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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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;
- [ ] special extension (enter description)

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, including room or suite number (Employer, if for single-employer plan)

BLS LIMOUSINE SERVICE OF NEW YORK, INC.

18-20 STEINWAY STREET
ASTORIA, NY 11105

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.	10/17/2013	KEVIN HORNIK
	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
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
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**	169
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**	162
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	17
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	179
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	179
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	74
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)		0	**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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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 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)

(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 ☐

(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 ☐

(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 ☐

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)

(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 ☐

(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 ☐

(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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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	223	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	2200	2385
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	51715	65090
(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)	995908	956333
(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)	184643	205922
(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)	834848	758827
(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	2069537	1988557
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	2069537	1988557

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)	233518	
(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)		233518
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	65	
(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)	7936	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8001
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	9746	
(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)		9746
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	7065	
(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)		7065

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-128386	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-128386
(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)		-36320
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		93624
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	156335	
(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)		156335
f Corrective distributions (see instructions)	2f		5360
g Certain deemed distributions of participant loans (see instructions)	2g		3251
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)	9658	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9658
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		174604
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-80980
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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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**

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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): _____

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, 2011 AND 2010

BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
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MELZER
& 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, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements 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, 2011 and 2010 and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

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

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplementary schedule on pages 8 through 12 is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The supplementary information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Melzer & Associates, CPAs, P.C.

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

New York, New York
May 17, 2013

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

	2011	2010
ASSETS		
Cash	$ 65,090	$ 51,938
Investments	1,715,160	1,830,756
Participants' loans	205,922	184,643
	1,986,172	2,067,337
Receivables:		
Employee contributions	2,385	2,200
TOTAL ASSETS	1,988,557	2,069,537
LIABILITIES	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,988,557	$ 2,069,537

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,

	2011	2010
ADDITIONS:		
Investment income:		
Net (depreciation) appreciation in fair value of investments	$ (157,641)	$ 251,300
Interest and dividends	17,747	14,978
	(139,894)	266,278
Contributions:		
Participants	233,518	182,897
TOTAL ADDITIONS	93,624	449,175
DEDUCTIONS:		
Benefits paid to participants	164,946	68,539
Administrative expenses	9,658	602
TOTAL DEDUCTIONS	174,604	69,141
NET (DECREASE) INCREASE	(80,980)	380,034
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	2,069,537	1,689,503
End of year	$1,988,557	$2,069,537

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, 2011 AND 2010

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. ("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 2011, 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.

BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

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 after the participant reaches age 67.

Subsequent Events Management has evaluated events and transactions through May 17, 2013, the date at which the financial statements were available to be issued, noting no events which affect the financial statements as of December 31, 2012.

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.

BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

NOTE 3 – INVESTMENTS

The following presents investments that represent 5 percent or more of the Plan's net assets at December 31, 2011 and 2010:

	2011	2010
Nationwide Mny Mkt Inst	$ 230,001	$ 543,226
Berkshire Hathaway Inc CL B	408,968	226,340
Apple, Inc	165,644	0

During 2011, the Plan's mutual fund investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $155,663.

NOTE 4 – 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 5 – 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.

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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ___

B This return/report is: ☐ the first return/report; ☐ the final return/report; ☒ 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: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

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, including room or suite number (Employer, if for single-employer plan)
BLS LIMOUSINE SERVICE OF NEW YORK, INC.

18-20 STEINWAY STREET

ASTORIA NY 11105

2b Employer Identification Number (EIN) 11-2641776

2c Sponsor's telephone number 800-843-8752

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	✓	12/17/13	KEVIN HORNIK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	✓	12/17/13	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

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	169
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	162
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	17
d Subtotal. Add lines 6a, 6b, and 6c	6d	179
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	179
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	74
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)	☒	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)	☒	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)	☒	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)	☒	H (Financial Information)
(2)	☐	I (Financial Information – Small Plan)
(3)	☐	A (Insurance Information)
(4)	☒	C (Service Provider Information)
(5)	☐	D (DFE/Participating Plan Information)
(6)	☐	G (Financial Transaction Schedules)

