_	rm 5500-SF	Bonofit Plan					OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury mal Revenue Service	This form is required to be fil	е	2	2013						
	epartment of Labor enefits Security Administration	Retirement Income Security Act of the Intern	(a) of	s Open to Public							
Pension Be	enefit Guaranty Corporation	Complete all entries in acco	ordance with the instruc	tions to the Form 550	0-SF.		spection				
Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013											
For calend	ar plan year 2013 or fisca			v	2/31/						
A This ret	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan				
B This ret	turn/report is:	the first return/report	the final return/report								
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths	·					
C Check	box if filing under:	Form 5558	automatic extension			DFVC program					
	special extension (enter description)										
Part II	Basic Plan Inform	nation—enter all requested inform	mation								
1a Name VAN BORTE		01(K) PROFIT SHARING PLAN			1b	Three-digit plan number (PN) ▶	001				
					1c	Effective date o 01/01	•				
	ponsor's name and addre	ess; include room or suite number	(employer, if for a single-	employer plan)	2b		fication Number 68966				
	E ROUTE 96				2c	Sponsor's telep 585-924					
VICTOR, N	Y 14564-1452				2d	Business code (44111	(see instructions)				
3a Plan a	dministrator's name and	address 🗙 Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's EIN					
	 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 										
	e, EIN, and the plan numb or's name	er from the last return/report.			4c PN						
·		the beginning of the plan year			5a		94				
b Total	number of participants at	the end of the plan year			5b		97				
		count balances as of the end of the			5c		58				
		uring the plan year invested in elig					X Yes No				
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (e annual examination and report o See instructions on waiver eligibility	f an independent qualifiery and conditions.)	d public accountant (IQI	PA)		X Yes No				
-		er line 6a or line 6b, the plan can					_				
C If the	plan is a defined benefit p	blan, is it covered under the PBGC	insurance program (see	ERISA section 4021)? .		Yes No	Not determined				
Caution: A	A penalty for the late or	incomplete filing of this return/re	eport will be assessed u	unless reasonable cau	ise is	established.					
SB or Sche		r penalties set forth in the instruction signed by an enrolled actuary, as w te.									
SIGN	Filed with authorized/va	lid electronic signature.	05/22/2014	RHONDA ANTINAREL	LA						
HERE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator							
SIGN											
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individual signing as employer or plan spon							
Preparer's		ne, if applicable) and address; inclu			_		number (optional)				

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır		(b) End of Year	
a Total plan assets	7a	217494	1	2676958		
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	217494	1		2676958	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total
a Contributions received or receivable from:	8a(1)	2123	5			
(1) Employers	8a(2)	19054				
(2) Participants	8a(3)		0			
b Other income (loss)	8b	39578	-			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-			607563
d Benefits paid (including direct rollovers and insurance premiums						
to provide benefits)	8d	9428				
e Certain deemed and/or corrective distributions (see instructions)	8e		0			
f Administrative service providers (salaries, fees, commissions)	8f	1126	5			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					105546
Net income (loss) (subtract line 8h from line 8c)	8i			-		502017
J Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j		0			
b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions	eature codes	s from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
C Was the plan covered by a fidelity bond?			10c	Х		300000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benef	fits under the plan? (See	10e		x	
f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	d.)	10g	Х		138951
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х	
	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 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						3 (Form
11a Enter the unpaid minimum required contribution for current year fr	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a					
12 Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	<u> </u>	Mon		, and e	enter th Day	-
If you completed line 12a, complete lines 3, 9, and 10 of Schedule				<u> </u>	105	
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	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes 🗙 No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a Name of trust				14b Trust's EIN		

