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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	า							
For calenda	ar plan year 2013 or fi	scal plan year beginning 01/0	1/2013	and ending	12/31/2	2013				
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	ant plan			
	This return/report is: The first return/report The first return/report The first return/report									
D 11110100	arrivioport io.	an amended return/report		n/report (less than 12 m	onths')				
C 051-1	harrist tillian andran	X Form 5558	automatic extension	inteport (ledo than 12 m	ionino,	, ☐ DFVC progra	m			
C Check i	box if filing under:					☐ DEVC plogia	111			
	· · · · · · · · · · · · · · · · · · ·	special extension (enter des	' '							
Part II		rmation—enter all requested in	nformation		146					
1a Name	of plan JS COMPANY, INC 40	MIC DLAN			10	Three-digit plan number				
ANCHOR BO	JS COMPANT, INC 40	TIK FLAN				(PN) ▶	001			
					1c	Effective date of	f plan			
						01/01/	2007			
	ponsor's name and ad US COMPANY	dress; include room or suite num	ber (employer, if for a single-	employer plan)	2b	Employer Identif				
					2c	Sponsor's telepl	hone number			
732 5TH AV	ENUE					718-222				
BROOKLYN	I, NY 11232				2d	Business code (see instructions)			
						48551				
		nd address Same as Plan Spor	ш	n Sponsor Address	3b	Administrator's E	EIN 08842			
NCHOR BUS COMPANY 732 5TH AVENUE BROOKLYN, NY 11232					3с	Administrator's telephone number 718-222-1132				
		e plan sponsor has changed since	e the last return/report filed for	or this plan, enter the	4b	EIN				
		mber from the last return/report.			10	DN				
	or's name	at the beginning of the plan year			+	PN	0.4			
	·	. ,			- Ou		24			
		at the end of the plan year			5b		19			
		account balances as of the end o		•	5c		13			
_	·	s during the plan year invested in	•	•			X Yes No			
		f the annual examination and report ? (See instructions on waiver eligi					X Yes □ No			
		ither line 6a or line 6b, the plan	,							
-		it plan, is it covered under the PB				. – –	Not determined			
<u> </u>		·		,						
		or incomplete filing of this retu					0			
SB or Sche		her penalties set forth in the instrund signed by an enrolled actuary, polete.								
SIGN	Filed with authorized/	valid electronic signature.	10/14/2014	SHERYL GUSS						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual siç	gning as plan adm	ninistrator			
SIGN										
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual sid	ning as employe	r or plan sponsor			
Preparer's		ame, if applicable) and address;					number (optional)			

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Pai	rt III Financial Information										
7	n Assets and Liabilities (a) Beginning					(b) End of Year					
_ ′ a		otal plan assets					(b) Ella		aı 65797		
b	Total plan liabilities	7a 7b							30101		
	Net plan assets (subtract line 7b from line 7a)	7c	22551	225510			265797				
8 Income, Expenses, and Transfers for this Plan Year			(a) Amount				(b) 1	otal			
	Contributions received or receivable from:		(a) Amount				(1)	Otai			
	1) Employers										
	(2) Participants										
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	3954	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7	2877		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3259	0							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						:	32590		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							40287		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2E 2K 3D	feature co	des from the List of Plan Chara	acteris	tic Co	odes in	the instruc	ctions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cteristi	c Coo	des in t	he instruct	ions:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					1000	000
d		fidelity bor	nd, that was caused by fraud	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	X					150)70
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					•	П	Yes	П	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	П	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, O. 3C	J. 1011	50 <u>2</u> 01	LINOA:				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instru		and e	enter th	ne date of	he let		ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		ı cai			
	Enter the minimum required contribution for this plan year	•				12b					

Page	3 -	1
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С	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?	Y	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 coof the PBGC?	ontrol		Yes X No
С	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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Annybroduct-support-cusples confi-1-800-428-0049 ebies esenieud braid @selgsiS





Joe Orapallo Anchor Bus Co., Inc. 732 5th Avenue Brooklyn, NY 11232

Re:

Anchor Bus Company, Inc. 401(k) Plan

Form 5500 E-filing Authorization

On behalf of the above named plan sponsor, the undersigned hereby grants permission to Preferred Pension Planning Corporation (PPPC) to electronically file the plan sponsor's Form(s) 5500 annually, but only upon PPPC's receipt of a copy of the manually signed page one of Form 5500 or page two of 5500-SF.

The sponsor has been notified that the image of the plan administrator's/ plan sponsor's manual signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.

The plan sponsor and Trustee understand and agree; that the complete electronically filed Form 5500 will have Sheryl Guss indicated as Plan Administrator. This listing is solely for purposes of filing the Form 5500. The plan sponsor and Trustee agree that Sheryl Guss is not the Plan Administrator, that Preferred Pension Planning Corporation and its employees are not fiduciaries of the plan, and they are not responsible for any penalties, fines, charges, corrections, or other charges or actions that may be required or imposed upon the plan or its representatives.

The employer may revoke or change this authorization for future plan years at any time by notification in writing to PPPC.

