#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**HERE** 

#### Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

					Inspection	JUIC	
Part I		tification Information					
For cale	ndar plan year 2009 or fiscal p	plan year beginning 01/01/2007		and ending 12/31/2	007		
<b>A</b> This	return/report is for:	a multiemployer plan;	a multip	le-employer plan; or			
		a single-employer plan;	a DFE (	specify)			
		_	_				
<b>B</b> This	return/report is:	the first return/report;	return/report;				
		an amended return/report;	a short p	olan year return/report (less th	an 12 months).		
C If the	plan is a collectively-bargaine	ed plan, check here			▶ 🔲		
<b>D</b> Chec	k box if filing under:	Form 5558;	automat	ic extension;	X the DFVC program;		
	-	special extension (enter des	cription)		_		
Part	II Basic Plan Inform	nation—enter all requested informa	ation				
_	ne of plan	,			<b>1b</b> Three-digit plan	001	
DEBOR	AH CAR & LIMOUSINE SER\	/ICE, INC. 401(K) PROFIT SHARING	G PLAN		number (PN) >		
					1c Effective date of pla 01/01/1998	an	
<b>2a</b> Plan	sponsor's name and address	s (employer, if for a single-employer p	olan)		2b Employer Identifica	ition	
•	ress should include room or s	,			Number (EIN)		
	AH CAR & LIMOUSINE SER\				11-2842796		
DEBOR	AH CAR & LIMOUSINE SER\	/ICE, INC.			<b>2c</b> Sponsor's telephon number	ie	
25 29 10	TH AVENUE	25 20 40T	H AVENUE		718-803-1920		
	A, NY 11105		, NY 11105		2d Business code (see		
					instructions) 485320		
Caution	· A penalty for the late or in	complete filing of this return/repor	t will be assessed	unless reasonable cause is	astablished		
	· · ·	enalties set forth in the instructions, I				dules	
	. , ,	as the electronic version of this return			. , ,		
SIGN	Filed with authorized/valid ele	ectronic signature.	04/22/2010	HORACIO LUKSENBERG			
HERE	Signature of plan adminis	trator	Date	Enter name of individual si	gning as plan administrator		
SIGN							
HERE	Signature of employer/pla	n sponsor	Date	Enter name of individual si	gning as employer or plan sp	onsor	
SIGN							

Signature of DFE Date Enter name of individual signing as DFE For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009) v.092307.1

	Form 5500 (2009) Page <b>2</b>		
	Plan administrator's name and address (if same as plan sponsor, enter "Same")  BORAH CAR & LIMOUSINE SERVICE, INC.		dministrator's EIN -2842796
	28 19TH AVENUE TORIA, NY 11105	ทเ	Iministrator's telephone umber 8-803-1920
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN the plan number from the last return/report:	N and	4b EIN
а	Sponsor's name		4c PN
5	Total number of participants at the beginning of the plan year	5	12
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	6a	5
b	Retired or separated participants receiving benefits	6b	3
С	Other retired or separated participants entitled to future benefits	6с	3
d	Subtotal. Add lines 6a, 6b, and 6c	6d	11
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f	Total. Add lines <b>6d</b> and <b>6e</b>	<b>6</b> f	11
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	11
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		
_	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Code 2A 2E 2G 2J 3E  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in		
10	Plan funding arrangement (check all that apply)  (1)	insurand ponsor	ce contracts
d	(1) X R (Retirement Plan Information) (1) H (Financial Information)	mation)	

(2)

(3)

(4)

(5)

(6)

I (Financial Information – Small Plan)

**G** (Financial Transaction Schedules)

A (Insurance Information)

C (Service Provider Information)D (DFE/Participating Plan Information)

(2)

(3)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

#### SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2007	and ending 12/31/2007
A Name of plan DEBORAH CAR & LIMOUSINE SERVICE, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 DEBORAH CAR & LIMOUSINE SERVICE, INC.	D Employer Identification Number (EIN) 11-2842796

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

#### Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	443155	485312
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	443155	485312
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)		
	(2) Participants	. 2a(2)	14840	
	(3) Others (including rollovers)	. 2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	27317	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		42157
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	. 2h		
i	Other expenses	. 2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		42157
	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans			X	

