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

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

I	Part I	Annual Repor	rt Identification Information			•	
F	or calenda	ar plan year 2016 or	fiscal plan year beginning 07/01/20	16	and ending 06	30/2017	
Δ	This rot	urn/report is for:	X a single-employer plan		olan (not multiemployer) (I mployer information in ac		=
	11115161	um/report is ior.	a one-participant plan	a foreign plan	imployer information in ac	cordance wi	an the form instructions.
В	This retu	ırn/report is	the first return/report	the final return/report			
_			an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
С	Check b	oox if filing under:	X Form 5558	automatic extension		DFVC pr	ogram
_			special extension (enter descrip	<u> </u>			
F	Part II	Basic Plan In	formation—enter all requested info	rmation			
	a Name of OWN DIE		INC. PROFIT SHARING PLAN			1b Three plan n (PN)	umber
						_ ` ′	ive date of plan 07/01/1996
2		, ,	ployer, if for a single-employer plan) nom, apt., suite no. and street, or P.O.	Box)		2b Emplo	oyer Identification Number 13-3082703
BRO		town, state or provid SEL WORKS CO., I	nce, country, and ZIP or foreign posta NC.	I code (if foreign, see ins	tructions)	` '	sor's telephone number 718-984-0921
						2d Busine	ess code (see instructions)
		R KILL ROAD AND, NY 10309					423800
3	a Plan ad	dministrator's name	and address X Same as Plan Spons	sor.		3b Admin	istrator's EIN
						3c Admin	istrator's telephone number
4			the plan sponsor has changed since the	ne last return/report filed	for this plan, enter the	4b EIN	
;	a Sponso	•	number from the last return/report.			4c PN	
5	a Total r	number of participan	ts at the beginning of the plan year			5a	:
			ts at the end of the plan year		-	5b	:
•			h account balances as of the end of th		d contribution plans	5c	:
	d(1) Tota	al number of active p	participants at the beginning of the pla	n year		5d(1)	:
			participants at the end of the plan year			5d(2)	
	than 1	100% vested	at terminated employment during the p			5e	
			e or incomplete filing of this return/				
SI	B or Sche		other penalties set forth in the instruct and signed by an enrolled actuary, as mplete.				
_	IGN	Filed with authorize	d/valid electronic signature.	02/08/2018	CARL BROWN		
Н	ERE	Signature of plan	administrator	Date	Enter name of individu	ual signing a	s plan administrator
	IGN						
Н	ERE	Signature of emp	lover/plan sponsor	Date	Enter name of individu	ıal signing a	s employer or plan sponsor

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

Preparer's telephone number

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)						X Ye	es No		
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditions.)						es No				
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-	_	_			
c	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 de	etermined		
Pa	rt III Financial Information		Υ									
_7	Plan Assets and Liabilities		(a) Beginning	of Year	,			(b) End				
<u>a</u>	Total plan assets	7a	1	387443					14866	12		
<u>b</u>	Total plan liabilities	7b		0		0						
С	Net plan assets (subtract line 7b from line 7a)	7c	1	387443	3	1486612						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) T	otal			
а	Contributions received or receivable from:	0 (4)		22101								
	(1) Employers	8a(1)		0								
	(2) Participants	8a(2)		0	_							
	(3) Others (including rollovers)	8a(3)		155367								
	Other income (loss)	8b		155507	-				4774	00		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1774	58		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		64414								
	Certain deemed and/or corrective distributions (see instructions).	8e		0								
	Administrative service providers (salaries, fees, commissions)	8f		13885								
_ <u>'</u>				0								
	Other expenses (add lines 2d, 2e, 2f, and 2g)	8g		-	78299							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						99169				
÷	Net income (loss) (subtract line 8h from line 8c)	8i					331					
	Transfers to (from) the plan (see instructions)	8j		C								
	rt IV Plan Characteristics											
9a 	If the plan provides pension benefits, enter the applicable pension 2E	feature co	odes from the List of Pl	an Cha	racter	stic Co	odes in	the inst	ructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:			
Par	t 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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction			X						
	Program)			10a								
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X						
C	Was the plan covered by a fidelity bond?				X					350000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?					X						
е		ner persor ne or all of	ner persons by an insurance ne or all of the benefits under									
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X					49265		
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 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)						Yes X No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?							
	(If "\	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	onth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
<u>b</u>	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 l tive 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?				Yes	s X N	lo	
	If "Ye	es," 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 brougout 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	lan(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	ΞIN		
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone 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:	- LL ;		n-based narbor	d [Test	ear" ADP	
			ΙП '	"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	centage Average N/				
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be 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 rec	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 sepa e?		rom	Ye	s [No		
19	Was	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