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, 2011

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Current Value
A T & T Inc	Common Stock	$ 1,724
Abbott Laboratories	Common Stock	3,374
Adobe Systems Inc	Common Stock	283
Allergan Inc	Common Stock	2,457
Amazon Com Inc	Common Stock	5,020
America Movil S A B DE	Common Stock	1,062
American Century Small Company Fund - AC	Mutual Funds	6,458
American Express Co	Common Stock	5,943
American Tower Corp - Class A	Common Stock	8,041
AmFds Cr Fd Am R3	Mutual Funds	43,496
Amphenol Corp - Class A	Common Stock	2,769
Anadarko Petroleum Corp	Common Stock	840
Anglo American PLC ADR	Common Stock	472
Anhui Conch Cement	Common Stock	701
Antofagasta P L C - ADR	Common Stock	636
Apache Corp	Common Stock	543
Apple Inc	Common Stock	165,644
Archer-Daniels-Midland Co	Common Stock	372
Arcos Dorados Holdings Inc	Common Stock	534
Avon Products Inc	Common Stock	1,922
Baidu Inc Spon ADR RPTNG Ord Shs CL A	Common Stock	1,747
Banco Bradesco Spons ADR	Common Stock	734
Banco Santander - Chile - CLP ADR	Common Stock	227
Bank of America Corp	Common Stock	456
Baron Growth Fund	Mutual Funds	28,041
Barrick Gold Corp Cad	Common Stock	407
Baxter Intl Inc	Common Stock	1,583
Berkshire Hathaway Inc CL B	Common Stock	408,968
Boeing Co	Common Stock	2,054
Bristol Myers Squibb Co	Common Stock	670
C I G NA Corp	Common Stock	588
Cameron International Corp	Common Stock	1,771
Capital One Finl Corp	Common Stock	3,256
Carnival Corp (Paired Stock)	Common Stock	359
Caterpillar Inc	Common Stock	997
CBRE Group Inc	Common Stock	2,131
Chevron Corp	Common Stock	2,128
China Constr Bk Corp	Common Stock	1,979
China Shenhua Energy Co LTD	Common Stock	688
Cisco Sys Inc	Common Stock	1,700
Citigroup Inc	Common Stock	12,629
Cliffs Natural Resources	Common Stock	499
CME Group Inc Class A	Common Stock	2,924
CNOOC LTD Spons ADR	Common Stock	1,572
Coach Inc	Common Stock	732

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, 2011

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Current Value
Coca Cola Co	Common Stock	$ 1,819
Colgate Palmolive Co	Common Stock	647
Comcast Corp - Cl A	Common Stock	616
Corning Inc	Common Stock	428
Cosan LTD - Cl A	Common Stock	855
Costco Wholesale Corp New	Common Stock	4,666
Covidien PLC Dublin-USD	Common Stock	135
Crown Castle International	Common Stock	4,077
CTRIP Com International LTD	Common Stock	959
CVS Caremark Corp	Common Stock	4,323
Danaher Corp DE	Common Stock	2,540
Delaware Ext Duration Bond Fund - A	Mutual Funds	12,455
Delta Air Lines Inc (New)	Common Stock	121
Devon Energy Corp New	Common Stock	2,790
Directv Cl A	Common Stock	3,164
Discovery Communications Inc - Ser A	Common Stock	819
Dow Chemical Co	Common Stock	920
E I Du Pont De Nemours & Co	Common Stock	1,282
Eagle Series Tr Md Cap Stk A	Mutual Funds	1,874
Eaton Corp	Common Stock	522
Ecolab Inc	Common Stock	1,445
El Paso Corp	Common Stock	1,222
EMC Corp Mass	Common Stock	2,649
Emerson Electric Co	Common Stock	3,541
Ensco PLC ADR	Common Stock	1,783
Equinox Inc	Common Stock	2,332
Express Scripts Inc Common	Common Stock	1,341
Exxon Mobil	Common Stock	5,594
Fidelity Advisors Freedom 2010 Fund - A	Mutual Funds	5,103
Fidelity Advisors Freedom 2015 Fund - A	Mutual Funds	12,313
Fidelity Advisors Freedom 2020 Fund - A	Mutual Funds	34,181
Fidelity Advisors Freedom 2025 Fund - A	Mutual Funds	53,664
Fidelity Advisors Freedom 2030 Fund - A	Mutual Funds	62,007
Fidelity Advisors Freedom 2035 Fund - A	Mutual Funds	11,883
Fidelity Advisors Freedom 2040 Fund - A	Mutual Funds	6,545
Fidelity Advisors Freedom Income Fund - A	Mutual Funds	333
Ford Motor Company	Common Stock	355
Franklin Templeton Foreign Fund Cl A	Mutual Funds	9,545
Gafisa S A Spon ADR	Common Stock	653
Gazprom OAO Spons ADR	Common Stock	1,089
General Electric Co	Common Stock	4,979
General Motors Company	Common Stock	993
Gerdau SA Spons ADR	Common Stock	726
Gilead Sciences Inc	Common Stock	2,579
Global X Brazil Consumer ETF	Common Stock	467
Global X China Financials ETF	Common Stock	447
Goldman Sachs Group Inc	Common Stock	814
Google Inc Class A	Common Stock	12,918

