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).

Revenue Code (the Code).

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

1210-0089

OMB Nos. 1210-0110

2017

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information								
For calend	dar plan year 2017 or f	fiscal plan year beginning 01/01/201	7	and ending	12/31/2017					
A This re	This return/report is for: a single-employer plan									
B This ref	turn/report is	a one-participant plan the first return/report	a foreign plan the final return/report							
	·	nonths)	nonths)							
•		an amended return/report	_		_					
C Check	box if filing under:	Form 5558 special extension (enter descript	automatic extension		DFVC program					
Part II	Racic Plan Infe	ormation—enter all requested information	<u>'</u>							
1a Name	of plan	& LICATA'S TRUCK REPAIR, LLC 40			1b Three-digit plan number (PN) ▶	001				
					1c Effective date o	f plan 1/2013				
Mailin	ig address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. E			2b Employer Identi (EIN) 45-4	fication Number 697879				
•	r town, state or proving 10BILE REPAIR, LLC	ce, country, and ZIP or foreign postal &	code (if foreign, see insti	ructions)	2c Sponsor's telep					
		2d Business code (see instructions)								
P.O. BOX 3 LANCASTE	05 R, NY 14086				4413	300				
3a Plan a	administrator's name a	and address X Same as Plan Sponso	or.		3b Administrator's	EIN				
					3c Administrator's	telephone number				
		ne plan sponsor or the plan name has onsor's name, EIN, the plan name and			4b EIN					
	sor's name		·	·	4d PN					
5a Total	number of participants	s at the beginning of the plan year			. 5a	11				
b Total	number of participants	s at the end of the plan year			. 5b	11				
	C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).									
d(1) Total number of active participants at the beginning of the plan year										
d(2) To	tal number of active pa	articipants at the end of the plan year.			5d(2)	0				
		o terminated employment during the p			5e	0				
Caution:	A penalty for the late	or incomplete filing of this return/re	eport will be assessed	unless reasonable ca						
SB or Sch		other penalties set forth in the instruction and signed by an enrolled actuary, as aplete.								
SIGN	Filed with authorized	d/valid electronic signature.	05/30/2018	FRANK LICATA						
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan adı	ministrator				
SIGN	Filed with authorized	d/valid electronic signature.	05/30/2018	FRANK LICATA						

Date

HERE

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes No	
_	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
С	If the plan is a defined benefit plan, is it covered under the PBGC in		- ·					Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	е РБСС р	remium ming for this p	ian yea	ſ			. (See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
a	Total plan assets	7a	43	32634				495315
b	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	43	32634				495315
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) -	Total
a	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	(63854				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						63854
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1048				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		125	125			
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1173
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	et income (loss) (subtract line 8h from line 8c)					62681	
<u>j</u>	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	des from the List of Pla	an Cha	racteris	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan	n Chara	acterist	ic Cod	es in the instr	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	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)	•	,	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?	fidelity bo	nd, that was caused	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		_	2703
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		Χ		
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	B	[] Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
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	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)	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?		Ye	s X N	0
	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 brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

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Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Behefit Guerenty Comprehen

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2017

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		an deneni Guaranty Corporation	➤ Complete all entries in acc	ordance with the inst	ructions to the Form 550	00-SF.	(Hopecton			
	art		Identification Information							
For	cale	ndar plan year 2017 or fi	scal plan yoar beginning	01/01/2017	and ending	1	2/31/2017			
_		return/report is for; return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repo	employer information in	accord	checking this box must attach ance with the form instructions.)			
		ck box if filing under:	Form 5558 special extension (enter descrip	automatic extension			DFVC program			
Pa			ormation enter all requested in	formation						
1a		me of plan Cata's Mobile Rej	pair, LLC & Licata's Truc	k Repair, LLC	101(k) Plan		Three-digit plan number (PN) ▶ 001			
						10	Effective date of plan 01/01/2013			
2a	Mai	iling Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. co, country, and ZIP or foreign postal	Box) code (if foreign, see in	structions)	2b	Employer Identification Number (EIN) 45-4697879			
		cata's Mobile Rep				2c	Sponsor's telephone number (716) 895-1144			
	P.0	D. Box 305				2d	Business code (see instructions) 441300			
	**********	Lancaster NY 14086		· · · · · · · · · · · · · · · · · · ·						
sa	3a Plan administrator's name and address 💹 Same as Plan Sponsor						Administrator's EIN Administrator's telephone number			
		** ** ** *****************************					Tomming to telephone adminer			
4	If th this	o name and/or EIN of the plan, ontor the plan spor	e plan sponsor or the plan name has nsor's name. £IN, the plan name and	changed since the last the plan number from	return/report filed for the last return/report.	4b	EIN			
	•	nsor's name n Name				4d	PN			
5a	Tota	al number of participants	at the beginning of the plan year	******************************	***************************************	5a	11			
			at the end of the plan year			5b	11			
	com	plete this item)	account balances as of the end of the		d contribution plans	5c	11			
	-	·	ticipants at the beginning of the plan	year	********************************	5d(
		otal number of active par ober of participants who t	5d(:							
		than 100% vested		******************************	******************************	<u>5e</u>				
Und SB (er po or So	enalties of perjury and ot	or incomplete filing of this return/ ther penalties set forth in the instructi nd signed by an enrolled actuary, as plete.	ons, I declare that I have	o examined this return/re	port ir	icludino if applicable a Schedule			
SIC	N.	4.7		5.30-18	LROX L	غى ر	l/o			
HE	RE	Signature of plan adm	instrator	Date	Enter name of individua	signi	ng as plan administrator			
SIÇ	SN	7:	92	5-30-13	took LICE	1				
	RE	Signature of employer	/plan sponsor	Date	Enter name of individua	signir	ng as emplayer or plan aponsor			