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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 section 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			25/22/2217					
For ca	alendar plan year 2016 or fis	cal plan year beginning	07/01/2016	and ending	06/30/2017					
Α ΤΙ	nis return/report is for:	x a single-employer plan	a multiple-employer pla a list of participating er	an (not multiemployer) (F nployer information in ac	ilers checking this bo cordance with the for	x must attach m instructions.)				
		a one-participant plan	a foreign plan			= 0				
B T	nis return/report is:	the first return/report		<u>.</u>						
		an amended return/report	a short plan year return	n/report (less than 12 mo	nths)					
C c	heck box if filing under:	x Form 5558	automatic extension		DFVC program					
		special extension (enter description								
Pa	rt II Basic Plan Info	ormation enter all requested info	rmation			T				
1a	Name of plan				1b Three-digit plan number	41				
	BROWN DIESEL WORKS	CO., INC. PROFIT SHARING	PLAN		(PN) ►	002				
					1c Effective date 07/01/199	A CONTRACTOR OF THE PROPERTY O				
2a	Plan sponsor's name (empl Mailing Address (include ro City or town, state or provin	uctions)	2b Employer Iden (EIN) 13-3							
	BROWN DIESEL WORKS			,	2c Sponsor's tele					
	DATE NOTE OF THE PARTY OF THE P				(718) 984					
					2d Business code 423800	e (see instructions)				
	4741 ARTHUR KILL R	OAD			423800					
	US STATEN ISLAND NY 103									
3a	Plan administrator's name	and address X Same as Plan Spons	or		3b Administrator	s EIN				
					3c Administrator	s telephone number				
4	If the name and/or EIN of the	ne plan sponsor has changed since the	last return/report filed f	or this plan, enter the	4b EIN					
	name, EIN, and the plan nu	umber from the last return/report.			4- 50					
_a	Sponsor's name				4c PN					
5a		s at the beginning of the plan year			5a	2				
b		s at the end of the plan year			5b	2				
C	Number of participants with complete this item)	account balances as of the end of the	plan year (only defined	contribution plans	5c	2				
d(Total number of active page	articipants at the beginning of the plan	year		5d(1)	2				
d(articipants at the end of the plan year			5d(2)	1				
е	Number of participants tha less than 100% vested	t terminated employment during the pla	n year with accrued be	nefits that were	5e	0				
		e or incomplete filing of this return/r	enort will be assessed	l unless reasonable car	use is established.					
_CE	ution: A penalty for the lai	other penalties set forth in the instruction	one I declare that I hav	e evamined this return/re	enort including if an	olicable, a Schedule				
SE	or Schedule MB completed lief, it is true sorrect, and co	I and signed by an enrolled actuary, as	well as the electronic ve	ersion of this return/repor	rt, and to the best of	my knowledge and				
	IGN Jail El	ign	1-25-18	Carl E	Brown					
\$3855.52	ERE Signature of plan ac	Iministrator	Date	Enter name of individu	al signing as plan ac	ministrator				
	12/19	100-	1-25-18	Carl F.	Brown					
15000	IGN COL			Enter name of individu		ver or plan sponsor				
7,000,000	IERE Signature of employ		Date		Preparer's telepho					
S	eparer's name (including fire kip this question	n name, if applicable) and address (inc	lade toom of saile name	Jei /	Skip this que					

