## 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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.				
Pa	ert I Annual Report Id	dentification Information							
For	calendar plan year 2010 or fisc	cal plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010			
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for:	first return/report	final retur	n/report					
_	This return report is for.	an amended return/report		n year return/report (less than 12 mor	nths)				
_	C Check box if filing under:					□ pc/(0 ====================================			
C						DFVC program			
		special extension (enter description	on)						
Pa	rt II Basic Plan Infor	mation—enter all requested information	ation						
	Name of plan				1b	Three-digit			
SAM'	S TOWING & RECOVERY, IN	C. 401K PROFIT SHARING PLAN AN	ND TRUST	Ī		plan number 001			
					4.	(PN) •			
					10	Effective date of plan 01/01/1990			
22	Dian ananaaria nama and adda	ress (employer, if for single-employer	nlon)		2h	Employer Identification Number			
	S TOWING & RECOVERY, INC		piari)		20	(EIN) 14-1675731			
	,				2c	Plan sponsor's telephone number			
	LIVAN AVENUE					845-292-7720			
LIDE	RTY, NY 12754				2d	Business code (see instructions)			
						488410			
SAM	Plan administrator's name and TOWING & RECOVERY, INC	l address (if same as Plan sponsor, e 7 SULLIVAN	nter "Same AVENUE	∍")	3b	Administrator's EIN 14-1675731			
		LIBERTY, N			30	Administrator's telephone number			
					30	845-292-7720			
<b>4</b> I	the name and/or EIN of the plant	an sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number	er from the last return/report. Sponso	r's name		4 -				
					4c 5a				
5a	5a Total number of participants at the beginning of the plan year					33			
b	Total number of participants a	t the end of the plan year			5b	0			
С	• • •	vith account balances as of the end of		•	<b>-</b> -	0			
	,				5c	Д □			
	•	during the plan year invested in eligib		,		Yes   No			
b		he annual examination and report of a (See instructions on waiver eligibility a				ĭ Yes ☐ No			
		ner 6a or 6b, the plan cannot use Fo							
Pa	rt III Financial Inform								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
-	Total plan assets		. 7a	212248	3	0			
b	. otal pian according		7b	4330	330				
C		7b from line 7a)		207918	3	0			
			7c	(-) A		(I-) T-(-)			
8	Income, Expenses, and Trans Contributions received or rece			(a) Amount		(b) Total			
а			8a(1)	C	)				
			8a(2)	(	)				
	` ,	s)		C	)				
b	, ,			3378	3				
	` ,		8c			3378			
c d		8a(2), 8a(3), and 8b)rollovers and insurance premiums	80						
u			. 8d	211296	6				
е		etive distributions (see instructions)	8e	C	)				
f		ers (salaries, fees, commissions)		C					
g			8g	(					
9 h	·	8e, 8f, and 8g)				211296			
;						-207918			
;		e 8h from line 8c)							
J	rransiers to (noin) the plan (S	ee instructions)	8i		,				

Form 5500-SF 2010		Page <b>2-</b>	_
Part 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:

art	V Compliance Questions								
0	During the plan year:		Yes	No		An	nount		
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					20000	
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		Х					
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	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					. [	Yes	No	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No								
	(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 instruction granting the waiver.  Mont tou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							ing ——	
b	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 of 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								
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				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 upon the PBGC?	ınder	the co	ntrol 		2	Yes	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.)	e plai	n(s) to						
1	13c(1) Name of plan(s):				<b>13c(2)</b> EIN(s)			<b>13c(3)</b> PN(s)	
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable					och!-	0 C-1	adula.	
В о	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.								
	Filed with authorized/valid electronic signature 00/43/2011 IEEEDEV MILLE	<u> </u>							

SIGN	Filed with authorized/valid electronic signature.	09/13/2011	JEFFREY MILLER					
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					