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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, 2011

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Current Value
Halliburton Co Holdings Co	Common Stock	$ 4,486
HDFC Bank LTD	Common Stock	946
Hertz Global Holdings Inc	Common Stock	1,008
Hess Corp	Common Stock	454
Hewlett Packard Co	Common Stock	386
Home Depot Inc	Common Stock	2,733
HSN Inc	Common Stock	1,124
Hyatt Hotels Corp CL A	Common Stock	489
Industrial & Comi Bk China	Common Stock	894
Infosys LTD Sponsored ADR	Common Stock	668
Intel Corp	Common Stock	1,819
International Paper Co	Common Stock	622
Intercontinentalexchange IncCommon Stock		844
Intl Business Machines Corp	Common Stock	4,229
Invesco VK Comstk A	Mutual Funds	17,795
Invesco VK Eq Income A	Mutual Funds	20,744
Invesco VK Global Franchise A	Mutual Funds	5,527
ITAU Unibanco Banco Hldg	Common Stock	2,561
Jiangxi Copper Co LTD Sponsored ADR	Common Stock	774
Johnson & Johnson	Common Stock	3,410
JP Mid Cap Value Fund- A	Mutual Funds	17,684
JP Morgan Chase & Co	Common Stock	5,553
KB Financial Group Inc ADR	Common Stock	1,379
Keycorp New	Common Stock	215
Kraft Foods Inc - Class A	Common Stock	1,831
Kroger Co	Common Stock	194
Las Vegas Sands Corp	Common Stock	1,496
Lord Abbett Growth Opportunity Fund - A	Mutual Funds	677
Lowes Companies Inc	Common Stock	4,112
Lukoil Oil Spons ADR	Common Stock	798
M & T BK Corp	Common Stock	76
Marathon Oil Corp	Common Stock	410
Marathon Petroleum Corp	Common Stock	233
Marriott Intl Inc New CL A	Common Stock	3,180
Mastercard Inc	Common Stock	7,084
McDonalds Corp	Common Stock	3,813
McKesson Corporation	Common Stock	234
Mechel OAO Spons ADR	Common Stock	408
Merck & Co Inc	Common Stock	2,187
Metlife Inc	Common Stock	3,461
Microsoft Corp	Common Stock	6,724
Mobile Telesystems OJSC Spon ADR	Common Stock	1,556
Monsanto Co New	Common Stock	1,191
Morgan Stanley	Common Stock	333
Mosaic Company	Common Stock	454
MTN Group LTD	Common Stock	354
Naspers LTD	Common Stock	914
National Oilwell Varco Inc	Common Stock	884

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SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT YEAR END
DECEMBER 31, 2011

