Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

belief, it is true, correct, and complete.

Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of employer/plan sponsor

SIGN

HERE

SIGN HERE 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pa	rt I	Annual Report	: Ide	<u>entification Information</u>	1					
For c	calendar	plan year 2015 or f	iscal	I plan year beginning 01/01/2	2015 and ending 08	3/31/2	2015			
A T	his retur	n/report is for:	X	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	•	•			
Вт	nis returi	n/report is		the first return/report an amended return/report	 the final return/report a short plan year return/report (less than 12 m 	onths)			
C c	Check bo	ox if filing under:		Form 5558 special extension (enter desc	automatic extension		DFVC progr	ram		
Pa	rt II	Basic Plan Info	orm	nation—enter all requested in	formation					
1a	Name of	plan		PROFIT SHARING PLAN & TR		1b	Three-digit plan number (PN)	001		
						1c	Effective date of 01/0	f plan 1/2012		
I	Mailing a	address (include roo	m, a	, if for a single-employer plan) apt., suite no. and street, or P.C		2b	Employer Identification (EIN) 16-1	fication Number 000614		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THACA CAR WASH CORP					ai code (if foreign, see instructions)	2c Sponsor's telephone number 607-277-1179				
	MIRA R A, NY 1					2d	Business code (5419	,		
3a	Plan adr	ninistrator's name a	nd a	address XSame as Plan Spons	SOT.		Administrator's I	EIN elephone number		
	name, E	EIN, and the plan nu		an sponsor has changed since er from the last return/report.	the last return/report filed for this plan, enter the		EIN			
a :	Sponsor	's name					PN			
5a	Total nu	mber of participants	s at t	the beginning of the plan year			a	1		
						5	0			
С					the plan year (defined benefit plans do not		ic	0		
d(1) Total number of active participants at the beginning of the plan year							(1)	1		
d(2	2) Total	number of active pa	artici	ipants at the end of the plan ye	ar	5d	(2)	0		
	than 10	00% vested			e plan year with accrued benefits that were less		ie .	0		
					n/report will be assessed unless reasonable cau					
	•	. , ,		•	ctions, I declare that I have examined this return/re		O, 11	•		

03/04/2016

Date

Date

BRUCE BLAKESLEE

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Preparer's name (including firm name, if applicable) and address (include room or suite number)

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independent qualified public accountant (IQPA) and conditions.) not use Form 5500-SF and must instead use Form 5500					5500.				
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No	N	ot dete	rmined
Par	t III Financial Information		1			1					
	Plan Assets and Liabilities		(a) Beginning	of Ye				(b) E	nd of	Year	
	Fotal plan assets	. 7a			608						0
	Fotal plan liabilities	. 7b			608						0
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Amai		000			/1-	\ Ta4		0
	Contributions received or receivable from:		(a) Amou	ınt				(1)) Tota	aı	
	1) Employers	. 8a(1)			0						
	2) Participants	. 8a(2)			0						
	3) Others (including rollovers)	. 8a(3)			0						
	Other income (loss)	. 8b			-29						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c									-29
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d			579						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0						
f	Administrative service providers (salaries, fees, commissions)	. 8f			0						
g	Other expenses	. 8g			0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									579
	Net income (loss) (subtract line 8h from line 8c)	. 8i									608
_ J _	Fransfers to (from) the plan (see instructions)	· 8j			0						
Par											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	odes from the List of Plant	an Cha	racteris	stic Co	des in t	the inst	ructio	ns:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uction	s:	
Part	V Compliance Questions				1		Ī				
10	During the plan year:				Yes	No	N/A		A	mount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					>					
	reported on line 10a.)			10b		X					
<u>c</u>	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X					
h	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR								
	2520.101-3.)			10h		X					
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s X No
<u>11a</u>	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	,	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian				s or custodi	an's
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ha	sed safe arbor ethod	ADF test	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No	
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No	
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter planger is an adopter of a pre-approved master and prototype (M&P) or volume submitter planger is an adopter of that favorable letter/ and the letter's serial representations.		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from the IRS, entire termination letter from the IRS, entire termination		the plai	 n's last fa	vorable	
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	," enter amount	·····	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Seguity 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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

