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 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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [X] 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:
- [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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BLS LIMOUSINE SERVICE OF NEW YORK, INC.

321 NEW SOUTH ROAD
HICKSVILLE, NY 11801

2b Employer Identification Number (EIN) 11-2641776

2c Plan 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.	10/15/2018	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 ☐ Same as Plan Sponsor

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	112
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	63
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h Number of participants who 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 Characteristics 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 Characteristics 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)	☐	0	**A** (Insurance Information)
(4)	☒		**C** (Service Provider Information)
(5)	☐		**D** (DFE/Participating Plan Information)
(6)	☐		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

(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

(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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(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

(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

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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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	11246	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	0	0
(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)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(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)	648793	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(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	660039	0
	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	660039	0

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)	0	
	(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)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3	
	(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)	0	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(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)		0
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(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)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(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)		8918
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		8921
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	668960	
(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)		668960
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
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)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		668960
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-660039
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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
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		250000
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? ..... [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... [ ] Yes [ ] No [ ] Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 0.0% 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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

BLS LIMOUSINE SERVICE OF NEW YORK, INC.
SALARY DEFERRAL PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2013

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
Bethpage, New York

Report on the Financial Statements

We have audited the accompanying financial statements of **BLS Limousine Service of New York, Inc. Salary Deferral Plan**, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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 audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence that we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

505 Eighth Avenue Suite 701 New York NY 10018
T 212.868.4244 Fx 212.463.8861 E accounting@melzercpa.com

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, 2013 and 2012, and the changes in net assets available for benefits for the year ended December 31, 2013 in conformity with accounting principles generally accepted in the United States of America

Report on Supplemental Information

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 10 through 14 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
December 28, 2015

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

	2013	2012
ASSETS		
Cash	$ 48,675	$ 45,788
Investments	2,136,751	1,979,908
Participant loans	186,608	209,311
	2,372,034	2,235,007
Receivables:		
Employee contributions	2,687	2,036
TOTAL ASSETS	2,374,721	2,237,043
LIABILITIES		
Due to participant	2,318	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,372,403	$ 2,237,043

The accompanying notes are an integral part of these financial statements.

BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2013

ADDITIONS:	
Investment income:	
Net appreciation in fair value of investments	$ 307,615
Interest and dividends	27,759
	335,374
Contributions:	
Participants	239,506
TOTAL ADDITIONS	574,880
DEDUCTIONS:	
Benefits paid to participants	431,065
Administrative expenses	8,455
TOTAL DEDUCTIONS	439,520
NET INCREASE	135,360
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	2,237,043
End of year	$ 2,372,403

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, 2013

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 2013, 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, 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 9.0%. Principal and interest are paid ratably through payroll deductions.

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 65.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting The accompanying financial statements have been prepared on the accrual basis of accounting.

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 invests in various securities. Investments in securities are exposed to various risks due to market fluctuations, interest rates and credit fluctuations. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities could occur and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The Plan transacts certain of its investment operations with a registered securities broker-dealer. Transactions and business with a securities broker-dealer are regulated by the Securities and Exchange Commission, the SEC, and protected by SIPC, the Securities Investor Protection Corporation.

The Plan deposits its cash in banks which are insured by the Federal Deposit Insurance Corporation ("FDIC") for up to $250,000 per bank. The Plan's cash balances did not exceed insurable limits during the year ended December 31, 2013.

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.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (continued)

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.

Subsequent Events Management has evaluated events and transactions through December 28, 2015, the date at which the financial statements were available to be issued, noting no events which affect the financial statements as of December 31, 2013.

NOTE 3 – INVESTMENTS

The following presents investments that represent 5 percent or more of the Plan's net assets at December 31, 2013 and 2012:

	2013	2012
Apple, Inc.	$ 490,893	$ 482,680

During 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $157,085.

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 files an annual return report in compliance with regulations of ERISA and the Internal Revenue Code ("IRC"). The Plan has a determination letter from the Internal Revenue Service, dated January 28, 2004 stating that the plan and related trust are designed in accordance with applicable sections of the IRC.

NOTE 6 - FAIR VALUE MEASUREMENTS

The Plan applies the provisions of Fair Value Measurements and Disclosures (FASB ASC 820) to its valuation of financial instruments. In accordance with FASB ASC 820, the fair value of financial instruments is estimated based on market trading information, where available. Absent published market values for an instrument or other assets, management uses observable market data to arrive at its estimates of fair value.

Fair value is defined as an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. As such, fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, FASB ASC 820 establishes a three level fair value hierarchy that prioritizes the inputs used to measure fair value. The three levels of inputs used to measure fair value are as follows:

Level 1 - Quoted prices in active markets for identical assets or liabilities.