	Form 5500-SF 2016		Page 2								
6a W	ere all of the plan's assets during the plan year invested in eligible	assets? (Se	ee instructions.)					3	Yes No		
b A	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. 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 in	surance pro	gram (see ERISA section 4	1021)	?		Yes [No L	Not determined		
Par	III Financial Information			a.242000190340		e fractional de					
	lan Assets and Liabilities	71.7	(a) Beginning of Y	ear			(b)	End of \	'ear		
1.100	otal plan assets	. 7a	1,387	,44	3			1	,486,612		
	otal plan liabilities	. 7b			0				. 0		
	let plan assets (subtract line 7b from line 7a)	. 7c	1,387	,44	3			1	,486,612		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		(b)				ıl		
	contributions received or receivable from:	9-(4)	22	2,10	1						
	1) Employers				0						
	2) Participants	Carl New		-	0						
	3) Others (including rollovers)	192010	155	5,36							
	Other income (loss)		130	,,30	, 		B. D. Living		177,468		
dE	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	64	1,41	4	1//,400					
	o provide benefits)				0		interiore				
	Administrative service providers (salaries, fees, commissions)	8f	1:	3,88	5	100					
-		0-			0						
	Other expenses	8h					78,299				
-	Net income (loss) (subtract line 8h from line 8c)						99,169				
	Transfers to (from) the plan (see instructions)										
methick text	The state of the s	0									
	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Plan Ch	aracte	eristic	Code	s in the	nstruction	ns:		
	2E						100-75-17				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	s from the List of Plan Cha	racte	ristic (Codes	in the in	structions			
Pa	rt V Compliance Questions						1				
10	During the plan year:	1000			Yes	No	N/A	A	mount		
а		outions withir	the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's		1	10a		x					
- L	Program)			100					*		
b	reported on line 10a.)	30: (DO NOCI		10b		x					
C				10c	x				350,000		
d		's fidelity bor	nd, that was caused	10d		x					
е	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.)					x					
f				10f		x			4		
g				10g	x				49,265		
<u>9</u>		l? (See instru	uctions and 29 CFR	10h		x					
ī	If 10h was answered "Yes," check the box if you either provided	d the require	d notice or one of the	10i							

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	Founding Complian										
Control of the country of the countr	Funding Compliand nefit plan subject to minima		s? (If "Yes " see	instructions and	d complete S	chedule S	В		. 🐷		
	e 11a below)							Ye	s X		
. The state of the	inimum required contribution					11a	 T				
ERISA?	ontribution plan subject to t							☐ Ye	s X	No	
	inimum funding standard f			plan year, see i	nstructions,	and enter	the date o	f the lett	er rulin	g ·	
granting the waiver	***************************************				Month	Da		_Year			
If you completed line	12a, complete lines 3, 9,	and 10 of Schedule Mi	B (Form 5500),	and skip to line	13.	7					
b Enter the minimum	required contribution for the	nis plan year				12b		-		 -	
c Enter the amount of	ontributed by the employe	r to the plan for the plan	year			12c					
d Subtract the amount negative amount)	nt in line 12c from the amo					12d					
e Will the minimum f	e Will the minimum funding amount reported on line 12d be met by the funding deadline?									Α	
Part VII Plan Te	rminations and Trar	sfers of Assets									
Contract of the Contract of th	terminate the plan been a	dopted in any plan year	?				Yes	X I	No		
	amount of any plan assets					13a					
	ssets distributed to partici		ransferred to and				□ Y	es X] No		
c If, during this plan	year, any assets or liabilition bilities were transferred. (S	es were transferred from								to a	
13c(1) Name of plan	s):				13c(2)	EIN(s)		13c(3) PN(s	3)	
Part VIII Trust Ir	nformation - Skip Th	oso Questions									
14a Name of trust	normation - oxip m	ese questions	· Carrier in a			14b	Trust's Ell	N			
14a Name of trust						145	145 Husto Eliv				
14c Name of trustee o	custodian				enderg a singering file or inciden	18.000.000	14d Trustee or custodian's telephone number				
Part IX IRS Co	mpliance Questions	- Skip These Que	estions								
15a is the plan a 401(l	() plan? If "No," skip b					Yes			lo		
	satisfy the nondiscrimination					Design-b	oor	1	Prior ye est	ar" ADP	
						"Current ADP test			N/A		
('11 ') -(nod was used to satisfy the at apply:					Ratio percenta test	ge 🔲	Averag benefit	Office Act	□ N/A	
	fy the coverage and nondis					Yes		N	Vo.	10/2	
17a If the plan is a ma	ster and prototype plan (M	&P) or volume submitte ial number	er plan that recei	ved a favorable	IRS opinion	letter or a	dvisory let	ter, ente	r the da	ate of	
17b If the plan is an in	dividually-designed plan th	at received a favorable	determination le	etter from the IR	S, enter the	date of the	most rec	ent dete	rminati	on	

No

Yes

Yes No

letter / / / .

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 separated from

service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?