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`n	Manager of the standard and the standard and the standard for the standard	t-N	/M:					re-	1v []	
	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a	an indepen	dent qualified public acco				**********]Yes □No)
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility s						1	x	Yes No)
_	If you answered "No" to either line 62 or line 65, the plan cannot fit the plan is a defined benefit plan, is it covered under the PBGC in								Not determi	
~	If "Yes" is checked, enter the My PAA confirmation number from the		= :						instructions.	
P	art III Financial Information							***		
7	Plen Assets and Liabilities	7	(a) Beginning o	of Yos	r			(b) End of Ye	-ar	
a	Total plan assets	7a	4	32,6	34				495,315	
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7¢	4	32,6	34				495,315	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t				(b) Total		
a	Contributions received or receivable from:						1.2			******
	(1) Employers	8a(1)								-
	(2) Participants	8a(2)				ابــا	,	A Constitution of the		· **.
	(3) Others (including rollovers)	8a(3)				21,				
b	Other income (loss)	8b		63,8			-91)		The state of the s	31
<u>c</u>		8c		Hills t	per in Egyh. L				63,854	
đ	Senefits paid (including direct rollovers and insurance premiums to provide benefits)	80	verbran bleven	1,0	48	150				Territoria Notae
e	Certain deemed and/or corrective distributions (see instructions)	80							المرافع والمرافع والم	
Ý	Administrative service providers (salaries, fees, commissions)	81		1	25	V.T.				
<u>. </u>	Other expenses	 				-				
<u>g_</u> h		8g 8h	ather systems of the first	1,14,		+	· · · · · · · · · · · · · · · · · · ·		1,173	
!'-	Total expenses (add lines 8d, 8e, 8f, and 8g)	1	A THE REAL PROPERTY OF THE PARTY OF	, *		-				
! :	Net income (loss) (subtract line 8h from line 8c)	81	Marine a Marine and a second and a second		3	1			62,681	
<u></u>	Transfers to (from) the plan (see instructions)	l 8j						1 44 12 12 12 1	<u> </u>	
	art IV Plan Characteristics								··-	
94	If the plan provides pension benefits, enter the applicable pension for	esture cod	es from the List of Plan C	narac	toristi	c Cod	ios in ti	no instructions	r	
_	2A 2E 2F 2G 2J									_
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aract	eristic	Code	s in the	instructions:		
ᆜ										_
	art V Compliance Questions	 								
0_	During the plan year:			, <u>.</u>	Yes	No	N/A	Amo	ount	
3			•					!		
	described in 29 CFR 2510.3-1027 (See instructions and DOL's Vo	•	•			x				
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		-				
	reported on line 10s.)			100		x				
C				10c		х	75 74			_
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	id, that was caused				3			—
	by fraud or dishonosty?	•	•	10d		x	2.5			
е	Were any fees or commissions paid to any brokers, agents, or oth	er person:	s by an insurance				70 - 27 P			
	carrier, insurance service, or other organization that provides som								^ =-	
f	the plan? (See instructions.)			10e	X				2,70	3
				10f		X	1.00		······································	
9				10g		X	1	* 1,55° , 50°	ii	
n 	If this is an individual account plan, was there a blackout period? (2520.101-3.)	E2952172442664999	***********************	10h		x				
ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			101						
_				لتتا				estate all transfer fields	e segman Mi	

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Part VI Pension Funding Compliance	9		<u>†</u>	
11 Is this a defined benefit plan subject to minimu (Form 5500 and line 11a below)	m funding requirements? (If "Yes," soo instructions	and complete Sch	edule SB	Yes X No
11a Enter the unpaid minimum required contribution	ns for all years from Schedule SB (Form 5500) line	40	115	
12 Is this a defined contribution plan subject to th ERISA?	minimum funding requirements of section 412 of	the Code or section	n 302 of	Yes X No
(If Yes, complete line 129 or lines 12b, 12c,	12d, and 12e below, as applicable.)	•	4	
granting the waiver	a prior year is being amortized in this plan year, so	. Month	enter the da	te of the letter ruling Year
If you completed line 12a, complete lines 3, 9, a	nd 10 of Schedule MB (Form 5500), and skip to	line 13.		
b Enter the minimum required contribution for this	s plan year.	***************************************	126	
C Enter the amount contributed by the employer t	o the plan for the plan year	***************************************	12c	
d Subtract the amount in line 12c from the amount	it In Ilno 12b. Enter the result (enter a minus sign t	to the left of a	12d	
e Will the minimum funding amount reported on I	ne 12d be mot by the funding deadline?	***************************************	Yes [□ No □ N/A
Part VII Plan Terminations and Trans	fors of Assets			·
13a Has a resolution to terminate the plan been add	pted in any plan year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	X No
If "Yes," enter the amount of any plan assets th	at reverted to the employer this year		3a	
b Were all the plan assets distributed to participal control of the PBGC?	nts or beneficiaries, transferred to another plan, or	brought under the		Yes 🗵 No
 If, during this plan year, any assets or liabilities which assets or liabilities were transferred. (See 	were transferred from this plan to another plan(s).	identify the plan(s)	to	
13c(1) Name of plan(s):		13c(2) EIN	3)	13c(3) PN(s)