Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

		Identification Information						
For calendar pla	an year 2016 or f	iscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016			
_		an (not multiemployer)						
A This return/r	eport is for:	a one-participant plan	list of participating employer information in accordance with the form instruction					
		a one-participant plan	a foreign plan					
D Th:	t :-	the first return/report	the final return/report					
B This return/re	eport is	H	븜	- / // // AO	(1)			
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)			
C Check box if	f filing under:	Form 5558	automatic extension		DFVC program			
		special extension (enter desc	ription)		_			
Part II Ba	asic Plan Info	ormation—enter all requested in						
1a Name of pla					1b Three-digit			
CORSI AUTO BO		NC. 401(K) PLAN			plan number			
					(PN) ▶	001		
					1c Effective dat			
						1/01/2000		
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0) Boy)			entification Number 6-1354716		
		ce, country, and ZIP or foreign post		ructions)	(=+)			
CORSI AUTO BO	DDY & GLASS IN	С			2c Sponsor's te	lephone number 835-2455		
						de (see instructions)		
874 NIAGARA FA	ALLS BLVD					11120		
BUFFALO, NY 14	223				o o	11120		
3a Plan admin	istrator's name a	nd address 🛚 Same as Plan Spo	nsor.		3b Administrator's EIN			
					20 Administration	de televilene en en en en		
					3C Administrato	r's telephone number		
4 164					41			
		e plan sponsor has changed since imber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN			
a Sponsor's r	•				4c PN			
5a Total numb	per of participants	s at the beginning of the plan year.			5a	5		
_		s at the end of the plan year			F1.			
		account balances as of the end of						
					5c	3		
d(1) Total nu	mber of active pa	articipants at the beginning of the p	lan year		5d(1)	5		
		articipants at the end of the plan ye			5d(2)	5		
		t terminated employment during the			5e	C		
		or incomplete filing of this retur ther penalties set forth in the instru						
		and signed by an enrolled actuary, a						
	correct, and com			T				
0.0.4	d with authorized	/valid electronic signature.	07/25/2017	CAROL ALDRICH				
HERE Sig	gnature of plan a	dual signing as plan	administrator					
SIGN								
HERE	nature of emplo	oyer/plan sponsor	Date	Enter name of individ	fual signing as empl	over or plan sponsor		
		name, if applicable) and address (ii			Preparer's telepho			
	, G	, , ,		,				
1								
I								

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-		_	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Pa	rt III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning					(b) End o		
a	Total plan assets	7a		171174					172828	
b	Total plan liabilities	7b		0						
C	Net plan assets (subtract line 7b from line 7a)	7c		171174					172828	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) To	tal	
а	Contributions received or receivable from:	0-(4)		3114						
	(1) Employers	8a(1)		3692						
	(2) Participants	8a(2)		3032						
	(3) Others (including rollovers)	8a(3)		8208						
	Other income (loss)	8b		0200					15014	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13014	
u	to provide benefits)	8d		12000)					
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1360)					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							13360	
i	Net income (loss) (subtract line 8h from line 8c)	8i					1654			
j	Transfers to (from) the plan (see instructions)	8i								
Pa	rt IV Plan Characteristics		•							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ıctions:	
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 instruc	tions:	
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 Normal)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	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				
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					240
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
9		-		10g	X					7653
h	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		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?				│	res X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne 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 N	lo
	If "Y€	s," 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 brougol of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to			
	13c(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 E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP
				"Curre	ent year test	<u>"</u>	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:				— Average —			□ N/A	
	for the	e 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	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
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 sepa e?		rom	Ye	s [No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ 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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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. Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under Form 5558 automatic extension ☐ DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit Corsi Auto Body & Glass, Inc. 401(k) Plan plan number (PN) > ดกา 1c Effective date of plan 01/01/2000 2a Pien 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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) (EIN) 16-1354716 Corsi Auto Body & Glass Inc. 2c Sponsor's telephone number (726)835-24552d Business code (see instructions) 874 Niagara Falls Blvd 811120 Buffalo 14223 3a Plan administrator's name and address K Same as Plan Sponsor. 3b Administrator's EIN 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 a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year 5b Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c d(1) Total number of active participants at the beginning of the plan year 5d(1) d(2) Total number of active participants at the end of the plan year 5d(2)e Number of participants that terminated employment during the plan year with accrued benefits that were less 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, confect and complete SIGN Valerie Klaskala HERE Signature of plan administrator 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 him name, if applicable) and address (include room or suite number) Preparer's telephone number

