## 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).

0040

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

L GIISIOII DE	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instruc	tions to the Form 5500	0-SF.		-p
Part I	Annual Report I	dentification Information				•	
	ar plan year 2013 or fisc		/2013	and ending 1	2/31/2	2013	
A This ref	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	ipant plan
<b>B</b> This ref	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558 special extension (enter description)	x automatic extension			DFVC progra	am
Dort II	Danie Dlan Infor	<u> </u>	· /				
Part II		mation—enter all requested inf	ormation		1 h	There all all	
1a Name ITHACA CAI	•	) PROFIT SHARING PLAN & TRU	JST		ID	Three-digit plan number	
					10	(PN)	001
					10	Effective date of 01/01	of pian 1/2012
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ITHACA CAR WASH CORP							ification Number
334 ELMIRA	A ROAD				2c	Sponsor's telep	ohone number 7-1179
ITHACA, NY					2d	Business code 5419	(see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Spons	sor Name Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
name	, EIN, and the plan num	plan sponsor has changed since other from the last return/report.	the last return/report filed fo	r this plan, enter the		EIN	
name <b>a</b> Spons	, EIN, and the plan num or's name	nber from the last return/report.	· 	·	4c		
a Spons 5a Total	, EIN, and the plan num or's name number of participants a	nber from the last return/report.			4c 5a		4
name a Spons 5a Total b Total c Numb	, EIN, and the plan num or's name number of participants a number of participants a per of participants with a	at the beginning of the plan year  at the end of the plan year	the plan year (defined bene	fit plans do not	4c 5a 5b		3
name a Spons 5a Total b Total c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of	the plan year (defined bene	fit plans do not	4c 5a 5b 5c	PN	3
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder	, EIN, and the plan number of participants a number of participants a per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in each the annual examination and report (See instructions on waiver eligib	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie ility and conditions.)	fit plans do not iions.)	4c 5a 5b 5c	PN	3
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in ethe annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan center in the plan cente	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie ility and conditions.)	fit plans do not tions.)d public accountant (IQF	4c 5a 5b 5c PA)	PN	3  0  X Yes No  X Yes No
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in each the annual examination and report (See instructions on waiver eligib	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie ility and conditions.)	fit plans do not tions.)d public accountant (IQF	4c 5a 5b 5c PA)	PN	3 0 X Yes No
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you C If the p	p. EIN, and the plan number of participants and the plan participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in each of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie ility and conditions.)	fit plans do not  ions.)	4c 5a 5b 5c	PN	3  0  X Yes No  X Yes No  Not determined
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you c If the p Caution: A	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in ethe annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan cet plan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instructions of the plan of	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie ility and conditions.)	fit plans do not  cions.)  d public accountant (IQF  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/rep	4c 5a 5b 5c PA) Form use is	PN	3  O  X Yes No  X Yes No  Not determined  cable, a Schedule
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you c If the p Caution: A Under pens SB or Sche belief, it is	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in ethe annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan cet plan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instructions of the plan of	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie ility and conditions.)	fit plans do not  cions.)  d public accountant (IQF  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/rep	4c 5a 5b 5c PA) Form use is	PN	3  O  X Yes No  X Yes No  Not determined  cable, a Schedule
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you c If the p Caution: A Under pens SB or Sche belief, it is a	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan is it covered under the PBG or incomplete filling of this returner penalties set forth in the instruction signed by an enrolled actuary, a lete.	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie ility and conditions.)	fit plans do not  cions.)  d public accountant (IQF  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/rep	5c  Form  se is oort, in, and it	PN  5500.  Yes No established.  Including, if applicate to the best of my	3  Ves No  Yes No  Not determined  Cable, a Schedule y knowledge and
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you c If the p Caution: A Under pens SB or Sche belief, it is s SIGN HERE SIGN	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan is it covered under the PBG or incomplete filling of this returner penalties set forth in the instruction signed by an enrolled actuary, a lete.	the plan year (defined bene digible assets? (See instruct t of an independent qualifie dility and conditions.)	fit plans do not  itions.)  d public accountant (IQF  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/report,	5c  Form  se is oort, in, and it	PN  5500.  Yes No established.  Including, if applicate to the best of my	3  Ves No  Yes No  Not determined  Cable, a Schedule y knowledge and
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under If you C If the p Caution: A Under pens SB or Sche belief, it is  SIGN HERE	p. EIN, and the plan number of participants and participants and per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, a lete.  Aministrator	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie ility and conditions.)	fit plans do not  fit plans do not  d public accountant (IQF  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/report,  Enter name of individu  Enter name of individu	5c  Form  See is soort, in , and the sign and sign are sign.	PN  5500.  Yes No  established.  Including, if applicate the best of my  ming as plan addressed.	3  Ves No  Yes No  Not determined  Cable, a Schedule y knowledge and  ministrator  er or plan sponsor
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is  SIGN HERE	p. EIN, and the plan number of participants and participants and per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and repor (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan is it covered under the PBG or incomplete filling of this returner penalties set forth in the instruct d signed by an enrolled actuary, a lete.  Incomplete filling of this returner penalties set forth in the instruct d signed by an enrolled actuary, a lete.	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie ility and conditions.)	fit plans do not  fit plans do not  d public accountant (IQF  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/report,  Enter name of individu  Enter name of individu	5c  Form  See is soort, in , and the sign and sign are sign.	PN  5500.  Yes No  established.  Including, if applicate the best of my  ming as plan addressed.	3  Ves No  Yes No  Not determined  Cable, a Schedule y knowledge and