Schedule I (Form 5500) 2009	Page <b>2-</b> 1

Schedule I	(Form 5500)	2000
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			Yes	No		Amount	
3f	Loans (other than to participants)	3f		X			
g	Tangible personal property	3g		Χ			
Pa	rt II Compliance Questions						
4	During the plan year:		Yes	No		Amoun	t
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X			
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X			
е	Was the plan covered by a fidelity bond?	4e		X			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X			
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X			
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X				
ı	Has the plan failed to provide any benefit when due under the plan?	41		X			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n					
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	Ye	es 🛚 N	No A	Amount:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify t	he plan	(s) to w	hich asset	s or liabilitie	es were
	5b(1) Name of plan(s)			5b(2)	EIN(s)		<b>5b(3)</b> PN(s)
		-					

#### Form **5500**

Department of the Treasury Internal Revenue Service

Department of Labor

#### Annual Return/Report of 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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Official Use Only OMB Nos. 1210 - 0110 1210 - 0089

2007

Pension Benefit Guaranty Corporatio		Complete all entries in				n is Open to
		the instructions to the	e rum 5500.		Public II	nspection.
The state of the s	ort Identification Info		007	12/	31/2007,	······································
or the calendar plan year 20 This return/report is for: (						
· '	<ul> <li>a multiemployer plan</li> <li>x a single-employer plan</li> </ul>		· · · -	ple-employer ¡ (specify)	olan; or	
,	multiple-employer p	•	(4) [ a DFE	(specily)		
	multiple-employer p	an,				
This return/report is: (	the first return/report	filed for the plan:	(3) The fina	al return/report	filed for the plan	٦٠
·	2) an amended return/i		` '	•	rn/report (less th	*
If the plan is a collectively-l	-	•	٠, ــــــــــــــــــــــــــــــــــــ			Ė
If filing under an extension			h required information.	(see instruction	ns)	
	nformation enter a	<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·	
a Name of plan				1b Three-c	ligit	
DEBORAH CAR & LIMO	OUSINE SERVICE,	INC.		plan nui	mber (PN) ▶	001
401(K) PROFIT SHAF	RING PLAN			1c Effective	date of plan (m	o., day, yr.)
					01/	01/1998
		***************************************				
a Plan sponsor's name and	address (employer, if for a	single-employer plan)		2b Employe	er Identification I	, ,
(Address should include re	•					2842796
DEBORAH CAR & LIMO	DUSINE SERVICE,			2c Sponso	r's telephone nu	
INC.				0.1	······	03-1920
				2d Busines	s code (see inst	ructions) 485320
3602 19TH AVE						403320
JOUZ IJIH AVE						
ASTORIA		NY	11105			
aution: A penalty for the late	or incomplete filing of this r	eturn/report will be asse	essed unless reasonable	e cause is esta	blished.	
	er penalties set forth in the instr	uctions, I declare that I have	examined this return/report	, including accomp	panying schedules,	
	c version of this return/report if i	t is being filed electronically	, and to the best of my know	ledge and belief,	it is true, correct an	d complete.
ttachments, as well as the electronic						
tachments, as well as the electronic						
tachments, as well as the electronic						
ttachments, as well as the electronic SIGN IERE	lan administrator	Date	Type or print name	of individual s	igning as plan a	dministrator
SIGN HERE Signature of p	lan administrator	Date	Type or print name	of individual s	igning as plan a	dministrator
SIGN HERE Signature of p SIGN HERE	lan administrator yer/plan sponsor/DFE	Date	Type or print name	of individual s	igning as plan a	dministrator