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6a b	Were all of the pian's assets during the plan year invested in eliging Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan can	fan Indep Jant com	endent qualified publi-	c accou	ntant (IQPA)	ł		Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC	insurance	program (see ERISA	section	ead us 4021)	e roj ?	m 550 ∏ Yes	о. s ПNo П i	Vot determined
P	urt III Financial Information			***************************************			<u></u>		***************************************
7	Plan Assets and Liabilities		(a) Seginning	T Of Va	28		·	55. 5 F 1. 15 1. 7 40	
a	Total plan assets	7a	120	Concession of the Concession o	,174		i	(b) End of Y	and the second of the second o
<u>b</u>	Total plan liabilities	7b		<u> </u>	,		·····	********************************	172,82
C	Net plan assets (subtract line 7b from line 7a)			277				· · · · · · · · · · · · · · · · · · ·	
8	Income, Expenses, and Transfers for this Plan Year			***************************************	, 1.74		***************************************	***************************************	172,82
3	Contributions received or receivable from:	<u> </u>	(a) Amou	int		•••••	***********	(b) Total	
************	(1) Employers	8a(1)		3,	.114				
***********	(2) Participants	. 8a(2)		*****	692				
	(3) Others (including rollovers)	Ba(3)						****	***************************************
b	Other income (loss)	8b			208	7		***************************************	
Ċ	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			200				•
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).	1		10	000				15,01,
е	Certain deemed and/or corrective distributions (see instructions)	8e		J. K. J	000		**********		
4	Administrative service providers (salaries, fees, commissions)	8f		-i					
g	Other expenses	†		- L-y	360			***************************************	****
ħ	Total expenses (add lines 8d, 8e, 8t, and 8g)	8g		····					
i	Net income (loss) (subtract line 8h from line 8c)						***************************************		13,360
ì	Transfers to (from) the plan (see instructions)								1,654
	t IV Plan Characteristics	8j		************					
*	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 to the plan provides welfare benefits.								
10			ooken, was a sure of the sure						
*************	During the plan year:				Yes	No	NIA	Am	ount
. 123	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 F	iduciary Correction						***************************************
b	Were there any nonexempt transactions with any party-in-interest	? (De not		10a		X			
	reported on line 10a.)	r (Du nuc.	ricique dansactions	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?	fidelity ha	od Systyma saucad	10d				***************************************	
e	Were any fees or commissions paid to any brokers, agents, or oth- carrier, insurance service, or other organization that provides some the plan? (See instructions.).	er person	s by an insurance	10e	X	Х			er si in
f	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f	/- <u>-</u>	.v	1	,	240
g	Did the plan have any participant loans? (If "Yes," enter amount as			100	Х	·X		***************************************	. Programme and the same and
h	If this is an individual account plan, was there a blackout period? (3 2520.101-3.)	See instru	ctions and 20 CED	10h		·X		Andrew we we see the the Angles of the State of the Angles of the State of the Stat	7,653
Ĭ	if 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	െ സൈന്ദേദ	Coling or and of the	101		- 475			
					t	أسبب	<u> </u>		

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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)	f complete Sc	hedule (5B	Ιп	Yes 🛭 N
1 to differ the unpaid minimum required contributions for all years from Schadule Structure economics	erandiseranaserase.	1	1	1	·····
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	O 11		<u>f</u> of		Yes X N
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see if granting the waiver.	3 3 3				
If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	9 13.	Da	V	Year	
b Enter the minimum required contribution for this plan year		12b	Ť		****************
C Enter the amount contributed by the employer to the plan for this plan year		126			
oubstact the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	eleft of a	12a			
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		1			<u></u>
13a: Has a resolution to terminate the plan been adopted in any plan year?	***************************************	<u> </u>	Yes	1 🕅	lo
If "Yes." enter the amount of any plan assets that reverted to the employer this year		13a	1 7 7 7	<u> </u>	
D Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC?	ight under the			Yes [
which assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to			<u> </u>
13c(1) Name of plan(s):	13c(2)	EIN(s)		47.5	PN(s)
	***************************************				3 . 14(2)
Part VIII Trust Information					
14a Name of trust		14b T	rust's Elf	Ý	Virialization de la companya del companya del companya de la comp
14c Name of trustee of custodian			rustee's : slephone		an's
Part IX IRS Compliance Questions		·····			
15a is the plan a 401(k) plan? If "No," skip b.	Yes	and the same of the statement of the sta		No	
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:	∟ safe h			"Prior ye test	ar' ADP
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	Curre ADP to	nt year" ∺st		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

Average

No

No

No

benefit test

N/A

year? Check all that apply:

Defined Benefit Plan or Money Purchase Pension Plan Only:

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?.....

and the serial number

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?