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Current Value
Nationwide Money Market Instruments Fund	Mutual Funds	$ 230,100
Nationwide S & P 500 Index sc	Mutual Funds	16,138
Netapp Inc	Common Stock	2,974
News Corp Class A New	Common Stock	3,532
Nextera Energy Inc	Common Stock	304
Nike Inc CL B	Common Stock	6,457
Northern Trust Corp	Common Stock	2,697
NVIDIA Corp	Common Stock	1,261
Occidental Petroleum Corp-Del	Common Stock	1,218
Omnicom Group Inc	Common Stock	713
Oracle Corp	Common Stock	6,182
P G & E Corporation	Common Stock	289
Pacific Rubiales Energy Corp	Common Stock	678
Pepsico Inc	Common Stock	4,180
Petroleo Brasileiro SA ADR	Common Stock	1,010
Petroleo Brasileiro SA Petrobras	Common Stock	919
Pfizer Inc	Common Stock	4,198
Philip Morris Intl Inc	Common Stock	2,825
Pioneer Strategic Income Fund - A	Mutual Funds	57,015
PNC Financial Services Group	Common Stock	2,076
Posco Spon ADR	Common Stock	328
PPL Corp	Common Stock	353
Praxair Inc	Common Stock	4,276
Precision Castparts Corp	Common Stock	2,637
Proctor & Gamble Co	Common Stock	5,137
Progress Energy Inc	Common Stock	504
Prudential Financial Inc	Common Stock	802
PVH Corp	Common Stock	2,115
Qual Comm Inc	Common Stock	10,885
RdgWrth SmCap Val Eq I	Mutual Funds	7,249
Regions Financial Corp (New)	Mutual Funds	254
Rockwell Automation Inc	Common Stock	880
Sakari Resources Limited	Common Stock	394
Salesforce com Inc	Common Stock	1,522
Sberbank Sponsored ADR	Common Stock	855
Schlumberger Ltd	Common Stock	10,793
Shinhan Financial Grp Co LTD	Common Stock	1,637
Silver Standard Resources Inc	Common Stock	622
Sociedad Quimica Minera DE	Common Stock	377
Southern Co	Common Stock	787
St. Jude Medical Inc	Common Stock	2,435
Suncor Energy Inc	Common Stock	404
SunTrust Banks Inc	Common Stock	814
T Rowe Price Group Inc	Common Stock	1,253
Taiwan Semiconductor MFG Co LTD	Common Stock	1,317
Target Corp	Common Stock	307
Tencent Hldgs LTD	Common Stock	866

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DECEMBER 31, 2011

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Current Value
Teva Pharmaceutical Inds Ltd ADR	Common Stock	$ 2,543
Texas Instruments	Common Stock	1,456
Thermo Fisher Scientific Inc	Common Stock	2,249
Thornberg International Value Fund I	Mutual Funds	58,863
Time Warner Cable Inc	Common Stock	636
Travelers Companies Inc	Common Stock	473
Turkiye Garanti Bankasi A A Sponsored ADR	Common Stock	547
Union Pacific Corp	Common Stock	4,026
United Health Group Inc	Common Stock	2,889
United Parcel Service CL B	Common Stock	1,317
United States Steel Corp	Common Stock	291
United Technologies Corp	Common Stock	3,435
United Tractors Unspon ADR	Common Stock	929
Urban Outfitters Inc	Common Stock	2,232
Vale S A Spon Adr	Common Stock	1,823
Valero Energy Corp New	Common Stock	463
Van Eck Glbl Hard Assets A	Mutual Funds	34,487
Verizon Communications	Common Stock	923
Viacom Inc New Class B	Common Stock	3,951
Victory Portfolio Dividend Stock Fund - A	Mutual Funds	15,393
Walt Disney Co	Common Stock	2,400
Wellpoint Inc	Common Stock	1,855
Wells Fargo & Co New	Common Stock	2,232
Western Union Company (the)	Common Stock	1,936
Xilinx Inc	Common Stock	3,430
Yamana Gold Inc	Common Stock	808
Yanzhou Coal Mining Co LTD	Common Stock	1,061
Yum Brands Inc	Common Stock	944
Zions Bancorp	Common Stock	407
		$ 1,715,160

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