For	rm 5500-SF	Short Form Annual Return/Report of Small Employee							
	rtment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2013			
De Employee B	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1 the Internal	B(a) of	s Open to Public					
	Pension Benefit Guaranty Corporation > Complete all entries in accordance with the instructions to the Form 5500-SF.								
For calend	Annual Report Id ar plan year 2013 or fisc	Ientification Information	/01/2013	and ending		12/31/201	3		
				an (not multiemployer)		a one-particip			
	urn/report is:		ne final return/report	an (not moniempioyer)					
		an amended return/report a short plan year return/report (less than 12 months)							
C Check I	C Check box if filing under: Form 5558 automatic extension DFVC program								
Check box if ming under: Form 5556 Secial extension (enter description)									
Part II	Basic Plan Inform	nation-enter all requested informati	on						
1a Name					1b	Three-digit			
	BORTEL MOTOR CA	AR, INC. 401(k) PROFIT	SHARING			plan number (PN) ▶	001		
PLAN					1c	Effective date of			
						01/01/199	7		
	ponsor's name and addr BORTEL MOTOR CA	ess; include room or suite number (em AR, INC.	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 16-1368966			
6000					2c	Sponsor's telep (585) 924-			
VICTO	STAŢE ROUTE 96 OR		NY	14564-1452	2d	Business code (see instructions) 441110			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	3b Administrator's EIN			
3c Administrator's telephone numb					elephone number				
A If the r	anno and/or Elbi of the o	lan analog has abagad since the log	t rotum/roport filed fo	sthis also astar the	Ab	FIN			
		lan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b	EIN			
name, a Sponse	EIN, and the plan numb	per from the last return/report.		ci.	4c				
name, a Sponse 5a Total r	EIN, and the plan numb or's name number of participants at	the beginning of the plan year			4c 5a		94		
name, a Sponso 5a Total r b Total r	EIN, and the plan numb or's name number of participants at number of participants at	the beginning of the plan year			4c		94 97		
a Sponso 5a Total r b Total r C Number	EIN, and the plan numb or's name number of participants at number of participants at	the beginning of the plan year	n vear (defined bene	fit plans do pot	4c 5a 5b				
a Sponso Sa Total r b Total r c Numbi compil 6a Were b Are you under if you	EIN, and the plan number or's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year	n year (defined bene assets? (See instruc independent qualifie d conditions.) use Form 5500-SF	fit plans do not lions.) d public accountant (IQ and must instead use	4c 5a 5b 5c PA)	PN	97		
name, a Sponso 5a Total r b Total r C Numbic comple 6a Were b Are you under If you C If the p	EIN, and the plan number or's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year the beginning of the plan year the end of the plan year count balances as of the end of the plan uring the plan year invested in eligible the annual examination and report of an See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot	assets? (See instruction independent qualifie d conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)?.	4c 5a 5b 5c PA) Form	PN	97 58 X Yes No X Yes No		
A Sponso Sa Sponso Total r C Number comple 6a Were b Are you under If you C If the p Caution: A Under pena SB or Sche	EIN, and the plan number or's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year the beginning of the plan year the end of the plan year count balances as of the end of the plan turing the plan year invested in eligible the annual examination and report of an See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot plan, is it covered under the PBGC insu incomplete filing of this return/report r penalties set forth in the instructions, signed by an enrolled actuary, as well	in year (defined bena assets? (See instruc independent qualifie d conditions.) use Form 5500-SF arance program (see rt will be assessed I declare that I have	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)?. unless reasonable cau examined this return/rep	4c 5a 5b 5c PA) Form use is port, in	PN	97 58 X Yes No X Yes No Not determined able, a Schedule		
name, a Sponso 5a Total r b Total r c Number comple 6a Were b Are you under If you C If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan number or's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year the beginning of the plan year the end of the plan year count balances as of the end of the plan turing the plan year invested in eligible the annual examination and report of an See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot plan, is it covered under the PBGC insu incomplete filing of this return/report r penalties set forth in the instructions, signed by an enrolled actuary, as well	n year (defined bene assets? (See instruc independent qualifie d conditions.) use Form 5500-SF arance program (see rt will be assessed I declare that I have as the electronic vers	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)?. unless reasonable cau examined this return/rep	4c 5a 5b 5c PA) Form use is port, in , and i	PN	97 58 X Yes No X Yes No Not determined able, a Schedule		
A Sponso Sa Sponso Total r C Number comple 6a Were b Are you under If you C If the p Caution: A Under pena SB or Sche	EIN, and the plan number or's name number of participants at aumber of participants at ar of participants with ac ete this item)	the beginning of the plan year	in year (defined bena assets? (See instruc independent qualifie d conditions.) use Form 5500-SF arance program (see rt will be assessed I declare that I have	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report	4c 5a 5b 5c PA) Form use is port, in t, and l	PN	97 58 X Yes No X Yes No Not determined able, a Schedule knowledge and		
a Sponso Sa Total r b Total r c Number comple 6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan number or's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year	in year (defined bene assets? (See instruct independent qualifie d conditions.) use Form 5500-SF arance program (see rt will be assessed I declare that I have as the electronic vers 5/i2/i4	fit plans do not ions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report sion of this return/report Rhonda Antinan	4c 5a 5b 5c PA) Form use is port, in t, and l	PN	97 58 X Yes No X Yes No Not determined able, a Schedule knowledge and		
A Sponso Sa Sponso Total r b Total r c Number comple 6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan number or's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year the beginning of the plan year count balances as of the end of the plan count balances as of the end of the plan turing the plan year invested in eligible the annual examination and report of an See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot plan, is it covered under the PBGC inst incomplete filing of this return/report r penalties set forth in the instructions, signed by an enrolled actuary, as well the annual examination intistrator	n year (defined bene assets? (See instruc independent qualifie d conditions.) use Form 5500-SF arance program (see rt will be assessed I declare that I have as the electronic vers 5/12/14 Date Date	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report sion of this return/report Rhonda Antinan Enter name of individ Enter name of individ	4c 5a 5b 5c PA) Form Jse is port, in t, and t cell ual sig	PN PN S500. Yes No established. cluding, if applic. o the best of my a ning as plan adm ning as employe	97 58 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator		
a Sponso Sa Total r b Total r C Numbic compl 6a Were b Are you under If you C If the p Caution: A Under pena SB or Sche beliet, it is t SIGN HERE Preparer's	EIN, and the plan number of sname number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year	in year (defined bene assets? (See instruc- independent qualifie d conditions.) use Form 5500-SF arance program (see rt will be assessed I declare that I have as the electronic ver 5/12/14 Date Date	fit plans do not fit plans do not d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Rhonda Antinan Enter name of individ Enter name of individ (optional)	4c 5a 5b 5c PA) Form Jse is port, in t, and t cell ual sig	PN	97 58 X Yes No X Yes No Not determined Not determined		