38 Plan administrator's name and address (If same as plan sponsor, enter "Same")  30 Administrator's telephone number and address (If same as plan sponsor, enter "Same")  31 Administrator's telephone number and address (If same as plan sponsor, enter "Same")  32 Administrator's telephone number and address (If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:  32 Sponsor's name  33 Administrator's telephone number and address (If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:  33 C Administrator's telephone number EIN and the plan number from the last return/report filed for this plan, enter the name, EIN	Form 5500 (2007)	Page <b>2</b>	Official Use Only
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:  a Sponsor's name  C PN  5 Preparer information (optional)  a Name (including firm name, if applicable) and address  b EIN  c Telephone nu  c Telephone nu  c Telephone nu  c Telephone nu  d Tala number of participants at the beginning of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)  a Active participants.  7a  A Retired or separated participants receiving benefits  7b  7c  d Subtotal, Add lines 7a, 7b, and 7c  d Subtotal, Add lines 7a, 7b, and 7c  f Total, Add lines 7a, 7b, and 7c  f Total, Add lines 7a, 7b, and 7c  g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  7g  h Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  7g  h Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  7g  h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.  10 Separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500).  8 Benefits provided under the plan (complete 8a and 8b, as applicable)  Person benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):  9a Plan funding arrangement (check all that apply)  (1) Insurance  (2) Code section 412(i) insurance contracts  (3) Trust		<b>3b</b> Administrato	
EIN and the plan number from the last return/report below:  Sponsor's name  C PN  Preparer information (optional)  A Name (including firm name, if applicable) and address  b EIN  C Telephone nu  Total number of participants at the beginning of the plan year  Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)  A Active participants.  Pa Betired or separated participants receiving benefits  C Other retired or separated participants receiving benefits  C Other retired or separated participants entitled to future benefits  C Deceased participants whose beneficiaries are receiving or are entitled to receive benefits  Fe Total. Add lines 7d and 7e  Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  Number of participants with account balances as of the end of the plan year with accrued benefits that were less than 100% vested.  I If any participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.  The participants required to be reported on a Schedule SSA (Form 5500)  B Benefits provided under the plan (complete 8a and 8b, as applicable)  A Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):  D Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):  Phenomenal Additional addition	SAME	<b>3c</b> Administrato	pr's telephone number
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Total number of participants at the beginning of the plan year		, , , , , , , , , , , , , , , , , , , ,	
C Telephone nu  C Telephone nu	a Sponsor's name		C PN
6 Total number of participants at the beginning of the plan year	5 Preparer information (optional) a Name (including firm name, if applicable) and address	ess	<b>b</b> EIN
Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)  a Active participants			<b>C</b> Telephone number
a Active participants	6 Total number of participants at the beginning of the plan year		<b>6</b> 12
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c Other retired or separated participants entitled to future benefits		<u>-</u>	
d Subtotal. Add lines 7a, 7b, and 7c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 7d and 7e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) f Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested f If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500) g Benefits provided under the plan (complete 8a and 8b, as applicable) g Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):  D Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):  D Plan benefit arrangement (check all that apply)  (1) Insurance (2) Code section 412(i) insurance contracts (3) Trust  Trust		<del> </del>	··
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h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<del>-</del>		7
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)  8 Benefits provided under the plan (complete 8a and 8b, as applicable)  a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):  b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):  9a Plan funding arrangement (check all that apply)  (1) Insurance (2) Code section 412(i) insurance contracts (3) Trust  7i  Ph  Plan benefit arrangement (check all that apply)  (1) Insurance (2) Code section 412(i) insurance contracts (3) Trust	·	<del> </del>	<b>7g</b> 11
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Benefits provided under the plan (complete 8a and 8b, as applicable)  a  Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):  b  Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):  9a Plan funding arrangement (check all that apply)  (1)  Insurance  (2)  Code section 412(i) insurance contracts  (3)  Trust  1  Trust  1  Trust		<del> </del>	
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Form 5500 (2007) Page **3** Official Use Only

10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.) **Financial Schedules** а **Pension Benefit Schedules** (1) (1) (Retirement Plan Information) (Financial Information) (2) В (Actuarial Information) (2) (Financial Information -- Small Plan) (3) (3) (ESOP Annual Information) (Insurance Information) (4) SSA (Separated Vested Participant Information) (4) (Service Provider Information) (5) D (DFE/Participating Plan Information) (6) (Financial Transaction Schedules)





### SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### Financial Information -- Small Plan

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to Public Inspection.