Level 2 - Observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted price for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

The asset or liability's fair value measurement level with the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The valuation methodologies used for assets measured at fair value at December 31, 2013 are as follows:

Common stocks and mutual funds are valued at the closing price reported on the active market on which the individual securities are traded.

The pooled separate accounts are valued at the amounts certified to by the trustee.

NOTE 6 - FAIR VALUE MEASUREMENTS (continued)

The foregoing methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, although the Plan believes that its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following sets forth by level, within the fair value hierarchy, the Company's assets at fair value as of December 31, 2013:

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Common stocks and mutual funds	$1,423,375	$ -	$ -	$1,423,375
Pooled separate accounts	-	-	713,376	713,376
Participant loans	-	-	186,608	186,608
Total investments at fair value	$1,404,094	$ -	$ 899,984	$2,323,359

There were no level 2 investments during the year ended December 31, 2013.

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 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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ 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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BLS LIMOUSINE SERVICE OF NEW YORK, INC.

321 New South Road

Hicksville NY 11801

2b Employer Identification Number (EIN) 11-2641776

2c Plan 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	[signature]	10/15/18	KEVIN HORNIK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10/15/18	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 ☐ Same as Plan Sponsor

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	112
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	63
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants who 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 Characteristics 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 Characteristics 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)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
SUPPLEMENTARY SCHEDULE
Schedule H, Line 4i - Schedule of Assets Held at End of Year
Sponsor EIN no. 11-2641776

DECEMBER 31, 2013

a	Identity of Issue, Borrower, Lessor or Similar Party b	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value c	Cost d	Current Value e
	Common Stock	ACE LTD CHF	$11,718	$13,977
	Common Stock	Advanced Semiconductor	963	1,094
	Common Stock	Agile PPTY Holdings	963	895
	Common Stock	Agriculture BK China LTD	693	690
	Common Stock	AIA Group LTD	857	957
	Common Stock	Allergen Inc	7,204	7,553
	Common Stock	Allstate Corp	5,343	5,618
	Common Stock	Altria Group Inc	7,824	8,446
	Common Stock	Amazon.com	69,994	92,519
	Common Stock	Amer Express Co	2,507	3,357
	Common Stock	American Intl Group Inc Com	2,480	2,655
	Common Stock	American Tower Corp REIT	9,862	14,048
	Common Stock	Anadarko Petroleum	1,072	573
	Common Stock	Antofagasta PLC Spon ADR	954	657
	Common Stock	Apple Inc	446,524	490,893
	Common Stock	Ares Capital Corp	5,042	5,084
	Common Stock	Arm Holdings PLC Spon ADR	7,571	9,578
	Common Stock	AT&T Inc	10,868	10,829
	Common Stock	AthenaHealth Inc	6,343	8,339
	Common Stock	Baidu Inc	957	1,423
	Common Stock	Bank of America	4,229	4,733
	Common Stock	Bard C R Inc	624	670
	Common Stock	Berkshire Hathaway Inc New CL B	47,534	47,424
	Common Stock	Biogen Idec Inc	2,745	3,355
	Common Stock	Biomarin Pharmaceutical Inc	6,910	7,457
	Common Stock	Boeing Company	7,821	9,554
	Common Stock	Bristol Myers Squibb	2,497	2,604
	Common Stock	Canadian Railway Company	3,872	4,540
	Common Stock	Capital One Financial Corp	1,561	1,665
	Common Stock	Caterpillar Inc	7,383	726
	Common Stock	Celgene Corp	4,908	14,869
	Common Stock	Cemex SAB	985	1,063
	Common Stock	Cerner Corp	10,229	12,486
	Common Stock	Chevron Corp	4,015	4,247
	Common Stock	China Constr Bk Corp ADR	1,533	1,579
	Common Stock	China Communications Constr Co ADR	1,542	1,426
	Common Stock	China Merchants BK Co	981	1,076
	Common Stock	China Minsheng Bkg Corp Ltd	722	693
	Common Stock	China Overseas LD	1,237	1,350

BUS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
SUPPLEMENTARY SCHEDULE
Schedule H, Line 4i - Schedule of Assets Held at End of Year
Sponsor EIN no. 11-2641776