#### EIN 14-1675731 / PN 001

### 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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	art I Annual Report Identification Information				<u>.</u>			
		1/01/2	010 and ending		12/31/201	0		
	V single ampleyer plan		employer plan (not multiemployer)					
	This return/report is for.							
В	This return/report is for:   first return/report   X	final retur	n/report ryear return/report (less than 12 m	antha)				
_	an amended return/report	•	, , ,	onins)	П вемо			
С	Check box if filing under: X Form 5558		extension		DFVC progra	m		
	special extension (enter description							
Pa	Irt II Basic Plan Information—enter all requested information	ation						
1a	Name of plan	T		1b	Three-digit plan number			
	SAM'S TOWING & RECOVERY, INC. 401K PROFI	1			(PN)	001		
	SHARING PLAN AND TRUST			1c	Effective date of			
					01/01/1990			
2a	Plan sponsor's name and address (employer, if for single-employer SAMS TOWING & RECOVERY, INC.	plan)		2b	Employer Identif			
	SAMS TOWING & RECOVERT, INC.			20	(EIN) 14-167			
	E CHILLIAN AVENUE			20	(845) 292-7	elephone number 7720		
	7 SULLIVAN AVENUE			2d	Business code (	see instructions)		
	LIBERTY		NY 12754		488410			
3a	Plan administrator's name and address (if same as Plan sponsor, et SAME	nter "Same	e")	3b	Administrator's E	EIN		
	SAME			30	Administrator's t	elephone number		
				30	Administrator 3 t	cicpitotic number		
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN			
52	Total number of participants at the beginning of the plan year			<del></del>		33		
	Total number of participants at the end of the plan year							
	Total number of participants with account balances as of the end of			30				
Ç	complete this item)			. 5c		C		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of the annual examination and report of					X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo					M les   No		
D:	rt III Financial Information	JIII 5500-	or and must mistead use roim o	300.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
-	Total plan assets	7a	212,2	48	(2) 2	C		
h	Total plan liabilities	7b	4,3			C		
C	Net plan assets (subtract line 7b from line 7a)	7c	207,9			(		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:							
	(1) Employers	8a(1)		_0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	3,3	78				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				3,378		
d	Benefits paid (including direct rollovers and insurance premiums	0.4	211,2	96				
_	to provide benefits)	8d 8e		0				
e f	Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	8f		0				
-	Other expenses	8g		0				
g h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				211,296		
n i	Net income (loss) (subtract line 8h from line 8c)	8i				(207,918)		
 	Transfers to (from) the plan (see instructions)	8j		0		, , , , , , , , , , ,		
	Transfer to (nom) the plan (occ manachoris)			~				

Page <b>2-</b>	
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Par	t IV	Plan Characteristics								
9a	If the	e plan provides pension benefits, enter the applicable pension fea 2A 2E 2J 2K 3D	ture codes from the Li	st of Plan Char	acteri	stic Co	des in	the instruct	tions:	
b	If the	e plan provides welfare benefits, enter the applicable welfare feat	ture codes from the Lis	st of Plan Chara	acteris	tic Cod	des in 1	the instructi	ions:	
Part	·V	Compliance Questions								
10		ing the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contribution	ns within the time perio	d described in						
b		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia re there any nonexempt transactions with any party-in-interest? (I	,	•	10a		X			
		ine 10a.)			10b		Х			
С	Wa	as the plan covered by a fidelity bond?			10c	Х				20,000
d		the plan have a loss, whether or not reimbursed by the plan's fide			10d		Х			•
е	We	re any fees or commissions paid to any brokers, agents, or other parance service or other organization that provides some or all of the ructions.)	persons by an insuran ne benefits under the p	ce carrier, blan? (See	10e		Х			
f		the plan failed to provide any benefit when due under the plan?			10f		Х			
		the plan have any participant loans? (If "Yes," enter amount as of								
g h		is is an individual account plan, was there a blackout period? (Se			10g		X			
	252	0.101-3.)			10h		X			
ı		Dh was answered "Yes," check the box if you either provided the r eptions to providing the notice applied under 29 CFR 2520.101-3	•		10i					
Part		Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see instru	ctions and com	plete	Sched	ule SB	(Form		п.,
12		0))his a defined contribution plan subject to the minimum funding rec							Yes Yes	X No
	(If "\	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl waiver of the minimum funding standard for a prior year is being a	le.)						ne letter ru	ling
	grar	nting the waiver.		Mon						
lf :		completed line 12a, complete lines 3, 9, and 10 of Schedule M				Г	12h	-		
b		er the minimum required contribution for this plan year					12b 12c			
C C		er the amount contributed by the employer to the plan for this plan tract the amount in line 12c from the amount in line 12b. Enter the				···				,
d		tract the amount in line 126 from the amount in line 12b. Enter the ative amount)	,	0			12d	<u></u>		
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?		<u></u>			Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets		. <u>.</u>						
13a	Has	a resolution to terminate the plan been adopted during the plan y	year or any prior year?			<u></u>			X Yes	No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	oloyer this year				13a			C
b		re all the plan assets distributed to participants or beneficiaries, trans-				the co	ntrol		X Yes	☐ No
С		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another pl	an(s), identify th	ne pla	n(s) to				
1	3c(1	) Name of plan(s):				130	c(2) El	N(s)	13c(3	PN(s)
	_									
		A penalty for the late or incomplete filing of this return/report								
SBo	r Sch	nalties of perjury and other penalties set forth in the instructions, I ledule MB completed and signed by an enrolled actuary, as well at true, correct, and complete.	declare that I have exast the electronic version	amined this return/	urn/re /repor	port, ir t, and t	cludin to the l	g, if applica best of my l	ible, a Sch knowledge	edule and
	Ī		8/24/// J	EFFREY MI	LLE	₹				
SIG		Signature of plan administrator	<del>~ / ////</del>	Enter name of ir			ning as	s plan admi	nistrator	
		propriature or pran administrator						1		
SIG H <b>E</b> A	<b>~</b>	Signature of employer/plan sponsor	Date	 Enter name of ir	ndivid	ual sig	ning as	s emplover	or plan sp	onsor
	J	Signature of employer/plan sponsor								

Signature of employer/plan sponsor