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Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public

Pension	Benefit Guaranty Corporation	→ Com	piete all entries in acc	cordance with the instri	uctions to the Form 550	0-SF.	mapac.ion
Part I			tion information	:			
For calen	dar plan year 2013 or fis	cal pian yea	r beginning	01/01/2013	and ending		12/31/2013
A This r	eturn/report is for:	X a single	-employer plan	a multiple-employer	plan (not multiemployer)		a one-participant plan
B This r	eturn/report is:	the first	return/report	the final return/repor	t		
		an amer	nded return/report	a short plan year retu	ırn/report (less than 12 m	onths)	
C Check	box if filing under:	▼ Form 55		automatic extension			DFVC program
		special e	extension (enter descr	iption)			
Part II	Basic Plan Info	rmation—	enter all requested info	ormation			
1a Nam						1	Three-digit
ANCHO:	R BUS COMPANY,	INC 401	K PLAN			1	plan number (PN) > 001
	:			•			Effective date of plan
				'			01/01/2007
		iress; include	e room or suite numbe	ır (employer, if for a single	e-employer plan)		Employer Identification Number
ANCHO	R BUS COMPANY				•		(EIN) 11-2508842
732 59	TH AVENUE						Sponsor's telephone number 718-222-1132
		4.	•	,			Business code (see instructions)
BROOKI	LYN	NY	11232			1	485510
	edministrator's name an	d address	Same as Plan Spons	or Name □Same as Pla	an Sponsor Address		Administrator's EIN 11–2508842
ANCHOR	R BUS COMPANY						Administrator's telephone number
732 55	TH AVENUE						718-222-1132
732 33	IN AVENUE						
BROOKI	LYN	NY	11232		•		
4 If the	name and/or EIN of the	plan sponso	or has changed since ti	he last return/report filed	for this clan, enter the	4b	FIN
	name and/or EIN of the e, EIN, and the plan nun			he last return/report filed	for this plan, enter the	4b	EIN
nam a Spon	e, EIN, and the plan nun sor's name	nber from the	e last return/report.		,	4c	
nam a Spon	e, EIN, and the plan nun sor's name	nber from the	e last return/report.		for this plan, enter the	4c	
nam a Spon 5a Tota	e, EIN, and the plan nun sor's name I number of participants	at the beginn	e last return/report. sing of the plan year			4c	PN
a Spon 5a Tota b Tota c Num	e, EIN, and the plan nun sor's name I number of participants I number of participants ber of participants with a	at the beginn at the end of account balar	e last return/report. Thing of the plan year The plan year The plan year description of the end of the	ne plan year (defined ben	nefit plans do not	4c 5a 5b	PN 24 19
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Form 5500-SF 2013

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P୍ରିମ III ା Financial Information	:						<u> </u>
7 ເກີ Plan Assets and Liabilities		(a) Beginning of Ye	er			(b) End of Year	<u>u</u>
려는 Total plan assets	7a	2	2551	.0			2651
till Total plan llabilitles	7b :	•					<u> </u>
Net plan assets (subtract line 7b from line 7a)	7c	2	2551	.0			2657
8 Income, Expenses, and Transfers for this Plan Year	1	(a) Amount				(b) Total	:
Contributions received or receivable from:			1113	. 6			
(1) Employers	8a(1)		2219		,		
(2) Participants	8=(2)		4413	73			}
(3) Others (including rollovers)	8a(3)		3954	6			:
	8b : 8c :		3934	-			: : 728
C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	OC .			+			1 /40
to provide benefits)	84		3259	0			1
6 Certain deemed and/or corrective distributions (see Instructions)	8e :						Ì
f Administrative service providers (salaries, fees, commissions)	81						Í
g Other expenses	8g :						į
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						325
Net income (loss) (subtract line 8h from line 8c)	81						402
j Transfers to (from) the plan (see instructions)	81						
Part IV Plan Characteristics	!			•			
9a If the plan provides pension benefits, enter the applicable pension to 2F 2G 2J 2E 2K 3D	feature code	s from the List of Plan Char	acteris	tic Co	des in	the instructions:	:
b If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Chara	cterist	ic Coc	es in t	he instructions:	
Part V Compilance Questions		,					
10 During the plan year:		• •		Yes	No	Amount	
8 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	? (Do not inc	ciude transactions reported	10b	.,,	X :		
C Was the plan covered by a fidelity bond?			100	ж .			1000
d Did the plan have a loss, whether or not reimbursed by the plan's			,00				9
or dishonesty?			10d		х		· 3
We're any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benefi	ts under the plan? (See	10e		х		EACY CED
f Has the plan falled to provide any benefit when due under the plan					х		8
			10f	v		1	1 5 0
g Did the plan have any participant loans? (if "Yas," enter amount as			10g	х			150
h If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X		ă
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e, required n	otice or one of the	101				DEBEORAL
Part VI Pension Funding Compliance	:						2
11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for current year fro					11a		, b
12 Is this a defined contribution plan subject to the minimum funding	requirement	ts of section 412 of the Code	or se	ction (302 of	ERISA? 📗 Ye	s 🛭
						'	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. a If a waiver of the minimum funding standard for a prior year is bein granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule	g amortized	In this plan year, see instru	ctions, th	and e	nter th Day	e date of the letter Year	ruling C
If you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500), and skip to line 13.					: [
h Enter the minimum required contribution for this plan wear							
				- 1	-800.	.425-0049	;



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						1	
C	Enter the amount contributed by the employer to the plan for this plan year		120	<u> </u>			
d	Subtract the amount in line 12c from the amount in line 12b, Enter the result (enter a minus sign to the le negative amount)	1	12đ		"		
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?			Yes 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 brough of the PBGC?					Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)						
*	13c(1) Name of plan(s):	1.	3c(2) E	IN(s)		13c(3) PN(s)
		1					
	.1 \$	+					
	•						
Part	VIII Trust Information (optional)	1					
14a	Name of trust		14b т	rust's El	N		·