For calendar plan year 2015 o	r fiscal plan year beginning 01/01	2015	and ending 08	3/31/2015	
**************************************	x a single-employer plan	a multiple-employer pla			
A This return/report is for:	a one-participant plan	a foreign plan	oloyer information in ac	cordance with the fo	rm instructions)
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year return	onths)		
C Check box if filing under:	П				
Creek box it ining under.	Form 5558	automatic extension		DFVC pri	ogram
Date Date District	special extension (enter des				
Part II Basic Plan In 1a Name of plan	formation—enter all requested i	nformation		4h 70 - 50	
	01(K) PROFIT SHARING PLAN & T	RUST		1b Three-digit plan number (PN) ▶	001
				1c Effective date	of plan /01/2012
Mailing address (include r	ployer, if for a single-employer plan) nom, apt., suite no. and street, or P.			2b Employer Idea (EIN) 16	ntification Number 5-1000614
THACA CAR WASH CORP	ince, country, and ZIP or foreign pos	ital code (if foreign, see instru	ictions)	2c Sponsor's tel 607	ephone number -277-1179
34 ELMIRA ROAD DHACA, NY 14850					e (see instructions)
ITHUN, NY 14030				.54	1990
3a Plan administrator's name	and address XSame as Plan Spor	isor,		3b Administrator	s EIN
			13	3C Administrator	's telephone number
					s telephone number
4 If the name and/or EIN of name, EIN, and the plan	the plan sponsor has changed since number from the last return/report.	the last return/report filed fo	r this plan, enter the	3c Administrator	s telephone number
If the name and/or EIN of name, EIN, and the plan Sponsor's name	the plan sponsor has changed since number from the last return/report.	the last return/report filed fo	r this plan, enter the		s telephone number
name, EIN, and the plan a Sponsor's name	the plan sponsor has changed since number from the last return/report.			4b EIN	s telephone number
name, EIN, and the plan a Sponsor's name 5a Total number of participal	number from the last return/report.			4b EIN 4c PN	
name, EIN, and the plan a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants wi	number from the last return/report. Ints at the beginning of the plan year Ints at the end of the plan year Ith account balances as of the end o	f the plan year (defined bene	fit plans do not	4b EIN 4c PN 5a	1 0
a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants we complete this item)	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year Ith account balances as of the end o	f the plan year (defined bene	it plans do not	4b EIN 4c PN 5a 5b 5c	1
a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants will complete this item) d(1) Total number of active	number from the last return/report. Ints at the beginning of the plan year Ints at the end of the plan year Ith account balances as of the end o participants at the beginning of the	f the plan year (defined bene plan year	ft plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	1 0
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name, EIN, and the plant a Sponsor's name 5a Total number of participal b Total number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants the than 100% vested	number from the last return/report. Into at the beginning of the plan year Into at the end of the plan year Ith account balances as of the end o participants at the beginning of the participants at the end of the plan year at terminated employment during the	f the plan year (defined bene plan year ear e plan year with accrued ben	fit plans do not efits that were less	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	1 0 0
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name, EIN, and the plan a Sponsor's name 5a Total number of participal b Total number of participants we complete this item) d(1) Total number of active d(2) Total number of active e Number of participants of the late than 100% vested Caution: A penalty for the late the late than 100% of the late tha	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year Ith account balances as of the end of participants at the beginning of the plan year participants at the end of the plan year terminated employment during the te or incomplete filling of this return other penalties set forth in the instituted and signed by an enrolled actuary.	olan year (defined bene olan year esar e plan year with accrued ben m/report will be assessed u	efits that were less unless reasonable cau examined this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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name, EIN, and the plan a Sponsor's name 5a Total number of participal b Total number of participants we complete this item) d(1) Total number of active d(2) Total number of active e Number of participants the street of	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year into at the end of the plan year into account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instruction of the participants are to the penalties of the properties of the properties of the properties of the properties of the plan year.	olan year (defined bene- plan year	efits that were less inless reasonable cau examined this return/report this return/report this return of individual to the content o	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of the best o	1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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name, EIN, and the plan a Sponsor's name 5a Total number of participal b Total number of participants we complete this item) d(1) Total number of active e Number of participants we than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completes belief, it is true, correct, and or SIGN HERE Signature of plan Signature of plan Signature of em	number from the last return/report. Into at the beginning of the plan year Into at the end of the plan year Into account balances as of the end of participants at the beginning of the participants at the end of the plan year participants at the end of the plan year terminated employment during the termin	olan year (defined beneficial year	efits that were less miless reasonable cau examined this return/report of this return/report the first name of individual contents of ind	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of the	1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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11a

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.

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(H**)	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ting the waiver.		enter the Day		e letter ru Year	ling
If you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.	_			
b Enter	r 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			
	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d			process-
The second second	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
art VII	Plan Terminations and Transfers of Assets			-	-	
13a Has	a resolution to terminate the plan been adopted in any plan year?			X Yes	No	
150	es," enter the amount of any plan assets that reverted to the employer this year	DOMESTIC STREET, STREE	13a			
of th	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro te PBGC?				Yes 🛚	No
C If du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden th assets or liabilities were transferred. (See instructions.)	tify the plan(s) to				
13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII	Trust Information	1		_		
14a Name	e of trust		14b 1	rust's EIN		
14c Nam	ne of trustee or custodian		1 // 2000	Trustee's of telephone		an's
Part IX	IRS Compliance Questions					
15a is th	e plan a 401(k) plan?		Ye	5	No	
15b ir 'Ye mate	es." how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals a ching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	nd employer	ba ha	esign- ised safe irbor ethod	ADI tes	
testir	a ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the 'ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1 (2)(ii))?	.401(m)-	Ye	s	No	
420	ok the box to indicate the method used by the plan to satisfy the coverage requirements under sec		☐ Ri pe te	rcentage	Aw ber	erage nefit test
	s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by co plan with any other plans under the permissive aggregation rules?		Ye	5	No	
17a Has	the plan been timely amended for all required tax law changes?		. Ye	8	No	□ N//
	the last plan amendment/restatement for the required tax law changes was adopted//_ax law changes and codes).	Enter the a	pplicable	code	(See ins	truction
17c If the	plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter p sory letter, enter the date of that favorable letter / / and the letter's serial		ct to a fa	vorable IR	S opinion	or
17d If the	plan is an individually-designed plan and received a favorable determination letter from the IRS, rmination letter / / /	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	the plan	n's last favo	orable	
18 Is the	e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)) e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virg		Yes		No	
19 Were	e in-service distributions made during the plan year?		∏ Ye	s	No	
	es," enter amount		19			
20 Were	e required minimum distributions made to 5% owners who have attained age 70 % (regardless of ed), as required under section 401(a)(9)?		Ye	s	No	[] NW
	The state of the s		-			