Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [X] special extension (enter description) HURRICANE IRENE RELIEF

Part II Basic Plan Information—enter all requested information

1a Name of plan
BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 08/13/2001

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
BLS LIMOUSINE SERVICE OF NEW YORK, INC.

1211 STEWART AVENUE
SUITE 104
BETHPAGE, NY 11714

2b Employer Identification Number (EIN)
11-2641776

2c Sponsor's telephone number
800-843-5752

2d Business code (see instructions)
485320

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/05/2012	KEVIN HORNIK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/05/2012	KEVIN HORNIK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

BLS LIMOUSINE SERVICE OF NEW YORK, INC.

1211 STEWART AVENUE
SUITE 104
BETHPAGE, NY 11714

3b Administrator's EIN: 11-2641776

3c Administrator's telephone number: 800-843-5752

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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	237
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	153
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	16
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	169
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	169
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	70
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)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2R 3D

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	___ **A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[ ]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN		003
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
BLS LIMOUSINE SERVICE OF NEW YORK, INC.	11-2641776	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY SMITH BARNEY, LLC

787 7TH AVENUE
36TH FLOOR
NEW YORK, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 28 71	INVESTMENT ADVISOR	8048	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	INVESTMENT MANAGEMENT	10756	Yes [X] No [ ]	Yes [X] No [ ]	2976	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

INTAC ACTUARIAL SERVICES, INC.

545 ROUTE 17 SOUTH
SUITE 2001
RIDGEWOOD, NJ 07450-2040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	ADMINISTRATION	1472	Yes [X] No [ ]	Yes [X] No [ ]	1175	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY SMITH BARNEY, LLC

2000 WESTCHESTER AVENUE
PURCHASE, NY 10577

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	283	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

MORAGN STANLEY SMITH BARNEY, LLC

700 RED BROOK BLVD.
SUITE 300
OWNING MILLS, MD 21117

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	6039	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
BLS LIMOUSINE SERVICE OF NEW YORK, INC.

D Employer Identification Number (EIN)
11-2641776

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	508	223
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	2004	2200
(3) Other	1b(3)	790	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	52651	51715
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	674458	1052518
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	261375	184643
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	697717	778238
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	1689503	2069537
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1689503	2069537

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. 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. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	182897	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		182897
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	19	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	22337	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		22356
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	3873	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3873
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	18934	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		18934

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	151363	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		151363
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		68614
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		448037
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	54893	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		54893
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		4767
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	8343	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8343
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		68003
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		380034
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MELZER & ASSOCIATES, CPA'S, PC (2) EIN: 27-1232668

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	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 the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this 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 have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		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 ☐ **Yes** ☒ **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(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(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 section 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.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
BLS LIMOUSINE SERVICE OF NEW YORK, INC.

D Employer Identification Number (EIN)
11-2641776

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 **1** 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):

EIN(s): 11-2641776

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** 10

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

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. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** 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 left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 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 "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

BLS LIMOUSINE SERVICE OF NEW YORK, INC.
SALARY DEFERRAL PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
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M E L Z E R

& Associates, CPA's, P.C.

INDEPENDENT AUDITORS' REPORT

To the Trustees
BLS Limousine Service of New York, Inc. Salary Deferral Plan
Astoria, New York

We have audited the accompanying statements of net assets available for benefits of BLS Limousine Service of New York, Inc. Salary Deferral Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years ended, and the supplemental schedule as of and for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of BLS Limousine Service of New York, Inc. Salary Deferral Plan as of December 31, 2010 and 2009 and the changes in its net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Melzer + Associates, CPA's, P.C.

MELZER & ASSOCIATES, CPA's, P.C.
Certified Public Accountants

New York, New York
January 5, 2012

505 Eighth Avenue | Suite 701 | New York, NY 10018
T: 212.868.4244 | F: 212.465.8861 | E: accounting@melzercpa.com

BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2010	2009
ASSETS		
Cash	$ 51,938	$ 53,159
Investments	1,830,756	1,372,175
Participants' loans	184,643	261,375
	2,067,337	1,686,709
Receivables:		
Employee contributions	2,200	2,004
Employer contributions	0	790
	2,200	2,794
TOTAL ASSETS	2,069,537	1,689,503
LIABILITIES	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,069,537	$ 1,689,503

The accompanying notes are an integral part of these financial statements.

BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31,

	2010	2009
ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments	$ 251,300	$ 218,900
Interest and dividends	14,978	21,761
	266,278	240,661
Contributions:		
Participants	182,897	131,283
Employer	0	19,630
	182,897	150,913
TOTAL ADDITIONS	449,175	391,574
DEDUCTIONS:		
Benefits paid to participants	68,539	187,911
Administrative expenses	602	383
TOTAL DEDUCTIONS	69,141	188,294
NET INCREASE	380,034	203,280
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	1,689,503	1,486,223
End of year	$ 2,069,537	$ 1,689,503

The accompanying notes are an integral part of these financial statements.

BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the BLS Limousine Service of New York, Inc. Salary Deferral Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General The Plan, which was begun February 1, 2001, is a 401(k) Plan covering all eligible employees of BLS Limousine Service of New York, Inc., BLS Limousine Service of Los Angeles, Inc., BLS USA, Inc., and BLS Limousine Service of Las Vegas, Inc. (the "Companies") who have one year of service. The custodians of the Plan are Morgan Stanley, Citigroup/Smith Barney, and Nationwide Financial Services, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions For 2010, participants may contribute up to 15% of pretax annual compensation, as defined in the Plan. Until October 2008, the Company matched up to 100% of each employee's contribution that does not exceed 3% of compensation, plus 50% of each employee's contribution that exceeds 3% but is less than 5% of compensation. Subsequently, the Company ceased matching employee contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Contributions are subject to certain Internal Revenue Code limitations.

Participant Accounts Each participant's account is credited with the participant's contribution, the Company's matching contribution, and Plan earnings, and charged with an allocation of Plan losses and administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments Participants direct the investment of their contributions into various investment options offered by the Plan.

Vesting Participants are vested immediately in their contributions plus actual earnings thereon. The Company's contribution portion of their accounts also vests immediately.

Participant Loans Participants may borrow from their accounts up to a maximum of $50,000 or 50 percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at the then local prevailing rates, ranging from 4.0% to 9.250%. Principal and interest are paid ratably through payroll deductions.

See independent auditors' report.

NOTE 1 – DESCRIPTION OF THE PLAN – (Continued)

Payment of Benefits Benefits start on a participant's normal retirement date if the participant is no longer an employee and has a vested account under the Plan. The participant may choose to have benefits paid on this date even if the participant is still an active employee.

Normal retirement means the first day of the month on or after the participant reaches age 65.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

Investment Valuation and Income Recognition The Plan's investments are stated at fair value. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Expenses Administrative expenses of the Plan are paid by either the Plan or the Plan's Sponsor, as provided in the Plan Document.

Payment of Benefits Benefit payments to participants are recorded when paid.

See independent auditors' report.

NOTE 3 – INVESTMENTS

The following presents investments that represent 5 percent or more of the Plan's net assets at December 31,

	2010	2009
Nationwide Mny Mkt Inst	$ 543,226	$ 191,393
Berkshire Hathaway Inc CL B	226,340	371,318

During 2010, the Plan's mutual fund investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $251,300.

Investments include $51,938 and $53,159 of cash at December 31, 2010 and 2009, respectively.

NOTE 4 – RELATED PARTY TRANSACTIONS

Plan investments are managed by Nationwide Financial Services Inc., one of the custodians as defined by the Plan and, therefore, the transactions qualify as party-in-interest transactions.

NOTE 5 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will receive all amounts in their accounts.

NOTE 6 – FEDERAL INCOME TAX STATUS

The Plan sponsor received a favorable Internal Revenue Service opinion letter dated January 28, 2004. The Plan Administrator believes that the Plan is currently designed in accordance with applicable sections of the Internal Revenue Code. Accordingly, no provision for income taxes has been included in the financial statements.

See independent auditors' report.

SUPPLEMENTAL INFORMATION

BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
FORM 5500 SCHEDULE H, PART IV (4i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT YEAR END
DECEMBER 31, 2010

