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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Р		lance witl	the instructions to the Form 5500)-SF.		•		
Pá	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	011			
Α.	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan		
		eturn/report	L					
Ь			·					
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)	_			
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m		
	special extension (enter description	n)						
Ps	urt II Basic Plan Information—enter all requested informa	tion						
	<u> </u>	illori		1h	Three digit			
	Name of plan Y S AUTO & TRUCK REPAIR, LTD. PROFIT SHARING PLAN				Three-digit plan number			
OAK	3 AUTO & TROOK RELAIR, ETD. TROITT SHARINGT EAR				(PN) ▶	001		
					Effective date of			
					01/01			
2a	Plan sponsor's name and address; include room or suite number (en	nnlover if	for a single-employer plan)	2h	Employer Identi			
	Y S AUTO & TRUCK REPAIR, LTD.	iipioyoi, ii	Tor a single employer plan,			20856		
					Sponsor's telep	hana numbar		
				20	518-869			
	POLLO DRIVE NY, NY 12205		ľ	2d	Business code (-1	
ALDA	141, 141 12200			Zu	81111		"	
32	Dian administrator's name and address (if some as plan approx	tor "Come	"\	2h	Administrator's I			
	Plan administrator's name and address (if same as plan sponsor, en / S AUTO & TRUCK REPAIR, LTD. 8A APOLLO D)	30		20856		
	ALBANY, NY			3c	Administrator's t	elephone numb	er	
					518-869			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	eport filed for this plan, enter the	4b EIN				
	name, EIN, and the plan number from the last return/report.		, ,					
а	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	5a			
b	Total number of participants at the end of the plan year			5b	5h			
С	Number of participants with account balances as of the end of the pl		-	0.0				
·	complete this item)	• (·	5c			1	
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No	
b	, , , ,		'					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes	No	
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	0.				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	7a	473208		` ,	467856		
h	Total plan liabilities	7b	0			0		
•			473208			467856		
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		-				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	otal		
а	Contributions received or receivable from:	0-/4\	0					
	(1) Employers	8a(1)	0					
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	8b	3813					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				3813		
d	Benefits paid (including direct rollovers and insurance premiums		***					
	to provide benefits)	8d	9165					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0					
f	Administrative service providers (salaries, fees, commissions)	8f	0					
g	Other expenses	8g	0					
	·	8h				9165		
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)					-5352		
ı	Net income (loss) (subtract line 8h from line 8c)	8i				-0352		
J	Transfers to (from) the plan (see instructions)	8j	0					

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

Part	V Compliance Questions								
10	During the plan year:		Yes	No		Amo	unt		
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					1000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Yes	ΧI	No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions	, and e	nter the	e date of	the le	ter ruli	ப ng	No -
-	Enter the minimum required contribution for this plan year		Г	12b					
	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 negative amount)	of a		12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		lo	N/	Ά
Part				<u>_</u>			<u> </u>		
	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								
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol			Yes	ΧI	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					_	
1	3c(1) Name of plan(s):		130	(2) EII	ار ه)		13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonak	ole cau	ıse is	establi	ished.				
Unde	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret	urn/re _l	port, in	cluding	g, if applic				