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Pa	rt III   Financial Information										
7				f Year			(b) End of Year				
	Total plan assets	7a	(a) Beginning of Yea				(b) Liid 0	i i ca	0		
	Total plan liabilities	7b	-	0					0		
	Net plan assets (subtract line 7b from line 7a)	7c	40	8					0		
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total						
	Contributions received or receivable from:		(a) Amount				(6) 10	tai			
	(1) Employers	8a(1)	40	5							
	(2) Participants	8a(2)	54	0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	16	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	1114		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	145	7							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	6	5							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1522		
i	Net income (loss) (subtract line 8h from line 8c)	8i							-408		
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructio	ns:			
Par	t V Compliance Questions										
10	•				Yes	No		<b></b>	4	—	
a	During the plan year:  Was there a failure to transmit to the plan any participant contribute.	tione within	the time period described in		162	NO	,	Amou	ınt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	ection Program)	10a		X					
~	on line 10a.)	`	•	10b		X					
				10c		Χ					
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud			X					
	or dishonesty?			10d						—	
E	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					V					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
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											
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	<u> </u>	No
114	5500) and line 11a below)								100	^	. 10
	Enter the unpaid minimum required contribution for current year fr		, ,			11a	EDICAC T	П,	Voc	<u></u>	Nic
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	302 of	ERISA?	Ш	Yes	^	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			rtions	and a	enter th	ne date of th	e letta	er ruli	nc	
2	in a waiver of the minimum funding standard for a prior year is beli	ig anitoritz	ou in tino pian year, see ilistiu	しいし 10,	anut	۱۱۱ <del>۱۵</del> ۱ ۱۱	ic date of th	CICIL	Ci iuli	ııy	
	granting the waiver.					Day		Year _			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule  Enter the minimum required contribution for this plan year	e MB (For	m 5500), and skip to line 13.	th		Day <b>12b</b>		Year _			_

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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## 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 Inspection

