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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Com	plete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.		•		
Pa	art I Annual Report Identifica	tion Information							
For	calendar plan year 2011 or fiscal plan yea	r beginning 01/01/201	11	and ending 1	2/31/2	2011			
Α	This return/report is for:	report is for:							
	This return/report is:	eturn/report							
_	' H	nded return/report	1	an year return/report (less than 12 mo	nnths)				
_	片	• • •	511(110)	DFVC progra	m				
C		_	1	extension		DFVC plogla	111		
_		extension (enter description	,						
Pa	art II Basic Plan Information—	enter all requested inform	nation		1				
	Name of plan				1b	Three-digit			
VAN	BORTEL MOTOR CAR, INC. 401(K) PRO	FIT SHARING PLAN				plan number	001		
					10	(PN) Feffective date of			
					10	01/01			
2a	Plan sponsor's name and address; includ	e room or suite number (e	employer if	for a single-employer plan)	2h	Employer Identif			
	BORTEL MOTOR CAR, INC.	o room or ballo frambor (c	omployer, ii	Tor a single employer plany	20		68966	71	
					2c	Sponsor's telep	hone number		
6227	STATE ROUTE 96					585-924			
	OR, NY 14564-1452				2d	Business code (see instruction	າຣ)	
						44111		,	
	Plan administrator's name and address (in			,	3b	Administrator's I			
VAN	BORTEL MOTOR CAR, INC.	6327 STATE VICTOR, NY			0 -		68966		
		7.0.01,11		-	3C	Administrator's t		ber	
4	If the name and/or EIN of the plan sponsor	or has changed since the	last return/	report filed for this plan, enter the	4b EIN				
-	name, EIN, and the plan number from the			repert med for and plant, erner and		LIIV			
a	Sponsor's name				4c	PN			
5a	Total number of participants at the begins		5a			86			
b	Total number of participants at the end of	the plan year			5b			83	
С	Number of participants with account bala	nces as of the end of the	plan year (defined benefit plans do not					
	complete this item)				5c			53	
6a	Were all of the plan's assets during the p	olan year invested in eligib	ole assets?	(See instructions.)			X Yes	No	
b	3						X Yes	No	
	under 29 CFR 2520.104-46? (See instructional figure of the second of the			•			A 103	110	
Pa	art III Financial Information	b, the plan cannot use i	01111 3300-	or and mast mistead use i orm 550					
7	Plan Assets and Liabilities			(a) Barinning of Year		(b) End	of Voca		
-			7-	(a) Beginning of Year		(b) End	1817177		
a	•			101000					
b	Total plan liabilities			1616685			1817177		
<u>C</u>	Net plan assets (subtract line 7b from line		. 7с						
8	Income, Expenses, and Transfers for this			(a) Amount		(b) T	otal		
а	Contributions received or receivable from (1) Employers		8a(1)	20511					
	(2) Participants		` '	189370					
	(3) Others (including rollovers)			9987					
b	, , , , , , , , , , , , , , , , , , , ,			5137					
	Total income (add lines 8a(1), 8a(2), 8a(3)			3.3.			225005		
c d	Benefits paid (including direct rollovers a		8c						
u	to provide benefits)		8d	12966					
е	Certain deemed and/or corrective distribu								
f	Administrative service providers (salaries			11547					
g	Other expenses	,							
h	·						24513		
;	Net income (loss) (subtract line 8h from li	•					200492		
i	Transfers to (from) the plan (see instructi	,							
	Transiers to (noin) the plan (see instructi	ono,	· 8j						

Form	5500-	SF	201

Page 2 -	1	
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Dart IV	Dlan	Charac	teristics
Part IV	Plan	L.narac	Teristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

2014	V Compliance Questions							
art	•		V	N				
10	During the plan year:		Yes	No		Amoun	t	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (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	104						
	, , , , , , , , , , , , , , , , , , , ,	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ				300	0000
	F							
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			X				
	instructions.)	10e						
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				40	0237
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							
		10i						
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Пу	es X	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					+	es X	No
12		UI SE	CHOIT	002 UI L	INIOA!	□ ''	00 🔼	110
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 instruct	tions	and e	nter th	e date of th	e letter	rulina	
_	granting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
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				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o			12d				
	negative amount)			124				
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							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u		the co	ntrol				
	of the PBGC?					Y	es 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.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) EII	N(s)	13c	(3) PN	1(s)
						1		
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ıse is	establi	shed.			
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r							

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	07/05/2012	RHONDA ANTINARELLA					
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

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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 flied under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 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

