Form 5500-SF

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Department of the Treasury Internal Revenue Service

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).

Short Form Annual Return/Report of Small Employee

▶ 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**

Part I		Identification Information										
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2			12/31/2016							
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer) (nployer information in a								
	·	a one-participant plan	a foreign plan									
B This retu	urn/report is	the first return/report	the final return/report		n 12 mantha)							
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)							
C Check b	oox if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC program	m						
Dort II	Pacia Plan Info											
Part II 1a Name		prmation—enter all requested inf	formation		1b Three-digi	•						
LICATA'S MO	OBILE REPAIR, LLC 8	& LICATA'S TRUCK REPAIR, LLC	401(K) PLAN		plan numb							
					1c Effective d	ate of plan 01/01/2013						
	, ,	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C). Box)			dentification Number 45-4697879						
City or	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LICATA'S MOBILE REPAIR, LLC &				2c Sponsor's	telephone number 6-895-1144						
						code (see instructions)						
P.O. BOX 30						441300						
LANCASTER	I, NY 14086											
3a Plan administrator's name and address X Same as Plan Sponsor.						tor's EIN						
		_			20 Adamatata	tada talamba a a sasab a						
					3c Administrator's telephone number							
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN							
a Sponso	or's name				4c PN							
5a Total r	number of participants	at the beginning of the plan year			5a	11						
		at the end of the plan year			5b	11						
		account balances as of the end of			5c	11						
d(1) Tota	al number of active pa	rticipants at the beginning of the plant	an year		5d(1)	0						
d(2) Tota	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	0						
than '	100% vested	terminated employment during the			5e	0						
		or incomplete filing of this return										
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.										
SIGN	SIGN Filed with authorized/valid electronic signature. 02/09/2017 FRANK LICATA											
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ndividual signing as plan administrator							
SIGN												
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor						
Preparer's		name, if applicable) and address (in			Preparer's telep							

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6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	? (See instructions.)						X Yes	No	
b	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.)								X Yes	No	
_						_	-		7 November		
	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 L	Not deter	mined	
Pa	rt III Financial Information		i .								
	Plan Assets and Liabilities	_	(a) Beginning	of Year 401817				(b) End o	432634		
_ <u>a</u>	Total plan assets	7a		401017	+				432034		
	Total plan liabilities	7b		401817	,				432634		
	Net plan assets (subtract line 7b from line 7a)	7c									
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	nt				(b) To	tai		
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		30817	,						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							30817		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8i							30817		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics		•							-	
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ctions:		
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		t? (Do not	include transactions	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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)				Х					1806	
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X					
<u>_</u>	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X					
h	2520.101-3.)	` 		10h		X					
i	If 10h was answered "Yes," check the box if you either provided to 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?			Yes X No						
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the granting the waiver								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 ⁻	14b Trust's EIN					
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	rent year" N/A P test						
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			
	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

Department of the Treasury Internal Revenue Service

Department of Labor Employed Benefits Security Administration

Pedalon 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

Pa	Annual Repo	rt Identification Information	cordance with the ins	tructions to the Form 5	500-SF.	apcotron			
		fiscal plan year beginning	01/01/2016						
		x a single-employer plan			12/31/2				
	B This return/report is: A list of participating employer information in accordance with the form instructions.) A list of participating employer information in accordance with the form instructions.) A foreign plan								
		an amonded return/report	a short plan year n	oturn/report (less than 12	months)				
C c	heck box if filing under:	Form 5558	Butomatic extensio	en	DFVC	program			
ъ.		special extension (enter descri							
	ttili <u>Başic Plan ini</u> Name of plan	formation enter all requested i	nformation						
		epair, LLC & Licata's Tro	ack Repair, LLC	401(k) Plan	1b Three-di plan nun (PN) ►				
2	Diagonal				1c Effective	date of plan			
	City or town, state or provi	oloyer, if for a single-employer plan) com, apt., suite no, and street, or P.C nce, country, and ZIP or foreign posta). Box) al code (if foreign, see i	nstructions)	2b Employe	r Identification Number 15-4697879			
,	Licata's Mobile Re	pair, LLC &			2c Sponsor (716)	's telephone number 895–1144			
ì	P.O. Box 305				2d Business 441300	code (see instructions)			
Į	S Lancaster NY 14086	and address X Same as Plan Spor			And the second s				
					3b Administr	rator's telephone number			
l II	the name and/or EIN of that ame, EIN, and the plan nu	ne plan sponsor has changed since the plan sponsor has changed since the last return/report.	ne last return/report filed	for this plan, enter the	4b EIN				
	ponsor's name								
a T	otal number of participants	s at the beginning of the plan year			4c PN				
- '	organism of participants	sat the end of the plan year	***************************************		5a 5b	11			
	O Deliticipality will	account balances as of the end of th			5c	11			
d(1)	Total number of active pa	rticipants at the beginning of the plan	year	***********************************	5d(4)	11			
d(2)	Total number of active par	rticipants at the end of the plan year	, , , , , , , , , , , , , , , , , , , ,	****************************	5d(1)	<u> </u>			
Pa ¹	umber of participants that ss than 100% vested	terminated employment during the pl	an year with accrued be	enefits that were	5d(2)	0			
		Addison and the State of the St	***************************************	+++===================================	5e	0			
		or incomplete filing of this return/ ther penalties set forth in the instructi and signed by an enrolled actuary, as aplete.							
SIGN	## ##								
HERI		inistrator	Date						
SIGN	·		2-9-19	Enter name of individua	il signing as plan	administrator			
	Signature of employer	(Iplan apopsor		TOOPS L	MAID				
Preparer's name (including firm name, if applicable) and address (include room or suite number)					Preparer's telepi	hone number			
					Skip this qu	estion			
or Pa	Derwork Reduction Act N	S. A. S.		Á	minds to the state of the state	And the latest and the state of			

