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).

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

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	art I	Annual Report I	dentification Information				
For	calenda	r plan year 2010 or fisc	cal plan year beginning 01/01/20	10	and ending	12/31/2	2010
Α	This retu	rn/report is for:	single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan
		rn/report is for:	first return/report	final retur	n/report		_
			an amended return/report	short plar	vear return/report (less than 12 m	onths)	
_	Chook be	ox if filing under:	H ' !	╡ '	, ,	,	□ DEVC program
C	CHECK DO	ox ii iiiiiig under.			CALCHSION		Di vo piogram
D	- w4 II	Dania Dian Info	<u> </u>				
	Name o		mation—enter all requested infor	mation		1h	Throp digit
		F	NT CENTER, INC. 401K PROFIT SI	HARING PL	AN AND TRUST	IB	plan number (PN)
						1c	Effective date of plan 01/01/1994
		onsor's name and add	Single-employer plan				
		211 EAST /N, NY 10940					845-692-3737
		,	d address (if asses as Dlan arrange	t "C	- 1/1		811120
GRE	G ROWE	ES COLLISION & PAIR	NT CENTÉ R, INC. 791 ROUT	E 211 EAST			14-1713706
4	If the nan	ne and/or EIN of the p	an sponsor has changed since the	ast return/re	port filed for this plan, enter the		845-692-3737
					,		
5a	Total no	umber of participants a	at the beginning of the plan year			5a	8
b	Total nu	umber of participants a	at the end of the plan year			5b	8
С						. 5c	8
6a	Were a	all of the plan's assets	during the plan year invested in elig	ible assets?	(See instructions.)		Yes No
b							 ⊠ v □ n.
							Yes No
Pa	art III	Financial Inform		FOI 11 3300-	or and must mistead use Form 5	300.	
7	•	ssets and Liabilities			(a) Reginning of Year		(b) End of Year
a				7a		'9	` '
	•	an liabilities				0	0
C	Net pla	n assets (subtract line	7b from line 7a)		85987	'9	1029533
8					(a) Amount		(b) Total
а		utions received or rece			, ,	0	(1)
	(1) Em	ployers		8a(1)			
	(2) Pai	rticipants		8a(2)	4/39	90	
	(3) Oth	ners (including rollovers	s)	8a(3)			
b	Other in	ncome (loss)		8b	8226	54	100051
C				8c			169654
d	to provi	de benefits)				_	
е	Certain	deemed and/or correct	ctive distributions (see instructions).				
f	Adminis	strative service provide	ers (salaries, fees, commissions)	8f		_	
g		•					
h	Total ex	xpenses (add lines 8d,	8e, 8f, and 8g)	8h			<u> </u>
į		, , ,	ne 8h from line 8c)				169654
	Transfe	ers to (from) the plan (s	see instructions)	8j		0	

Form 5500-SF 2010	Page 2-
IV Plan Characteristics	

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

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	haracteris	tic Cod	des in t	the instru	ctions	:	
art	V Compliance Questions							
0	During the plan year:		Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period describe 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	d in 10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)	ted 10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra or dishonesty?	ud 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						
art '		•						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))						Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the 0						Yes	X No
а	(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 in granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Month						
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 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?					X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		-		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	ight under		ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idenwhich assets or liabilities were transferred. (See instructions.)	tify the pla	n(s) to					
1:	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reaso	nable cau	use is	establ	ished.	L		
Inde	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this re it is true, correct, and complete.	return/re	port, in	cludin	g, if appli			
501,	Filed with authorized/valid electronic signature. 07/28/2011 GREG ROW	E						

SIGN	Filed with authorized/valid electronic signature.	07/28/2011	GREG ROWE					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

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).

tries in accordance with the instructions to the Form 6600_SF

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	art I Annual Report Identification Information	dance wm	the instructions to the Form 560	0-SF.	1	· · · · · · · · · · · · · · · · · · ·
		1701/2	910 and ending		12/31/201	1
_	Single employer plan					
	This retaining of the second o		one-participan	т ріал		
D		final retur	•			
_	☐ an amended return/report	snort plan	year return/report (less than 12 mo	nthe)		
С	Check box if filing under:	automatic	extension		DFVC program	n
	special extension (enter description)	(חכ				
Pi	Irt II Basic Plan Information—enter all requested inform	ation				
1a	Name of plan			1b	Three-digit	
	Greg Rowes Collision & Paint Center, Inc	. 401K		İ	plan number	an en
	Profit Sharing Plan and Trust			16	(PN)	001
				10	Effective date of 01/01/1994	plan
2a	Plan sponsor's name and address (employer if for single-employer Greg Rowes Collision & Faint Cente	plan)		2b	Employer Identific	cation Number
	Gred Rowes Collision & Paint Cente '''' r. Inc.	•			(EIN) 14-1713	
	Ly XIII .			2c	Plan sponsor's te	lephone number
	791 Route 211 East				(845)692-3	
	Middletown		NY 10940	20	Business code (s. 811120	ee instructions)
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same		3b	Administrator's E	IN
	same		•			
				3с	Administrator's te	lephone number
A .	I the name and/or EIN of the plan sponsor has changed since the lar		nest filed for this wise south the	44-		
	rithe name and/or EtN or the plan sponsor has changed since the lat- name. EIN, and the plan number from the last return/report. Sponso		port filed for this place, einer the	4D	EIN	
				4c	PN	
5a	Total number of participants at the beginning of the plan year			5a	T	8
b	Total number of participants at the end of the plan year			5b		8
G	Total number of participants with account balances as of the end of			<u> </u>		
	complete this item)			5c		8
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			Yes No
b	Are you claiming a waiver of the annual examination and report of					☑ Yes ☐ No
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility affiyou answered "No" to either 6a or 6b, the plan cannot use F				*********	E 163 [] 169
Da	rt III Financial Information	01111 3300 7	or and must material use roim vo			And the same of th
		T	(a) Beginning of Year	Т	(b) End o	of Year
7	Plan Assets and Liabilities Total plan assets	. 7a	859,87	G		1,029,533
a	·	7b		7		0
ט	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7c	859,87	G.		1,029,533
		1	(a) Amount	1	(b) To	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) MIRABIN	+	(5) 10	
a	(1) Employers	8a(1)	40,00	0		
	(2) Participants	8a(2)	47,39	0		
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss).	8b	82,26	4		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		丁		169,654
c d	Benefits paid (including direct rollovers and insurance premiums	—		1		
Ų.	to provide benefits)	8d		_		
e	Certain deemed and/or corrective distributions (see instructions)	8 e	A A A A A A A A A A A A A A A A A A A	_		
f	Administrative service providers (salaries, fees, commissions)	. 8t		- 1		
•	Additional provides (street	·				
g	Other expenses	1		_		
		1				0
g	Other expenses	8g			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 169,654