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/11/2012	GARY HICKOK
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/11/2012	GARY HICKOK
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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Par	t IV Plan	Characteristics								,
9a	a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
b	D if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
N	n me bian broate	es wellare benefits, enter the applicable welfare	feature codes from the	List of Plan Character	ristic C	odes i	in the	Instruction	ns:	
Par		ance Questions		<u> </u>	-					
10				-						
a	During the plan Was there a fai					Yes	No		Amount	
	29 CFR 2510.3	liure to transmit to the plan any participant control 102? (See Instructions and DOL's Voluntary Flands and DOL's Voluntary Fland	ibutions within the time p	period described in	10a		x			
b	Were there any	nonexempt transactions with any party-in-interest	est? (Do not include tran	am)	100			-		
					10b		Х			
d	Did the clan ba	overed by a fidelity bond?			10c	x				100,000
-	or dishonesty?	ve a loss, whether or not reimbursed by the plan	n's fidelity hand, that was	caused by traud			х			
6	Were any fees	or commisions hald to any brokers egents	At-		10d		^	-		
			all of the benefits under	the nlang /Con						
	,				10e		X			
f	Has the plan fal	lled to provide any benefit when due under the p	man?		101		x			
g	Old the plan hav	ve any participant loans? (If "Yes," enter amount	as of year end.)		100		x			**************************************
h	if uns is an indiv	noual account plan, was there a blackout period	2 (See Instructions and	10.000	108		*******			
i	II TUR Was answ	wered "Yes," check the box if you either provided			10h		х		- 3	
10		The same round applied under 29 CFR 2520.1	101-3 ,	ne or the	101			1.		
11	VITERISION	runding Compliance					***************************************	and the state of t	A CONTRACTOR OF THE PARTY OF TH	
	5500))	benefit plan subject to minimum funding require	ements? (If "Yes," see in	structions and comple	ele Sch	redule	SB (Form	p	
12	19 HAR & GRIMING	contribution plan subject to the minimum funding	o reculicaments of section	n 412 of the Code or	1 1	000		15.5		s X No
	(If "Yes," comple	ele 12a or 12b, 12c, 12d, and 12e below, as app	licable.)	in 412 of the Godd of	SCCTION	1 302	Of LIK	ISA? .	Yes	8 X No
a	If a waiver of the	minimum funding standard for a order war to be	·	n vear see Instruction	ne an	d anta	e dha e	data at the	4-14	
tf v	granting the wait	ver		Mont	th	1 GING	Day	late of the	Year	g
b			le MB (Form 5500), and	skin to line 13						
c	Enter the amoun	um required contribution for this plan year				1	126			
		n contributed by the employer to the plan for this cunt in line 12c from the amount in line 12b. Ent	plan year ,			1	2c			
		, , , , , , , , , , , , , , , , , , , ,				1	2d			
6	Will the minimum	funding amount reported on line 12d be met b	y the funding deadline?					Yes	No	□N/A
Part '	VII Plan Te	rminations and Transfers of Asse	ts		~~~~		,	hamad 7 - Co	tmm/110	
13a	Has a resolution	to terminate the plan been adopted in any plan	voor?					Marie Ma	Tivas	X No
	If "Yes," enter the	amount of any plan assets that reverted to the	employer this year .			1	2-	4 1 1	,	(X)NO
b	Were all the plan	assets distributed to participants or beneficiarie	s, transferred to another	plan, or brought unde	er the	control	30			
									. Tyes	X No
	which assets or II	year, any assets or liabilities were transferred fi abilities were transferred. (See instructions.)	rom this plan to another i	plan(s), identify the plant	an(s) t	0				
13	c(1) Name of pla	n(s):				42-4	2) EII	1/>		
						130	2) (3)	v(s)	130(3)) PN(s)
							-			-
Caution	: A penalty for ti	no late or incomplete dillegation								m/div
Inder o	enalties of nedun	he late or incomplete filing of this return/repo	ort will be assessed uni	less reasonable cau	so is e	stabil	ished			
Bors	chedule MB comp	y and other penalties set forth in the instructions pleted and signed by an enrolled actuary, as we nd complete.	. I declare that I have ex If as the electronic version	amined this return/rep	ort, In	cluding	g, if a	pplicable,	a Schedule	1
elief, II	is true, correct, a	nd complete.		or and folding port	and t	o me t	nest o	iny know	neage and	
SIGN	1	et thechur	7512	Gary Hickok						
HERE	Signature of p	lan administrator	Date	Enter name of Indivi	dual «	igning	as ni	an admini	etrator	
SIGN		long with	75/2	CARY A	100	W	7	with and still the	on alui	
HERE	Signature of e	mployer/plan sponsor	Date	Enter come at the state	alexant of		<u></u>			
				Enter name of indivi	uudi si	gning	as en	apiover or	plan spons	NOC.