## 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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Pe	ension Benefit	Guaranty Corporation	1	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.		pootion	
Pa	art I A	nnual Repor	t Ide	entification Information						
For				plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009		
A	This return/	report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan	
		report is for:		first return/report	final retur			ш	·	
	iiiis ietuiii/i	report is ior.	-	an amended return/report	1	n year return/report (less than 12 mo	othe)			
•				·	<u> </u>		11113)	П вемо		
C	Check box i	if filing under:	^	Form 5558	1	extension		DFVC progra	ım	
				special extension (enter descripti	· ·					
Pa	rt II B	asic Plan Inf	orm	ation—enter all requested inform	nation					
	Name of pl						1b	Three-digit	İ	
GAR'	Y S AUTO	& TRUCK REPA	IR, L	TD. PROFIT SHARING PLAN				plan number	001	
							4 -	(PN) •		
							10	Effective date o		
22	Dian anana	or's name and s	addra	os (omployer if for single omploye	r nlon)		2h			ımbor
		R TRUCK REPA		ss (employer, if for single-employe	pian)		20	Employer Identi (EIN) 16-152		inper
07 11 0		, moontel /	,	<b>.</b>			2c	Plan sponsor's t		number
	POLLO DR							518-86		
ALBA	NY, NY 12	205					2d	Business code (	•	ctions)
							-	811110		
		nistrator's name : & TRUCK REPAI		ddress (if same as Plan sponsor, e		e")	30	Administrator's 16-152		
OAK	13 7010 6	A TROOK KET A	IIX, L1	ALBANY, N			30	Administrator's		number
								518-86		Hamber
<b>4</b> If	the name	and/or EIN of the	e plar	sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4b	EIN		
r	name, EIN,	and the plan nu	mber	from the last return/report. Spons	or's name		4 -			
							4c	PN		
5a	Total numl	ber of participan	ts at t	he beginning of the plan year			5a			11
b	Total numl	ber of participan	ts at t	he end of the plan year			5b			12
С				n account balances as of the end of		•	F-			10
		-					5c		V v	12
						(See instructions.)			X Ye	s   No
b						ndent qualified public accountant (IQiions.)			X Ye	s No
						SF and must instead use Form 55				
Pa		inancial Info								
7	Plan Asse	ts and Liabilities				(a) Beginning of Year		(b) End	of Year	
а					7a	238403	3	(3.7)		349301
b						(	)			0
С	•			from line 7a)		238403	3			349301
8		•		rs for this Plan Year		(a) Amount		(b) 1	 Cotal	
а		ons received or r				(a) Amount		(2)	Otal	
-					8a(1)	47638	3			
	(2) Partici	ipants			8a(2)		)			
	(3) Others	s (including rollo	vers).		8a(3)	(	)			
b	Other inco	me (loss)				63323	3			
С		` ,		a(2), 8a(3), and 8b)						110961
d				ollovers and insurance premiums	<u> </u>					
					8d	(	)			
е	Certain de	emed and/or co	rrectiv	ve distributions (see instructions)	8e		)			
f	Administra	ative service prov	viders	(salaries, fees, commissions)	. 8f	63	3			
g	Other expe	enses			8g		)			
h				e, 8f, and 8g)						63
i				8h from line 8c)						110898
i				e instructions)		(				
•		, ,	,	,	ı Oj		,			

Form 5500-SF 2009	Page <b>2-</b> 1
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Part IV	Plan	Charac	teristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 3D

If the plan provides welfare benefits, enter the applicable welfare, feature codes from the List of Plan Characteristic Codes in the instructions:

	in the plant provides wellare benefits, effect the applicable wellare realtife codes from the List of Plant Chara				TIO III STI GOT		
art							
0	During the plan year:		Yes	No		Amount	
а	Was there a failure 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 Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	Χ				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 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.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	X				
art	VI Pension Funding Compliance			•			
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	etione	and a	nter the	a data of th	ne letter ru	lling
	granting the waiver						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401-			
	Enter the minimum required contribution for this plan year		⊢	12b			
	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 negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			Yes	X No
	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 of the PBGC?			ntrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to				
13c(1) Name of plan(s):					V(s)	13c(3	) PN(s)
`2114	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	se is	ostabli	shad		
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.					hle a Sch	edule
Во	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.						
			-				

HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN	Filed with authorized/valid electronic signature.	09/27/2010	GARY HICKOK
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/27/2010	GARY HICKOK

a  f t	Plan Characteristics			15,000				
	he plan provides pension benefits, enter the applicable pension feature codes from the List 2A 2E 2F 2G 3D he plan provides welfare benefits, enter the applicable welfare feature codes from the List or							
	V Compliance Questions							
			Ye	a N	0		Amount	
	During the plan year: Was there a failure to transmit to the plan any participant contribution within the time period	described in						
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	1 1	0a		Х			
	Were there any nonexempt transactions with any party-in-interest? (Do not include transaction line 10a.)		0ь		х			
			Oc X					100,000
	Was the plan covered by a fidelity bond?		00 0					100,000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cau or dishonesty?	A CONTROL OF THE PARTY OF THE P	0d		х			
	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance insurance services or other organization that provides some or all of the benefits under the p	olan? (See	00		x			
	Instructions.)				х			
			Of	-	x			
SALDING.	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		0g	+	^			
	If this is an individual account plan, was there a blackout period? (See instructions and 29 C 2520.101-3.)	1	Oh 3					
	If 10h was answered "Yes," check the box if you either provided the required notice or one of exceptions to providing the notice applied under 29 CFR 2520.101-3	of the	01 )				1552	
	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instru 5500))	ctions and complete	Sche	lule	SB (F	orm	Пу	es TNo
	Is this a defined contribution plan subject to the minimum funding requirements of section 4 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						. 🗆Y	es No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan y							
	If a Maister of the trituminal ranging standard for a business is penild amounted in this bigg.	ear, see instruction	s, and	enter	the	date of th	e letter rul	ing
	granting the waiver	Month	s, and	enter —	the Day	date of th	e letter rul Year	ing
f yo	granting the walver	Month (ip to line 13.		_	Day	date of th	e letter rul Year	ing
f yo	granting the walver	Month			Day 2b	date of th	e letter rul Year	ing
f yo	granting the walver	ip to line 13.			Day	date of th	e letter rul Year	ing
lf yo b c d	granting the walver  ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk  Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus negative amount)	Month tip to line 13.	• •		Day 2b 2c 2d		Year _	
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lf you be compared to	granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skepter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VIII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another post the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another play which assets or liabilities were transferred. (See instructions.)  3c(1) Name of plan(s):  Date 9/2 2/16  Beginature of plan administrator  Date 9/2 2/16	sign to the left of a sign to the left of a lan, or brought under an(s), identify the planess reasonable cau mined this return/report Gary Hickok	an(s) to	13contro	Day  2b  2c  12d	Yes  IN(s)  ed. f applicable to f my kit	Year	IN/A  Yes XINO Yes XINO  C(3) PN(s)

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