or cale	ndar year 2007 or fiscal plan year beginning $01/01/20$	)07,	and end	ding	12	/31/2	007,	
<b>A</b> Nam	Name of plan B Three-digit							
DEBOF	RAH CAR & LIMOUSINE SERVICE, INC. 401(K)	PROFI	T		olan nun	nber 🕨		001
	sponsor's name as shown on line 2a of Form 5500			D	Employe	r Identif	ication Numbe	ər
DEBOF	DEBORAH CAR & LIMOUSINE SERVICE, INC. 11-2842796							
	Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you re filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.							
Part I	Part I Small Plan Financial Information							
/alue of bay a sp	Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.							
<b>1</b> Pla	n Assets and Liabilities:		(a) Beginn	ing of Y	ear		( <b>b)</b> End of Yea	
<b>a</b> Tot	al plan assets	1a		443	3155		48	5312
<b>b</b> Tot	al plan liabilities	1b						
C Net	plan assets (subtract line 1b from line 1a)	1c		443	3155		48	5312
2 Inc	ome, Expenses, and Transfers for this Plan Year:		(a) Ai	mount			(b) Total	
a Co	ntributions received or receivable							
(1)	Employers	2a(1)						
(2)	Participants	2a(2)		14	1840			
(3)	Others (including rollovers)	2a(3)						
<b>b</b> No	ncash contributions	2b						
<b>C</b> Oth	ner income	2c		27	7317			
<b>d</b> Tot	al income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d					4	2157
<b>e</b> Ber	nefits paid (including direct rollovers)	2e						1,000
<b>f</b> Co	rrective distributions (see instructions)	2f						
<b>g</b> Ce	tain deemed distributions of participant loans (see instructions)	2g						
h Oth	ner expenses	2h						
i Tot	al expenses (add lines 2e, 2f, 2g, and 2h)	2i						0
	income (loss) (subtract line 2i from line 2d)	2j					4.	2157
-	nsfers to (from) the plan (see instructions)	2k						
valı	ecific Assets: If the plan held assets at anytime during the plan year in ue of any assets remaining in the plan as of the end of the plan year. A assets of more than one plan on a line-by-line basis unless the trust	Allocate th	ne value of the p	olan's int	terest in	a commir	ngled trust con	itaining
				Ye	s No		Amount	
<b>a</b> Par	tnership/joint venture interests		<u></u>	3a	X			
	ployer real property		<del></del>	3b	X			
	r Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule I (Form 5500) 2007							





Schedule I (Form 5500) 2007 Page 2 Official Use Only Yes No **Amount 3c** Real estate (other than employer real property)...... Зс Χ Χ 3d d е Зе Χ Χ f 3f Χ 3g Transactions During Plan Year No During the plan year: Yes **Amount** Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Χ Correction Program.)..... 4a **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant 4b Χ loans secured by the participant's account balance ...... C Were any leases to which the plan was a party in default or classified during the year as Χ 4c Were there any nonexempt transactions with any party-in-interest? (Do not include Χ 4d 4e Χ Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was Χ 4f Did the plan hold any assets whose current value was neither readily determinable on an Χ established market nor set by an independent third party appraiser? ...... 4g Did the plan receive any noncash contributions whose value was neither readily 4h Χ determinable on an established market nor set by an independent third party appraiser? . . . . Did the plan at any time hold 20% or more of its assets in any single security, debt, 4i Χ mortgage, parcel of real estate, or partnership/joint venture interest? ...... j Were all the plan assets either distributed to participants or beneficiaries, transferred to Χ another plan, or brought under the control of the PBGC? ..... 4j k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach an IQPA's report or 4k Χ 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)..... 5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that X No **Amount** 5b If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) **5b(3)** PN(s) **5b(1)** Name of plan(s) **5b(2)** EIN(s)





#### SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### **Retirement Plan Information**

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an Attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to Public Inspection.

For	calendar year 2007 or fiscal plan year beginning 01/01/2007, and ending		12/31/2007 ,
	Name of plan	В	Three-digit
DI	EBORAH CAR & LIMOUSINE SERVICE, INC. 401(K) PROFIT		plan number ▶ 001
C	Plan sponsor's name as shown on line 2a of Form 5500	D	Employer Identification Number
DI	EBORAH CAR & LIMOUSINE SERVICE, INC.		11-2842796
P	art I Distributions		
•	All references to distributions relate only to payments of benefits during the plan year.		
1	Total value of distributions paid in property other than in cash or the forms of property specified		
	in the instructions		<b>1 \$</b> 0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries		
	during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts		
	of benefits). 31-1592130		
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during		
	the plan year		3
P	art II Funding Information (If the plan is not subject to the minimum funding requirements of	of sec	tion 412 of the Internal Revenue
	Code or ERISA section 302, skip this Part)		
4	Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)?		
	If the plan is a defined benefit plan, go to line 7.		
5	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 ruling letter granting the waiver		MonthDayYear
	If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remains	inder	of this schedule.
6a	Enter the minimum required contribution for this plan year		6a \$
b	Enter the amount contributed by the employer to the plan for this plan year		6b \$
C	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the lef	t	
	of a negative amount)		6c  \$
	If you completed line 6c, skip lines 7 and 8 and complete line 9.		
7	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure prov		
	approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with	the c	hange?   Yes   No   N/A
Emilian I	art III Amendments		
8	If this is a defined benefit pension plan, were any amendments adopted during this plan year that		
	increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the	Г	¬.
Б	"No" box. (See instructions.)		Increase   Decrease   No
the same of	art IV Coverage (See instructions.)		
9_	Check the box for the test this plan used to satisfy the coverage requirements   the ratio perce		
го	r Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.	٧	10.1 Schedule R (Form 5500) 2007