	Form 5500-SF 2016		Page 2			_						
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)					*********	XYes	ΠNο		
b	Are you claiming a waiver of the annual examination and report of a	งก Indenei	ndent qualified public re-	mou int		NED A N			[V] I CS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	onder 29 OFR 2020, 104-467 (See instructions on waiver eligibility a	and condit	ions.)					*********	XYes	No		
c	if you arrawardd the to attnor line as or line 6b, the plan canno	ot use Fo	rm 5500-SF and must i	nstea	d uso	Éorr	n 5500			_		
-	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA sec	tion 4	021)?	*****	🔲 Y	es 🔲 No	Not o	otermine		
P	art III Financial Information											
<u></u>	Plan Assets and Liabilities	and the product of the	(a) Beginning	of Yo	ar		(b) End of Year					
<u>a</u>	Total plan assets	7a		401,	817				432	634		
<u>b</u>	Total plan liabilities	7b										
8	Net plan assets (subtract line 7b from line 7a)	7c		101,	817				432	634		
$\frac{\mathbf{o}}{\mathbf{a}}$	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	-1141 - 30 Mr. (1997) - 1111	(a) Amour	nt				(b) T	otal			
	(1) Employers	8a(1)		***************************************		or others or others or others or others or others	Market States	Contaction of the transmission of the factor	The street of the literature of the street o	Market Ma		
	(2) Participants	8a(2)				10000	A STATE OF THE PARTY OF THE PAR	Signatura de la composição de la composi	A STATE OF S	A STATE OF THE STA		
	(3) Others (including rollovers)	8a(3)	<u> </u>			A MANAGEMENT	Marine Marine	A THE CONTRACTOR	And the state of t	Telly and the same of the same		
b	Other income (loss)	8b		30,	817	1 100	reis apir han		nder (1) see depart odge, allering syngapie wells was no	The Company of the Co		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	are with the manner of the state of the stat	25/10/15	in inches	Office)	, Tack of Survey	Olic (1420) Color (1400) Color (1400)	30	817		
đ	Banefits paid (including direct rollovers and insurance premiums to provide benefits)			4-3-1	1710-1-1-1-171	9.77 mg	16-40) (17-1) [17-1] 16-40) (17-1) [17-1]		Tay and the way	Maria Carante		
ę	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	86			_	14.5	2.00 M (2.00 m)	Language Color	Let 1973 Market	Activities of the second		
f	Administrative service providers (splaries, fees, commissions)	8e				1	Maria Charles	All has a second of the second		And the second s		
9	Other expenses	8f				1	A Company of the Comp	The section of	Carlotte State	Alternation of the state of the		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g		ing a same	orania anti-	ANSAR ANSAR	Carlottan	A Chall place de la company La company de la company de l	The second secon	der Third St.		
1	Net Income (loss) (subtract line 8h from line 8c)	8h 8i	and the property of the state o	ineral Marie	eminestering							
j	Transfers to (from) the plan (see instructions)	8j	Set you did not be a set of the s	100000	78765	hinesi Amaroj e	Allega Valley and	30,	817			
Pa	HIV Plan Characteristics	<u> </u>				Mineral	CATALOG TANGE	Millian State (State of State	Manager and the proceeding of the con-	of the second second second		
9a	If the plan provides pension benefits, enter the applicable pension fo	Otuco ood	an farm that him a man									
	2A 2E 2F 2G 2J	alure cogi	es from the List of Plan (Shara	cterist	ic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare feet											
	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	s from the List of Plan Ch	aract	eristic	Code	s in th	o instructio	ns:			
Pa	rt V Compliance Questions											
10	During the plan year:				I.	۲	72 W.					
а	Was there a failure to transmit to the plan any participant contributi	ons within	the time period	T	Yes	No	NA	,	Amount			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	untary Fid	luciary Correction				and the second					
	Program)			10a		×	STAN STAN					
Ď	vvere there any nonexempt transactions with any party-in-interest?	(Do not in	sclude transportions				3 C. Supahi A.					
С	reported on line 10a.)	****************	*************************	10b		X	September 1					
d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's field or disherent.	************		10c		х	Marian and					
•	by fraud or dishonesty?	agiity bon	d, that was caused	10ď		x	A region and the control of the cont					
е	Were any fees or commissions paid to any brokers, agents, or other	r Berronn	hrenn lan				THE REAL PROPERTY.		*			
	carrier, insurance service, or other organization that provides some	or all of th	he benefits under		ı		The second of					
f			*************************	10e	х		1			1,806		
g	Has the plan failed to provide any benefit when due under the plan?					x	ing a relief					
	If this is an individual account plan, was there a blackout period? (S.	an ington	1: 1.00 ATD	10g		x						
•	~~~	************		10n		x	San Tire					
ı	If 10h was answered "Yes," check the box if you gither provided the	***********		1			lefer (Maller Sand: Challer Sand: Shall	gravijska y tagler osami pogod Posadeli i svoja politica i Posad Posadeli i gravija pogod posadeli	A A CAMBRAGO TORRES	Section 1		
···	exceptions to providing the notice applied under 29 CFR 2520.101-	·	*****************	101	-		Orang pang.	a (Peter grante) Manifest Mari	application of the state of the state of	attended to the contract of th		

