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.

2016

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information											
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	2017		and ending 09	9/13/2017							
A This ret	urn/report is for:	a single-employer plan			n (not multiemployer) (ployer information in ac		-						
	a one-participant plan a foreign plan												
B This retu	ırn/report is	the first return/report	=	final return/report		4.)							
		an amended return/report	^ a s	nort plan year return	/report (less than 12 m	ontns)							
C Check b	oox if filing under:	Form 5558	ш	tomatic extension		DFVC	program						
Dowt II	Basia Blan Infa	special extension (enter descr											
Part II		ormation—enter all requested in	tormatic	on		1b ====	11 - 11						
1a Name	of plan O BODY & GLASS, IN	JC: 401(K) PLAN				1b Thre	ee-aigit number						
COROTROT	3 BOBT & OL7100, III	(C. 401(N) 1 L (N				(PN		001					
							ective date of 01/01	f plan /2000					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)						2b Employer Identification Number (EIN) 16-1354716							
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CORSI AUTO BODY & GLASS, INC.			2c Sponsor's telephone number 716-835-2455										
						2d Rus		see instructions)					
874 NIAGAR	A FALLS BLCD					24 Bus	8111						
BUFFALO, N	Y 14223						0111						
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.			3b Adm	ninistrator's E	ΞIN					
						3c Adm	ninistrator's t	elephone number					
								•					
		e plan sponsor has changed since mber from the last return/report.	the last	return/report filed fo	r this plan, enter the	4b EIN							
a Sponso	•	•				4c PN							
5a Total r	number of participants	at the beginning of the plan year				5a		4					
b Total r	number of participants	at the end of the plan year				5b		(
	er of participants with ete this item)	account balances as of the end of	the plar	year (only defined o	contribution plans	5c							
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year			5d(1)							
d(2) Tota	al number of active pa	articipants at the end of the plan yea	ar			5d(2)	5d(2)						
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested				5e									
Caution: A	penalty for the late	or incomplete filing of this return	n/report	t will be assessed ι	ınless reasonable cau								
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.											
SIGN		/valid electronic signature.		11/28/2017	VALERIE KLASKALA								
HERE	Signature of plan a			Date	Enter name of individ	ual signing	ı as plan adr	ninistrator					

Date

Signature of employer/plan sponsor

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

HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib		•						X Ye	es No
u	Are you claiming a waiver of the annual examination and report of a lander 29 CFR 2520.104-46? (See instructions on waiver eligibility at a figure fixed in the fixed fixed in the fixed f	and condit	ions.)						X Ye	es 🗌 No
	the plan is a defined benefit plan, is it covered under the PBGC in							No	Not de	etermined
Part	III Financial Information									
7 P	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a T	otal plan assets	7a		172828						0
b T	otal plan liabilities	7b		0)	C				0
C N	let plan assets (subtract line 7b from line 7a)	7c		172828	3					0
8 Ir	ncome, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) ⁻	Γotal	
	Contributions received or receivable from:	- 411		283						
	1) Employers	8a(1)		283						
	2) Participants	8a(2)		203						
	3) Others (including rollovers)	8a(3)		13142						
	Other income (loss)	8b		10142	-				137	no
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							137	J6
	denefits paid (including direct rollovers and insurance premiums of provide benefits)	8d		184926	5					
	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f A	dministrative service providers (salaries, fees, commissions)	8f	1610							
	Other expenses			0)					
h T	h Total expenses (add lines 8d, 8e, 8f, and 8g)								1865	36
i N	Net income (loss) (subtract line 8h from line 8c)								-1728	28
jτ	ransfers to (from) the plan (see instructions)	8j	0							
Part	IV Plan Characteristics	,								
	f the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b I	f the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instr	uctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
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)	oluntary F	iduciary Correction	10a		X				
	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					2500
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
				10e	X					113
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g	X					0
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	· ••••••		10h	X					
	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	X					

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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)						Yes X No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?						Yes X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver 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 lett Year	-	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		he 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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [No	
	If "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 brougol of the PBGC?		er the			X 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	lan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)	N(s) 13c(3) PN			
-									
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian					s or custo ne numbe		
Par	t IX	IRS Compliance Questions		<u> </u>					
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:	- LL ;		esign-based "Prior year" Al afe harbor test				
			- □ '	"Curre	ent year test	<u>"</u>	N/A		
16a 		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		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are 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, e	nter the	date	of the n	nost rec	ent detern	nination	
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	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No		

Form 5500-SF

Department of the Treasury Internal Revenue Sarvice

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).