Pension Ber	efit Guaranty Corporation	Complete all entries in accordant	see with the instruct	ions to the Form 5500	n.se	ins	pection
Part I	Annual Report	Identification Information	ice with the manuc	iona to the Form one	<u> </u>	1	
		scal plan year beginning 01/01/2013		and ending 1	2/31/2	013	
	rn/report is for:	a single-employer plan	multiple-employer pla e final return/report	in (not multiemployer)	1	a one-partici	oant plan
	ox if filing under:	10	short plan year return utomatic extension	freport (less than 12 mo	onths)	DFVC progra	sm
		special extension (enter description)					
Part II	Basic Plan Info	rmation—enter all requested information	on				T
1a Name o ITHACA CAR	•	() PROFIT SHARING PLAN & TRUST			1b	Three-digit plan number (PN)	001
					1c	Effective date o 01/01	•
2a Plan sp ITHACA CAF	onsor's name and ad RWASH CORP	dress; include room or suite number (em	oloyer, if for a single-e	mployer plan)	2b	, ,	fication Number 00614
334 ELMIRA	ROAD				2c	Sponsor's telep 607-27	
THACA, NY					2d	Business code 54199	(see instructions) 90
3a Plan ac	lministrator's name a	nd address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN
						7.0	telephone number
name,	EIN, and the plan nu	e plan sponsor has changed since the las mber from the last return/report.	t return/report filed fo	r this plan, enter the		EIN	
a Sponse					4c	PN	
		at the beginning of the plan year			5a		4
		at the end of the plan year			5b		3
compl	ete this item)	account balances as of the end of the pla	************************	***************************************	5с		0
b Are yo under If you	u claiming a waiver o 29 CFR 2520.104-46 answered "No" to e	s during the plan year invested in eligible of the annual examination and report of an ? (See instructions on waiver eligibility an ither line 6a or line 6b, the plan cannot fit plan, is it covered under the PBGC inso	independent qualified d conditions.) use Form 5500-SF	d public accountant (IQ and must instead use	PA) Form	5500.	X Yes No X Yes No Not determined
Caution: A	nenalty for the late	or incomplete filing of this return/repo	rt will be assessed a	unless reasonable car	use Is	established.	
Under pena SB or Sche	illies of periory and o	ther penalties set forth in the instructions, and signed by an enrolled actuary, as well	I declare that I have	examined this return/re	port, ir	reluding, if applic	cable, a Schedule y knowledge and
SIGN HERE	1 much	Spalest-	9/27/6			34,65	
SIGN	Signature of plan	administrator	Date 9/2-2/-1	Enter name of individ	iuai sig	oning as pian ad LAKES/<	ministrator . بعد
HERE		oyer/plan sponsor name, if applicable) and address; include	Date	Enter name of individ	lual si	gning as employ	
Liebsiei 2	१८०४ व्याजववाचे भारत	нете, и аррисавісу ана вобісьь, інсице	toon or suite trainbe	. (opuonog	. , , ,		(460000)

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year		
a Total plan assets	Total plan assets						
b Total plan liabilities	7b		0	0			
C Net plan assets (subtract line 7b from line 7a)	7¢	40	3	0			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
a Contributions received or receivable from:	Contributions received or receivable from:						
(1) Employers	8a(1)	400	—·				
(2) Parlicipants	8a(2)	54					
b Other income (loss)	8a(3)	16	)				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	10:	,		4.4.4		
d Benefits paid (including direct rollovers and insurance premiums	80			<del></del>	1114		
to provide benefits)	8d	1457	,				
Certain deemed and/or corrective distributions (see instructions)	8e	(	)				
f Administrative service providers (salaries, fees, commissions)	8f	65	5				
g Other expenses	8g	(	)				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1522		
Net income (loss) (subtract line 8h from line 8c)	8i				-408		
j Transfers to (from) the plan (see instructions)	8j		)				
Part IV Plan Characteristics		·					
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	cleristic	Codes in	the instructions:		
b If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	terislic (	odes in t	he instructions:		
		or non the Liet of this office		70000 111 (	no mandodono,		
Part V Compliance Questions							
10 During the plan year:			Ye	s No	Amount		
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide.)	iciary Corr	ection Program)	10a	Х			
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b	Х			
C Was the plan covered by a fidelity bond?			10c	Х			
d Did the plan have a loss, whether or not reimbursed by the plan's							
or dishonesty?		************************	10d	X			
Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	x			
f Has the plan failed to provide any benefit when due under the pla			10f	×			
g Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h	×			
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,10	ne required	I notice or one of the	10i				
Part VI Pension Funding Compliance	. 9		101				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)					3 (Form ☐ Yes ☒ No		
11a Enter the unpaid minimum required contribution for current year for							
12 Is this a defined contribution plan subject to the minimum funding					ERISA? Yes X No		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below							
If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	ed in this plan year, see instruc		id enter th	ne date of the letter ruling Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedul							
b Enter the minimum required contribution for this plan year				12b			

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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	12d			
e Will the minimum funding amount reported on line 12d be met by the funding			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 N	0	
If "Yes," enter the amount of any plan assets that reverted to the employer thi	s year	13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?	to another plan, or brought under the	control		☐ Ye:	s 🛛 No
C If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)					
13c(1) Name of plan(s):	1	3c(2) E	N(s)	13c(3) PN(s)	
Part VIII Trust Information (optional)		<del></del> .		_1	<del></del>
14a Name of trust		14b Tr	rust's EIN		