	Form 5500-SF 2010	Pag	e 2						
Part f	V Plan Characteristics								
a if	the plan provides pension benefits, enter the applicable pension feat	ture codes from the L	st of Plan Char	acteri	stic Co	des in	the instruc	tions:	***
b If	2A 2E 2J 2K 3D The plan provides welfare benefits, enter the applicable welfare feat	ure codes from the Lis	st of Plan Chara	cterle	tic Co	des in	the instruct	ions:	
Part V	Compliance Questions					*******			<u>.</u>
	uring the plan year:				Yes	No		Amoun	
a v	tas there a failure to transmit to the plan any participant contribution PCFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial			10a		Х		Airiouii	
	/ere there any nonexempt transactions with any party-in-interest? (E n line 10a.)			10b		Х			
c /	Vas the plan covered by a fidelity bond?	***************************************		10c	Х				100,00
	id the plan have a loss, whether or not reimbursed by the plan's fide r dishonesty?			10d		Х			i_
ir	Jere any fees or commissions paid to any brokers, agents, or other p surance service or other organization that provides some or all of the structions.)	e benefits under the p	lan? (See	10e	·	Х			
fн	as the plan failed to provide any benefit when due under the plan?.		•	10f		Х			*.*
Q D	id the plan have any participant loans? (If "Yes," enter amount as of	vearend)		10g		Х			
h if	this is an individual account plan, was there a blackout period? (Sec 520.101-3.)	e instructions and 29 (CFR	10h		Х			
į If	10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or one	of th e	10i					
art V	Pension Funding Compliance						<u> </u>		· · · · · · · · · · · · · · · · · · ·
11 is	this a defined benefit plan subject to minimum funding requirements (00))	,		•				Ye	ns No
12 is	this a defined contribution plan subject to the minimum funding req							Ye	s X No
(11	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e .)						_	_
	a waiver of the minimum funding standard for a prior year is being a								
	anting the walver			[N		Day.		Y 881	
	nter the minimum required contribution for this plan year				Г	12b			
	iter the amount contributed by the employer to the plan for this plan					12c			
d Se	ubtract the amount in line 12c from the amount in line 12b. Enter the	result (enter a minus	sign to the left	of a	-	12d			
	- ill the minimum funding amount reported on line 12d be met by the f						Yes	No	□ N/A
art VI	Plan Terminations and Transfers of Assets								
	as a resolution to terminate the plan been adopted during the plan ye	ear or any prior year?						∑ Ye	s No
	Yes," enter the amount of any plan assets that reverted to the empt				Г	13a			
b W	ere all the plan assets distributed to participants or beneficianes, tra the PBGC?	insferred to another pl	lan, or brought i	under	the co			Ye	s X No
	during this plan year, any assets or flabilities were transferred from t hich assets or liabilities were transferred, (See instructions.)	this plan to another pla	an(s). identify th	ne pla	n(s) to				N
13c	(1) Name of plan(s):			!	134	c(2) El	N(s)	13¢	(3) PN(s)
				1					
				 					
	: A penalty for the late or incomplete filing of this return/report	will be assessed un	less reasonabl	le cau	ışe iş	establ	Hshed.		
inder n	enables of perium and other penalties set forth in the instructions 1	declare that I have ex-	amined this retu	ım/rej	port, in	cluding	g, if applica	ble, a S	chedule
SB or S	chedule MB completed and signed by an enrolled actuary as well as is true, correct, and complete.	s the electronic versio	n of this return/	report	t, and	to the I	best of my	knowled	ge and
SIGN	Xhears P. Rowe	11/16/1	reg Rowe			,			
HERE	Signature of/plan administrator Date Enter name of				pial su	ning a:	splan admi	inistrator	
GL/751	Lugar & Rove	7/27/11						Anna	
SIGN HERE	Signature of employer/plan sponsor	Date 6	Enter name of in	ndivid	ual elg	ning a	s employer	or plan :	sponsor
	· Country of the control of the cont			-					