2016

OMS Nos. 1210-0116 1210-0089

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

This Form is Open to Public Inspection

Part	Annual Repor	t Identification Information			The state of the s	
For caler	idar plan year 2016 or	fiscel clan year beginning	01/01/2017	and ending	09/13/2	2017
A TOL		a single-employer plan	a multiple-employer i	olan (not multiemployer) (Filers checking thi	s box must altach a
PA ITHS I	return/report is for:	a one-participant plan	mployer information in	accordance with the	form instructions.)	
		La sina paritaparit pices	a foreign plan			
B This n	eturn/report is	the first return/report	the final return/report			
	·	an amended return/report	a shon plan year refu		area andreas à	
C Chool	k box if filing under:				monars)	
S Office	wook it tining under.	Form 5558	automatic extension		DFVC program	,
	-	special extension (enter descri				
Part II	Basic Plan Inf	ormation—enter all requested in	ormation			
1a Nam		tanàna Maria aritr'i North			1b Three-digit	
SOLOT.	which profit a m	lass, Inc. 401(k) Plan	<u>}</u>		plan numbe (PN)	1
					1c Effective da	001
					01/01/2	
Za Pian Maili	sponsor's name (empl on address (include co	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	David		2b Employer Id	entification Number
City o	or town, state or provin	ce, country, and ZIP or foreign post	r. box) al code (if foreign, see ins	Inictions)	(EIN) 16-	
Corsi 1	Auto Body & Gl	ess, Inc.	, 3,	,	2c Sponsor's te	
					(716) 83	
874 Nia	agara Falls Bl	cd			BI1120	de (see instructions)
Buffalo					William .	
	Andrewson a spine of the contract of the contr	nd address K. Same as Plan Spor	NS	14223		
W-66 7 (CI7)	administrator a partie d	no address () Same as Plan Spor	sor.		3b Administrato	r's EIN
					30 Actorioriestente	r's telephone number
						a a combinence statistical
4 if the	name and/or EiN of th	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN	
FRAFER	s, chi, and the plan no	mber from the last return/report.			75 1234	
	sor's name				4c PN	
38 10tal	number of participants	at the beginning of the plan year	************************************		5a	.4
b Total	number of participants	at the end of the plan year	*************		. 5b	
C Numi	plete this item)	account halances as of the end of t	he plan year (only defined	contribution plans	5c	
		nicipants at the beginning of the pla		TO PROPERTY OF THE PARTY OF THE	Ed/5	0
		dicipants at the end of the plan year			5d(1) 5d(2)	<u> </u>
6 Num	ber of participants that	terminated employment during the	plan vear with accrued he	nafite that ware tree		0
than	TUU% vested	•			5e	o
Under pen	a penalty for the late	or incomplete filing of this return her penalties set forth in the instruct	report will be assessed	uniess reasonable ca	iuse is established.	
	COUNTY IN CONTRACTOR OF	wanted by an entire and antary as	well as the electronic ver	examined this return/re sion of this return/repo	⇒port, including, if ap rt. and to the best of	plicable, a Schedule my knowledne and
	Tasi dan San da Ke San	NCIN.		4		
SIGN HERE	- Valleno 1	<u> Langer</u>	11/25/10			
	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan :	administrator
SIGN HERE	·					
	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as emple	over or plan sponsor
rreparers	name (including firm n	ame, if applicable) and address (inc	lude room or suite numbe	5)	Preparer's telepho	
					TO STATE OF THE ST	et saake
					Market Ma	- Control
				:		
· Charles and American				:		
hor Paperw	ark Raduction Act Notice	e. see the instructions for Form 6500.	2.62	······································	Street and the street of the s	