	Form 5500-SF 2016	Page 3	-	7								
· · · · · · · · · · · · · · · · · · ·												
	t VI Pension Funding Compliance			-							······································	
11	Is this a defined benefit plan subject to minimum fundin (Form 5500 and line 11a below)	g raquirements? (If "Yes," see instruct	lions	and c	omplet	e Schø	dule S	SB		Yes	X No	
11:	Enter the unpaid minimum required contributions for all	years from Schedule SB (Form 5500)	line 4	40	******	111	a		·		***************************************	
12	Is this a defined contribution plan subject to the minimu	im funding requirements of section 41:	2 of t	he Co	de or s	ection	303 0	f		Yes	X No	
	(It Tes, complete line 128 of lines 126, 126, 126, and	l 120 below, as applicable.)							.	Ì		
	If a waiver of the minimum funding standard for a prior y granting the waiver			Mon	th	s, and e	enter i Day	the dat		ne letter ear	ruling	
	ou completed line 12a, complete lines 3, 9, and 10 of	Schedule MB (Form 5500), and skip	o to l	Ino 13						COM1		
b	Enter the minimum required contribution for this plan ye					. 12	b		_			
¢	Enter the amount contributed by the employer to the pla						c				· · · · · · · · · · · · · · · · · · ·	
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						d		•			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?							Yes [No) <u> </u>	V/A	
	VII. Plan Terminations and Transfers of		•									
13a	Has a resolution to terminate the plan been adopted in a	iny plan year?	*******		*********			Yes	х	No		
	if "Yes," enter the amount of any plan assets that reverte					1	а					
~	Wore all the plan assets distributed to participants or be control of the PBGC?		*******	******		*****			Yes	X N	0	
С	If, during this plan year, any assets or liabilities were transhirt assets or liabilities were transferred. (See instruction	isferred from this plan to another plans	(s), ic	dentify	the pla	an(s) to)	-				
1:	3c(1) Name of plan(s):			T	13c(2)	EIN(s))		1:	3c(3) PN	(s)	
								-				
Part	VIII Trust Information - Skip These Ques	itions		·						······································		
14a	Name of trust					1/	lh Ta	ıst's E	INI	······		
							PR# 111	2 3€3 €	нч			
14c	Name of trustee or custodian			•		14	14d Trustee or custodian's telephone number					
Part	IX IRS Compliance Questions - Skip Th	ese Questions							*************************************			
15a	Is the plan a 401(k) plan? If "No," skip b.			********	. 🗀	Yes		***************************************		No		
15b	How did the plan satisfy the hondiscrimination requireme 401(k)(3) for the plan year? Check all that apply:	nts for employee deferrals under secti	ion			Desigr safe ha		eđ		"Prior y	ear" ADP	
						"Curre: ADP te		ır"		N/A		
16a	What testing method was used to satisfy the coverage re year? Check all that apply:	quirements under section 410(b) for the	ne pla	an		Ratio percentest	tage		Avera	ige it test	□ N/A	
16b	Did the plan satisfy the coverage and nondiscrimination of for the plan year by combining this plan with any other pla	equirements of sections 410(b) and 40	01(a)(ulos?	(4)		Yes		····		No		
17a	If the plan is a master and prototype plan (M&P) or volume the letter / / and serial number	e submitter plan that received a favor	able l	IRS or	oinion l	etter or	advis	sory le	tter, e	nter the o	date of	
	If the plan is an individually-designed plan that received a letter / /		o IRS	S, ente	r the d	ate of t	he m	ost rec	ent de	termina	tion	
	Defined Benefit Plan or Money Purchase Pension Plan Q Were any distributions made during the plan year to an el service?	mployee who attained age 62 and had		Lierzenne	ated fro	m		Yes		No		
19	Was any plan participant a 5% owner who had attained a	t least age 70 % during the prior plan	yoar?)	*******	*******		Yes		No		