokers, agents, or other persons by an insurance ance service, or other organization that provides some or all of the benefits under			x			×-	1,27	 77
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 as			100	x	л			6,18	 99
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 th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	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 en (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							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?					Ј п	Yes 🕅	No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		••••••••	***********		··· _		
8 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.			id enter i Day		of the let Year	-	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ie 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	***		120				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to th negative amount)			12d			_	
Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No No	<u> </u>	ł
Part VII Plan Terminations and Transfers of Assets							
13a Has a resolution to terminate the plan been adopted in any plan year?				🗍 Yes	3 🕅	Ňo	
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 bro control of the PBGC?			l 		🗌 Yes	x]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	e plan(s) to				
13c(1) Name of plan(s):		13c(2)	2) EIN(s) 13c(3)			3) PN(s)	
Part VIII Trust Information	1						
14a Name of trust			14b T	ົານຣເ'ຣ E	(N		
14c Name of trustee or custodien			14 d T	rustee's	s or custor	flan's	
			t	elephon	e number		
Part IX IRS Compliance Questions							
					7		
15a Is the plan a 401(k) plan? If "No," skip b	🛛	Yes		Ĺ	No		
15b How did the plan satisfy the nondiscrimination requirements for employee deferrate under section 401(k)(3) for the plan year? Check all that apply:		Dasig sefe h	n-based arbor		Prior y lest	ear" ADP	>
	□	"Čurre ADP te	nt year" ast		N/A		
16a What testing method was used to salisfy the coverage requirements under section 410(b) for the plan		Ratio		. A.	erage		<u> </u>
year? Check all that apply:	····· U	perce test	nlaga		nelit test	[] N/	ſΑ
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?		Yes] No		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	S opinio	n letter	or advis	огу lette	er, enter lh	e dale ol	ſ
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, a letter	enter the	e date d	of the ma	oet recei	nt determi	nalion	
18 Defined Benefit Plan or Money Purchase Penaton Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sep service?	parated	from	Yes		No		
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No		<u> </u>