	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	**Current Value
	3M Company	Common Stock	$ 2,071
	A T & T Inc	Common Stock	2,997
	Amazon Com Inc	Common Stock	2,700
	American Century Small Company Fund - AC	Mutual Funds	9,388
	American Tower Corp - Class A	Common Stock	7,178
	AmFds Gr Fd Am R3	Mutual Funds	46,851
	Amgen Inc	Common Stock	2,635
	Anadarko Petroleum Corp	Common Stock	533
	Apache Corp	Common Stock	596
*	Apple Inc	Common Stock	17,418
	Archer-Daniels-Midland Co	Common Stock	602
	Avon Products Inc	Common Stock	3,226
	Baidu Inc Spon ADR RPTNG Ord Shs Cl A	Common Stock	1,738
	Bank New York Mellon Corp	Common Stock	1,148
	Bank of America Corp	Common Stock	707
	Baron Growth Fund	Mutual Funds	25,333
	Barrick Gold Corp Cad	Common Stock	638
	Baxter Intl Inc	Common Stock	3,695
	Bed Bath & Beyond	Common Stock	2,458
	Berkshire Hathaway Inc Cl B	Common Stock	543,226
*	Biogen Idec Inc	Common Stock	1,274
	Boeing Co	Common Stock	2,088
	Broadcom Corp Cl A	Common Stock	1,829
	C I G NA Corp	Common Stock	513
	Capital One Finl Corp	Common Stock	1,447
	Canadian Natl Railway Co	Common Stock	332
	Carnival Corp (Paired Stock)	Common Stock	692
	Caterpillar Inc	Common Stock	1,124
	Chevron Corp	Common Stock	2,190
	Cisco Sys Inc	Common Stock	5,078
	Citigroup Inc	Common Stock	65,747
	Cliffs Natural Resources	Common Stock	624
	CME Group Inc Class A	Common Stock	4,827
	Coca Cola Co	Common Stock	2,170
	Colgate Palmolive Co	Common Stock	563
	Comcast Corp - Cl A	Common Stock	1,033
	Corning Inc	Common Stock	638
	Costco Wholesale Corp New	Common Stock	5,055
	Covidien PLC Dublin-USD	Common Stock	594
	Crown Castle International	Common Stock	3,682
	Danaher Corp DE	Common Stock	2,170
	Deere & Co	Common Stock	1,412
	Delaware Ext Duration Bond Fund - A	Mutual Funds	21,954
	Delta Air Lines Inc (New)	Common Stock	1,235
	Devon Energy Corp New	Common Stock	471
	Directv Cl A	Common Stock	3,753
	Dow Chemical Co	Common Stock	3,653
	E I Du Pont De Nemours & Co	Common Stock	4,190

See independent auditors' report.

BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
FORM 5500 SCHEDULE H, PART IV (4i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT YEAR END
DECEMBER 31, 2010

	Eagle Series Tr Md Cap Stk A	Mutual Funds	1,697
	Eaton Corp	Common Stock	1,320
*	Ecolab Inc	Common Stock	1,866
	El Paso Corp	Common Stock	633
	EMC Corp Mass	Common Stock	618
*	Emerson Electric Co	Common Stock	286
	Equinox Inc	Common Stock	1,381
	Express Scripts Inc Common	Common Stock	4,162
	Exxon Mobil	Common Stock	1,755
	Fidelity Advisors Freedom 2010 Fund - A	Mutual Funds	7,074
	Fidelity Advisors Freedom 2015 Fund - A	Mutual Funds	13,386
	Fidelity Advisors Freedom 2020 Fund - A	Mutual Funds	37,970
*	Fidelity Advisors Freedom 2025 Fund - A	Mutual Funds	52,378
*	Fidelity Advisors Freedom 2030 Fund - A	Mutual Funds	65,642
*	Fidelity Advisors Freedom 2035 Fund - A	Mutual Funds	12,197
*	Fidelity Advisors Freedom 2040 Fund - A	Mutual Funds	5,271
*	Fidelty Advisors Freedom Income Fund - A	Mutual Funds	1,047
*	Ford Motor Company	Common Stock	17,881
*	Franklin Templeton Foreign Fund CL A	Mutual Funds	14,027
*	Freeport McMoran Copper & Gold CL B	Common Stock	4,443
	General Electric Co	Common Stock	476
	Gilead Sciences Inc	Common Stock	1,812
	Goldman Sachs Group Inc	Common Stock	7,063
	Google Inc Class A	Common Stock	11,285
	Halliburton Co Holdings Co	Common Stock	6,316
	Hertz Global Holdings Inc	Common Stock	1,463
	Hess Corp	Common Stock	612
	Hewlett Packard Co	Common Stock	2,526
	HSN Inc	Common Stock	1,257
	Hyatt Hotels Corp CL A	Common Stock	641
	Intel Corp	Common Stock	442
*	Intl Business Machines Corp	Common Stock	5,283
	Invesco VK Comstk A	Mutual Funds	18,729
	Invesco VK Eq Income A	Mutual Funds	10,858
	Invesco VK Global Franchise A	Mutual Funds	5,811
	International Paper Co	Common Stock	735
	Johnson & Johnson	Common Stock	4,762
	JP Mid Cap Value Fund- A	Mutual Funds	21,102
	JP Morgan Chase & Co	Common Stock	5,769
	Keycorp New	Common Stock	743
	Kraft Foods Inc - Class A	Common Stock	1,323
	Kroger Co	Common Stock	805
*	Las Vegas Sands Corp	Common Stock	2,527
	Lowes Companies Inc	Common Stock	4,765
	Lord Abbett Growth Opportunity Fund - A	Mutual Funds	5,363
	M & T BK Corp	Common Stock	522
	Marathon Oil Corp	Common Stock	778
	Marriott Intl Inc New CL A	Common Stock	914
*	Mastercard Inc	Common Stock	3,362
	McDonalds Corp	Common Stock	4,682
	Merck & Co Inc	Common Stock	5,262