DECEMBER 31, 2013

a	Identity of Issue, Borrower, Lessor or Similar Party b	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value c	Cost d	Current Value e
	Common Stock	CIA Paranense Energi Spon ADR	$830	$815
	Common Stock	Cisco Systems	1,642	1,593
	Common Stock	Citigroup	23,266	26,400
	Common Stock	CME Group	1,532	1,569
	Common Stock	CNOOCH LTD Spon ADR	1,543	1,501
	Common Stock	Colgate Palmolive Co	814	848
	Common Stock	Comcast Corp New Cl A	3,035	3,741
	Common Stock	Comerica	512	570
	Common Stock	Companhia Siderugica	232	279
	Common Stock	Companhia Energetica De Minas	1,685	1,379
	Common Stock	Cons Edison Holding	4,905	4,422
	Common Stock	Costco Wholesale Corp	3,712	6,784
	Common Stock	Covidien PLC	699	749
	Common Stock	Credicorp LTD	896	929
	Common Stock	CSX Corporation	874	978
	Common Stock	CVS Caremark Corp	4,148	5,225
	Common Stock	Dongfeng MTR Group	1,078	1,185
	Common Stock	Dow Chemical	1,246	1,332
	Common Stock	Dril-Quip Inc	4,799	4,637
	Common Stock	Duke Energy Corp	350	345
	Common Stock	Eaton Corp Plc	1,239	1,370
	Common Stock	Ebay Inc	1,562	1,611
	Common Stock	EMC Corp Mass	1,131	1,132
	Common Stock	Emerson Electric Co	1,118	1,193
	Common Stock	EOG Resources Inc	1,088	1,097
	Common Stock	Equinox Inc	8,543	8,695
	Common Stock	Express Scripts	1,635	1,957
	Common Stock	Exxon Mobil Corp	1,926	2,225
	Common Stock	Facebook Inc Cl A	83,193	85,799
	Common Stock	Fastenal Co	7,169	5,699
	Common Stock	Ford Motor Company	754	863
	Common Stock	Freeport-Mcmoran Copper & Gold	628	679
	Common Stock	General Motors	4,089	5,068
	Common Stock	Genl Electric	5,208	5,054
	Common Stock	Gilead Sciences	3,218	4,882
	Common Stock	Goldman Sachs Group Inc	4,428	5,141
	Common Stock	Google Inc Cl A	15,731	24,656
	Common Stock	Halliburton Co	5,413	5,735
	Common Stock	Hartford Finc Services	1,360	1,449

BUS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN

SUPPLEMENTARY SCHEDULE

Schedule H, Line 4i - Schedule of Assets Held at End of Year

Sponsor EIN no. 11-2641776

DECEMBER 31, 2013

a	Identity of Issue, Borrower, Lessor or Similar Party b	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value c	Cost d	Current Value e
	Common Stock	HCA Holdings Inc	$526	$525
	Common Stock	Hertz Global Holdings Inc	569	667
	Common Stock	Hess	923	913
	Common Stock	Hewlett Packard	445	532
	Common Stock	Home Depot Inc	2,682	3,705
	Common Stock	Honeywell Intl Inc	3,005	3,198
	Common Stock	Hyatt Hotels Corp CL A	408	445
	Common Stock	ICICI Bank Ltd	454	483
	Common Stock	Industrial & Commercial Bk China	1 575	1 616
	Common Stock	Infosys Ltd	1 636	1 924
	Common Stock	Ingersoll-Rand PLC	610	678
	Common Stock	Intel Corp	1,172	1 272
	Common Stock	Intl Paper Co	1,051	1 128
	Common Stock	Itau Unibanco Holding	1,772	1 438
	Common Stock	Johnson Controls Inc	792	821
	Common Stock	Johnson & Johnson Com	4,253	4,396
	Common Stock	JPMorgan Chase & Co	7 697	8 889
	Common Stock	KB Financial Group	858	932
	Common Stock	Keppel Corp LTD	1 140	1 191
	Common Stock	Kohls Corp	602	624
	Common Stock	Las Vegas Sands Corp	3,127	3,707
	Common Stock	Liberty Global PLC CL A	1,640	1 956
	Common Stock	Lilly Eli & Co	744	765
	Common Stock	Lincoln Natl Corp Ind	725	826
	Common Stock	Linkedin Corp Cl A	6,637	8,240
	Common Stock	Lowes Companies Inc	1,680	1 883
	Common Stock	Lukoil Oil Co	1,776	1,830
	Common Stock	Macy's Inc	932	1 121
	Common Stock	Marathon Oil Company	777	777
	Common Stock	Marathon Petroleum Co	422	550
	Common Stock	Marsh & Mclennan Cos Inc	1 538	1,638
	Common Stock	Mastercard	2,828	4,177
	Common Stock	Mckesson Corp	848	988
	Common Stock	Mead Johnson Nutrition Co Com	5 768	6,366
	Common Stock	Medtronic Inc	959	976
	Common Stock	Merck & Co Inc New Com	794	851
	Common Stock	Metlife Inc	543	593
	Common Stock	Microsoft Corp	314	337
	Common Stock	Mondelez Intl Inc	841	918

BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
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DECEMBER 31, 2013