# Form **5558**(Rev. January 2008) Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Pa	rt I Identification									
Α	Name of filer, plan administrator, or plan sponsor (see instructions)	В	B Filer's identifying number (see instructions).							
	Deborah Car & Limousine Service, Inc.	Employer identification number (EIN).								
	Number, street, and room or suite no. (If a P.O. box, see instructions)		11-2842796							
	3602 19th Ave									
	City or town, state, and ZIP code	Social security number (SSN)								
	Astoria NY 11105									
С	Plan name		Plan		Plan year ending—					
		- 1	numb	er	MM	DD	YYYY			
			:							
	Deborah Car & Limousine Service, Inc. 401(k) Profit Sharing Plan	0	: 0	1	12	31	2007			
			:	:						
	2		:							
			:							
3	3		:							
Pai	I request an extension of time until	`			00-EZ.					
	The application <b>is automatically approved</b> to the date shown on line 1 (above) if: <b>(a)</b> the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and <b>(b)</b> the date on line 1 is no more than $2\frac{1}{2}$ months after the normal due date.									
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.									
Note	. A signature is not required if you are requesting an extension to file Form 550	00 or Forr	n 5500	)-EZ.						
2	I request an extension of time until/ to file Form 5330.  You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.									
а	Enter the Code section(s) imposing the tax									
b	Enter the payment amount attached				•	b				
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date									
	er penalties of perjury, I declare that to the best of my knowledge and belief, the statem- prized to prepare this application.	ents made	on this	form a	re true, correct	, and complete	e, and that I am			
Sign	ature ▶		Date	<b>•</b>						

#### SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### **Retirement Plan Information**

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an Attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to Public Inspection.

For calendar year 2007 or fiscal plan year beginning , and endin	g		,
A Name of plan	В	Three-digit	
DEBORAH CAR & LIMOUSINE SERVICE, INC. 401(K) PROFIT		plan number	001
C Plan sponsor's name as shown on line 2a of Form 5500	D	Employer Identification N	umber
DEBORAH CAR & LIMOUSINE SERVICE, INC.		11-	2842796
Part I Distributions			
All references to distributions relate only to payments of benefits during the plan year.			
1 Total value of distributions paid in property other than in cash or the forms of property specified			
in the instructions		. <b>1</b> \$	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries			
during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts	3		
of benefits). 31-1592130			
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during			
the plan year		.   3	
Part II Funding Information (If the plan is not subject to the minimum funding requirement	s of se	ction 412 of the Internal Reve	enue
Code or ERISA section 302, skip this Part)			
4 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8	)?	Yes No	□ N/A
If the plan is a defined benefit plan, go to line 7.			
5 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 ruling letter granting the waiver			Year
If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the ren	nainde	r of this schedule.	
<b>6a</b> Enter the minimum required contribution for this plan year		. <b>6a</b> \$	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year		. <b>6b</b> \$	
C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the	left		
of a negative amount)		. <b>6c</b> \$	
If you completed line 6c, skip lines 7 and 8 and complete line 9.			
7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure p	rovidin	g automatic	<u></u>
approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree w	th the	change? Yes No	N/A
Part III Amendments			·
8 If this is a defined benefit pension plan, were any amendments adopted during this plan year that			
increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the			П
"No" box. (See instructions.).	· · · · ·	Increase Decrease	e No
Part IV Coverage (See instructions.)		II	
9 Check the box for the test this plan used to satisfy the coverage requirements   the ratio per			
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 550	o.	v10.1 Schedule R (Form	1 3300) 2007