See independent auditors' report

BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
FORM 5500 SCHEDULE H, PART IV (4i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT YEAR END
DECEMBER 31, 2010

	Metlife Inc	Common Stock	3,155
	Microsoft Corp	Common Stock	4,856
	Morgan Stanley	Common Stock	2,911
	Mosaic Company	Common Stock	687
	Nationwide Money Market Instruments Fund	Mutual Funds	226,340
	Nationwide S & P 500 Index sc	Mutual Funds	19,207
	Netapp Inc	Common Stock	4,177
	Newmont Minim Corp	Common Stock	614
	Nextera Energy Inc	Common Stock	260
	Nike Inc CL B	Common Stock	3,588
	Northern Trust Corp	Common Stock	2,937
*	Occidental Petroleum Corp-Del	Common Stock	5,494
*	Omnicom Group Inc	Common Stock	733
	Oracle Corp	Common Stock	10,986
	P G & E Corporation	Common Stock	335
	Peabody Energy Corp	Common Stock	4,799
	Peoples United Fincl Inc	Common Stock	1,079
	Pepsico Inc	Common Stock	6,598
*	Pfizer Inc	Common Stock	840
	Philip Morris Intl Inc	Common Stock	2,634
	Pioneer Strategic Income Fund - A	Mutual Funds	58,012
	PNC Financial Services Group	Common Stock	729
	PPL Corp	Common Stock	211
	Praxair Inc	Common Stock	2,673
	Precision Castparts Corp	Common Stock	2,227
*	Proctor & Gamble Co	Common Stock	3,988
	Progress Energy Inc	Common Stock	391
	Prudential Financial Inc	Common Stock	822
	Qual Comm Inc	Common Stock	7,176
	Raytheon Company New	Common Stock	1,529
	RdgWrth SmCap Val Eq I	Mutual Funds	26,292
	Red Hat Inc	Common Stock	2,602
	Regions Financial Corp (New)	Mutual Funds	413
	Salesforce.com Inc	Common Stock	1,584
*	Schlumberger Ltd	Common Stock	12,692
	Schwab Charles Corp	Common Stock	2,207
	Southwestern Energy Co Del	Common Stock	3,219
	Staples Inc	Common Stock	4,440
*	Starwood Hotels & Resorts Worldwide Inc New	Common Stock	1,580
	State Street Corp	Common Stock	602
	St. Jude Medical Inc	Common Stock	3,719
	Suncor Energy Inc	Common Stock	536
	SunTrust Banks Inc	Common Stock	1,535
	Target Corp	Common Stock	5,833
*	Teva Pharmaceutical Inds Ltd ADR	Common Stock	4,014
*	Texas Instruments	Common Stock	748
	Thermo Fisher Scientific Inc	Common Stock	3,322
*	Thornberg International Value Fund I	Mutual Funds	71,896
*	Time Warner Cable Inc	Common Stock	330
	Union Pacific Corp	Common Stock	3,984
*	United Health Group Inc	Common Stock	1,264

See independent auditors' report.

BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
FORM 5500 SCHEDULE H, PART IV (4i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT YEAR END
DECEMBER 31, 2010

United Parcel Service CL B	Common Stock	4,137
United States Steel Corp	Common Stock	643
United Technologies Corp	Common Stock	3,621
Vale S A Spon Adr	Common Stock	1,729
Valero Energy Corp New	Common Stock	509
Van Eck Glbl Hard Assets A	Mutual Funds	51,537
Verizon Communications	Common Stock	680
Viacom Inc New Class B	Common Stock	2,258
Victory Portfolio Dividend Stock Fund - A	Mutual Funds	18,935
Visa Inc Com CL A	Common Stock	1,267
Walt Disney Co	Common Stock	2,738
Wells Fargo & Co New	Common Stock	4,803
Western Union Company (the)	Common Stock	2,043
Xilinx Inc	Common Stock	3,738
Zions Bancorp	Common Stock	824
Cash	Money Market	51,938
BLS Limousine service of New York, Inc Salary Deferral Plan	Participant Loans	184,643
		$ 2,067,337

* Represents party-in-interest.

See independent auditors' report.