Form 5500-SF 2013 130118

Pa	rt III Financial Information				_	_			
7	7 Plan Assets and Liabilities (a) Beginning of			r (b) End of Year					
а	Total plan assets	7a	2,17	2,174,94			2,676,958		
b	Total plan liabilities	7b							
С	C Net plan assets (subtract line 7b from line 7a)			2,174,941			2,676,958		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:	0-(4)	2	35					
	(1) Employers	8a(1)		0,54					
	(2) Participants	8a(2)	0						
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	39:	5,78	33				
9	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	en los necesiones en horse en				607,563		
	Benefits paid (including direct rollovers and insurance premiums	<u> </u>							
	to provide benefits)	8d	9	4,28	31	_			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	······································		0	3			
	Administrative service providers (salaries, fees, commissions)	8f	L.	1,20	5				
<u> </u>	Other expenses	<u>8g</u>					105 546		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			2		105,546		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>					502,017		
<u> </u>	Transfers to (from) the plan (see instructions)	8j			0				
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature code	es from the List of Plan Char	acteri	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code:	s from the List of Plan Chara	cteris	lic Co	ies in t	the instructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	1	х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			
C	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 or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth	ner persons	by an insurance carrier,						
	insurance service or other organization that provides some or all o			10e		х			
F	instructions.) Has the plan failed to provide any benefit when due under the plan					х			
0	, , , , , ,			10f	x		138,951		
				10g	<u> </u>				
n	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		х			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	ne required i	notice or one of the	10					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)					iule SE	3 (Form		
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39								
12	Is this a defined contribution plan subject to the minimum funding				_		ERISA? Yes No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortized	d in this plan year, see instru		, and	enter ti Day	-		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
b	Enter the minimum required contribution for this plan year		*****			12b			

Page 2

Form 5500-SF 2013 130118

Page 3 -

C Enter the amount contributed by the employer to the plan for this plan year	12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?		res 🛛	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			Ye	s 🕅 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
13c(1) Name of plan(s):	3c(2) E	N(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust	14b T	rust's EIN		