	Form 5500-SF 2016		Page 2	······································	equation as	 -				
6a b	Were all of the plan's assets during the plan year invested in eligi 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	tan indepe	endent qualified publi	c accor	iritant ((IQPA)	i	· Y	Yes [] N	
C	If the plan is a defined benefit plan, is it covered under the PBGC i	not use r nsurance	orm souu-ar and mi program (see ERISA	ust ms! section	lead u (4021)	80 F01 .2	m 550 □ √=:	0. - Пыс Пъ	tot determine	
Pa	irt III Financial Information	A					Li 1.00	> ☐ 1,3() ☐ 1.	or nerennine	
7	Plan Assets and Liabilities	1	(a) Roginales	A 5486		1			***************************************	
a	Total plan assets		(a) Beginnin	~	, 828	 		(b) End of Yo	5 % £	
b	Total plan liabilities			÷ 1 &	<i>,</i> এ৯ও ১	 	**************************************			
C	Net plan assets (subtract line 7b from line 7a)	7c		772	, 623	 		**************************************	***************************************	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amor		, 020	 -	ATT THE RESIDENCE AND ADDRESS OF THE PERSON NAMED IN COLUMN 1			
a	Contributions received or receivable from: (1) Employers	8a(1)	(37 70 110 1	2611.	283			(b) Total		
	(2) Participants	8n(2)			283		***************************************	**************************************	//	
***************************************	(3) Others (including rollovers).	8a(3)		***************************************	0		************			
b	Other income (loss)	8b		13	,142	The second secon				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		184,926			13 26			
e	Certain deemed and/or corrective distributions (see instructions)	80	()							
*	Administrative service providers (salaries, fees, commissions)	8f		1,610						
9	Other expenses	8g		***************************************	0.	0				
	Total expenses (add lines &c, &e, &f, and &g)	8h				106				
	Net income (loss) (subtract line 8h from line 8c)	81	**************************************	*****************		1.66,5 -1.72,8				
, ,	Transfers to (from) the plan (see instructions)	8)			o				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Vetermophenomore	t IV Plan Characteristics			·····		***************		-		
9a	If the plan provides pension benefits, enter the applicable pension: 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of P	lan Ch	racter	ístic C	odes in	the instruction	E.	
b	If the plan provides welfare benefits, enter the applicable welfare for	ature cod	es from the List of Pla	an Char	acteris	tic Co	des in t	he instructions	***************************************	
Pan	V Compliance Questions	**************************************						····	***************************************	
10	During the plan year:				Yes	No	NA	,		
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 Von Program)	niuntary Fi	duciant Committee		1			74873 9	otant	
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	Br. cont is	mining transport	10a 10b		X			***************************************	
c	Was the plan covered by a fidelity bond?				\ \v	5.7			O-844444	
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idaliha kan	of 42-4	10c 10d	K	1,5		Marie de la companya	2,50	
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions)	er namanna	Sucon increase	1981		X		татуй ференский такжен до гору дого форму багандаган да гору д	in the state of th	

10e

101

10g

10h

10i

Χ

the plan? (See instructions.)

f Has the plan falled to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

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.....

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3" E3E 7 2 E	5500-SE	20116

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Part VI Pension Funding Compliance					····		
11 is this a defined benefit plan subject to minimum funding requirements 2.08 "Voc." and instructions and	comple	le Sch	edule S	B		′es ⊠	Nc
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.	(Form 5500) and line 11a below). 11a Enter the unpaid minimum required contributions for all years from School and So (Farm 5500) for the					Li	an annual section of the section of
12 IS this a defined contribution plan subject to the minimum funding requirements of section 410 of the C	Train or	o'o otin	- 200 h	•	1 _		
ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						es 🛭	No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	struction	ıs, an				rruling	**********
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form \$500), and skip to line	13		Da)		Year	***************************************	PBY
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			12c		and the second s	-	شششش
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a		12d			ett ja till skalender och state s	eternopologicals
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	PODENT (mineralane ma. 1994)	····			<u> </u>	oodi Amerikan maaloogia	***************************************
13a Has a resolution to terminate the plan been adopted in any plan year?			99000000000000000000000000000000000000	X Yes	Пм)	
If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		<u> </u>	***************	************
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broth control of the PBGC?	ght und	er the	***************************************	X	Yes 🗍	No	
If. during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to				erinamania
13c(1) Name of plan(s):	4	3c(2)	EIN(s)		13c(3)	PN(s)	Oleotopas
Part VIII Trust Information 14a Name of trust			14b т	nust's Ell	4		
14c Name of trustee or custodian	- , - , ;			nusice's c elephone	or custodia number	เกร	***********
Part IX IRS Compliance Questions	nejpakementen transpronen p	-	····			***************	
15a is the plan a 401(k) plan? If "No," skip b		Yes		Ū	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:			rsign-based Prior year" At				<u>,</u>
		Currer DP te	nt year" st		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:	[]	Ratio percer test	ntage	☐ Aver	age ofil test	□ N/	Ά
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?	£3	/es			No		
174 if the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the senial number							ſ
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS; en letter	ter the	date o	the mo	st recent	determina	ation	
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separ service?	rated fro	om [Yes		Vo	ota a alema la est e fuerta que	
19 Was any plan participant a 5% owner who had attained at least age 70 % during the prior plan year?		1	Yes	<u> </u>	vio		<u></u>