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	Common Stock	Morgan Stanley	$652	$690
	Common Stock	Nasper's LTD Spon ADR	742	1,448
	Common Stock	Natl-Oilwellvarco Inc	3,653	4,295
	Common Stock	News Corp New CL A	1,559	1,838
	Common Stock	New York Cmnty Bancorp	5,010	5,698
	Common Stock	Nextera Energy Inc	501	514
	Common Stock	Northern Tier Energy LP	2,540	2,214
	Common Stock	OAO Gazprom Level 1 ADR	615	779
	Common Stock	Occidental Petroleum Crp	1,474	1,427
	Common Stock	Oceaneering Intl Inc	5,074	6,389
	Common Stock	Oracle Corp	659	765
	Common Stock	Pacific Rubiales Energy Corp	1,349	1,070
	Common Stock	Pepsico Inc	497	498
	Common Stock	Petroleo Brasielero SA	386	279
	Common Stock	Petroleo Brasielero SA Spon	1,160	992
	Common Stock	Pfizer Inc	5,598	6,095
	Common Stock	PG & E Corp	455	443
	Common Stock	Philip Morris Intl	348	349
	Common Stock	PICC PPTY & Casualty Company	315	297
	Common Stock	PNC Financial Service	826	853
	Common Stock	PPL Corp	365	351
	Common Stock	Praxair Inc	6,186	8,582
	Common Stock	Precision Castparts Corp	11,894	16,427
	Common Stock	Priceline.com	5,745	10,462
	Common Stock	Proctor & Gamble Co	634	651
	Common Stock	Prudential Financial Inc	908	1,014
	Common Stock	PVH Corp	624	680
	Common Stock	Qual Comm Inc	9,033	12,251
	Common Stock	Regions Financial Corp (New)	564	554
	Common Stock	Regeneron Pharmaceuticals Inc	881	826
	Common Stock	Salesforce com Inc	11,264	15,508
	Common Stock	Sberbank Sponsored ADR	1,353	1,483
	Common Stock	Schlumberger Ltd	13,483	15,679
	Common Stock	Schwab Charles Corp	5,618	8,372
	Common Stock	Shinhan Financial Grp Co LTD	1,153	1,371
	Common Stock	Silver Standard Resources Inc	1,609	933
	Common Stock	Silver Wheaton Corp CAD	6,032	3,937
	Common Stock	SK Telecom Co LTD	425	492
	Common Stock	Southern Co	294	288

BLS LIMOUSINE SERVICE OF NEW YORK, INC. SALARY DEFERRAL PLAN
SUPPLEMENTARY SCHEDULE
Schedule H, Line 4i - Schedule of Assets Held at End of Year
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DECEMBER 31, 2013

a	Identity of Issue, Borrower, Lessor or Similar Party b	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value c	Cost d	Current Value e
	Common Stock	Southern Copper Corp	$937	$890
	Common Stock	Splunk Inc	4,967	7,210
	Common Stock	St Jude Medical Inc	125	124
	Common Stock	Starbucks Corp	8,221	11,837
	Common Stock	Starwood Hotels & Resorts	2,721	2,860
	Common Stock	Stonemor Partners LP	5,044	4,721
	Common Stock	SunTrust Banks Inc	1,111	1,178
	Common Stock	Surgutneftegaz Spon Adr	1,408	1,439
	Common Stock	Taiwan Semiconductor MFG Co LTD	1,640	2,110
	Common Stock	Tata Motors LTD	1,137	1,448
	Common Stock	Tatneft Rub	901	902
	Common Stock	TE Connectivity	2,485	2,590
	Common Stock	Texas Instruments	2,627	2,864
	Common Stock	Travelers Cos Inc	780	815
	Common Stock	Tiffany & Co New	6,953	8,629
	Common Stock	Turkcell Iletism	500	427
	Common Stock	Twenty-First Century Fox Inc	3,792	4,959
	Common Stock	Union Pacific Corp	1,914	2,856
	Common Stock	United States Steel Corp	264	325
	Common Stock	United Health Group Inc	1,104	1,205
	Common Stock	United Technologies Corp	5,457	6,259
	Common Stock	Vale S A Spon Adr	2,234	1,556
	Common Stock	Valero Energy Corp New	704	907
	Common Stock	Vensk Analytics Inc	7,021	8,412
	Common Stock	Verizon Communications	3,053	2,948
	Common Stock	Visa Inc Cl A	9,350	12,915
	Common Stock	VMWARE Inc	5,522	6,818
	Common Stock	Walt Disney Co	4,799	6,265
	Common Stock	Wells Fargo & Co New	1,541	1,834
	Common Stock	Whole Foods Markets	73,995	66,736
	Common Stock	Yahoo Inc	2,883	3,276
	Common Stock	Zions Bancorp	510	509
	Pooled Separate Accounts	Various	-	713,376 ✓
	Participant Loans	Various	-	186,608
			$1,260,762	$2,323,359