2011

This Form is Open to Public Inspection

		Identification Information								
For	calendar plan year 2011 or f	iscal plan year beginning	01/01/2	2011	and ending		12/31/201	1		
Α	This return/report is for:	🛚 a single-employer plan	a multiple	e-employ	er plan (not multiemployer)		a one-particip	ant plan		
В	This return/report is:	the first return/report	the final		_					
	•	eturn/report (less than 12 m	onths	•						
C	C Check box if filling under:							m		
Ū	Onoth tox it ming andon.	special extension (enter descrip	_				DFVC progra	•••		
Гъ	art II Basic Plan Info	ormation—enter all requested infor								
	Name of plan	Miliation—enter all reducated line	manon			1h	Three-digit			
ıa		CAR, INC. 401(k) PROFI	T SHART	NG		12	plan number			
				(PN) ▶ 001						
	PLAN		10	Effective date of						
							01/01/1997			
	Plan sponsor's name and ac VAN BORTEL MOTOR	ddress; include room or suite number	(employer, i	t tor a sir	igle-employer plan)	2b	Employer Identia (EIN) 16-136			
	VAN BONIER HOTOK	CAR, INC.				2-	' ' '			
							Sponsor's telep (585) 924-			
	6327 STATE ROUTE	96				2d	Business code (
	VICTOR				NY 14564-1452		441110	,		
3a		nd address (if same as plan sponsor,	enter "Samo	e")		3b	Administrator's I	EIN		
	SAME									
							3c Administrator's telephone number (585) 924-5230			
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					4b	EIN			
		mber from the last return/report.		·	,					
	Sponsor's name					4c	PN			
5a	Total number of participants at the beginning of the plan year						a 8			
b		at the end of the plan year				5b	-	83		
С		account balances as of the end of the			T	5c	ł	53		
		s during the plan year invested in elig						X Yes No		
b		is during the plan year invested in eng of the annual examination and report o								
-	under 29 CFR 2520.104-46	? (See instructions on waiver eligibility	y and condit	ions.)		,		⊠ Yes ∐ No		
		ither 6a or 6b, the plan cannot use	Form 5500-	SF and	must instead use Form 550)O.				
	rt ill Financial Infor	mation	1	T		_				
7	Plan Assets and Liabilities		· ·		(a) Beginning of Year	<u>-</u>	(b) End			
a				<u> </u>	1,616,68	<u> </u>		1,817,177		
þ	•			 	1 616 60	_ 				
<u>c</u>	· · · · · · · · · · · · · · · · · · ·	e 7b from line 7a)	7c		1,616,68	7		1,817,177		
8	Income, Expenses, and Tra		84 T 87,777		(a) Amount	1.0	(b) T	Layo		
а	Contributions received or re (1) Employers	ceivable from:	8a(1)		20,51	1.		i kitorik debutak bipat Konstilli di Tiroda bibi		
					189,37	0				
	• •	ers)			9,98	7				
b					5,13	8				
C		1), 8a(2), 8a(3), and 8b)		93.34			· · ·	225,006		
ď	•	ct rollovers and insurance premiums				70				
	to provide benefits)		8d	 	12,96	7				
е		ective distributions (see instructions).				_[
f	Administrative service provi	ders (salaries, fees, commissions)	8f	ļ	11,54	7				
g	Other expenses		8g		The Business and the second of the Commence of	17.7	eg eteğ Pieğ Pieğ .	toppulper ()		
h		d, 8e, 8f, and 8g)		多数类数		5		24,514		
ł	Net income (loss) (subtract	line 8h from line 8c)	8i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				200,492		
j	Transfers to (from) the plan	(see instructions)	8j	1						

	Form 5500-SF 2011 Page 2 ~							
3 4 25								
Pai 9a	If the plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	ctorio	tic Cr	dae ir	the instruc	tiono	.	_
Ju	2E 2G 2J 2K 3D	Clens	MIC CL	iues ir	r the mstruc	uons:		
þ	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	teristi	ic Cod	les in	the instructi	ons:		
Parl	V Compliance Questions							
10	During the plan year:		Yes	No		Amou	nt	
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		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	Х				300,	000
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		Х		7		
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			х				
	Line the classification may be a set to see the classification of	10e		 	-			
f	F	10f		Х				
g	·	10g	X			1 4 10 10	40,	237
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	1 0 h		Х			ai i Ai 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								
Part	VI Pension Funding Compliance							
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				•	Y	es X	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	orse	ction 3	302 of	ERISA?	Y	es X	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 instruct granting the waiverMonti							
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year		-	12b				
C	Enter the amount contributed by the employer to the plan for this plan year		L	12c	<u></u>			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)		[_	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
Part	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		,		res X No)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	За			•		
Ь	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?					Пу	es X	No.
c	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.)							
1	c(1) Name of plan(s):	13c(2) EIN(s) 13c(3			(3) PN	(s)		
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cau	se is	establ	lished.			
SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/rescribed and signed by an enrolled actuary, as well as the electronic version of this return/resit is true_correct, and pemplete.	n/rep eport,	ort, in and t	cludin o the l	g, if applica best of my k	ble, a S nowled	Schedul Ige and	e

SIGN HANGE UNIQUE | U/35/12 | Rhonda Antinarella |
HERE Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor