### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

# 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 6047(e), 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

2009

1 611310	on Benefit Guaranty Corporation				This Form is Open to Publ Inspection	ic			
Part I	Annual Report Iden	ntification Information							
For cale	ndar plan year 2009 or fiscal p			and ending 12/31/	2009				
<b>A</b> This	return/report is for:	a multiemployer plan;	a multip	a multiple-employer plan; or					
		a single-employer plan;	a DFE (	specify)					
		_	<u></u>						
<b>B</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 t	han 12 months).				
C If the	plan is a collectively-bargaine	ed plan, check here							
D Chec	k box if filing under:	Form 5558:		tic extension;	the DFVC program;				
2 01100	K DOX II IIIIII G GIIGOI.	special extension (enter d		,					
Part	II Racio Dian Inform	nation—enter all requested infor	. ,						
	ne of plan	nation—enter all requested infor	IIIallUII		1b Three-digit plan				
	YS AUTO BODY, INC. PROF	FIT SHARING PLAN			number (PN) ▶	001			
					1c Effective date of plan				
					01/01/1996				
		s (employer, if for a single-employer	er plan)		2b Employer Identification Number (EIN)	n			
(Address should include room or suite no.)  JEFFREYS AUTO BODY, INC.				16-1326470					
OLITIKE	TO ACTO BODT, INC.				2c Sponsor's telephone				
					number				
6181 EA	ST TAFT ROAD	6181 F.	AST TAFT ROAD		315-458-0836				
NORTH	SYRACUSE, NY 13212		SYRACUSE, NY 132	212	2d Business code (see instructions)				
					811110				
		complete filing of this return/rep							
		penalties set forth in the instruction as the electronic version of this ret							
					,,, <u>-</u>				
SIGN	Filed with authorized/valid ele	ectronic signature.	07/20/2010	JEFFREY LYMAN					
HERE									
	Signature of plan adminis	trator	Date	Enter name of individual s	signing as plan administrator				
SIGN									
HERE									
	Signature of employer/pla	in sponsor	Date	Enter name of individual s	signing as employer or plan spon	sor			
CION									
SIGN HERE									

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009) v.092307.1

Enter name of individual signing as DFE

	5 5500 (0000)				
	Form 5500 (2009) Page <b>2</b>				
	Plan administrator's name and address (if same as plan sponsor, enter "Same") FFREYS AUTO BODY, INC.			ministrator's EIN	
618	81 EAST TAFT ROAD DRTH SYRACUSE, NY 13212		nu	ministrator's telep mber 5-458-0836	hone
				1.a	
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, ente the plan number from the last return/report:	er the name, EIN	and	4b EIN	
а	Sponsor's name			4c PN	
5	Total number of participants at the beginning of the plan year		5		8
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6c	d).	-		
а	Active participants		6a		(
b	Retired or separated participants receiving benefits		6b		
С	Other retired or separated participants entitled to future benefits		6c		
d	Subtotal. Add lines 6a, 6b, and 6c.		6d		(
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e		
f	Total. Add lines <b>6d</b> and <b>6e</b>		6f		(
g	Number of participants with account balances as of the end of the plan year (only defined contribution plan complete this item)		6g		(
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h		
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete	e this item)	7		
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2G 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.				
9a 10	(3)         X         Trust         (3)         X         Trust           (4)         General assets of the sponsor         (4)         General	ce ection 412(e)(3) in assets of the sp	nsurand		ctions)
а	Pension Schedules  (1) R (Retirement Plan Information)  b General Schedules (1) H	(Financial Inform	ation)		

(2)

(3)

(4)

(5)

(6)

I (Financial Information – Small Plan)

**D** (DFE/Participating Plan Information)

**G** (Financial Transaction Schedules)

A (Insurance Information)C (Service Provider Information)

(2)

(3)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

## SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

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

2009

This Form is Open to Public Inspection

·	mapeonion
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009	and ending 12/31/2009
A Name of plan JEFFREYS AUTO BODY, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
JEFFREYS AUTO BODY, INC.	16-1326470

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

#### Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	23834	0
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	23834	0
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	<b>(b)</b> Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)		
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	. 2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	392	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		392
е	Benefits paid (including direct rollovers)	. 2e	23826	
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)		400	
i	Other expenses			
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		24226
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		-23834
	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans			X	

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Schedule I (Form 5500) 2009

			Yes	No	Amour	nt
3f	Loans (other than to participants)	3f		X		
g	Tangible personal property	3g		X		
Pa	art II Compliance Questions					
4	During the plan year:		Yes	No	Amou	nt
а	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 plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X		
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X		
е	Was the plan covered by a fidelity bond?	4e	X			50000
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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X		
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j	X			
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X			
ı	Has the plan failed to provide any benefit when due under the plan?	41		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		X		
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 🔀 Ye	es 🗌 N	No A	Amount:	23826
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id transferred. (See instructions.)	entify t	he plan	(s) to w	hich assets or liabilit	ies were
	5b(1) Name of plan(s)			5b(2)	EIN(s)	<b>5b(3)</b> PN(s)

From: 3154520213

Page: 1/1

Date: 7/27/2010 3:16:19 PM

## Form 5500

Department of the Treequity Internal Revenue Service

Department of Labor Employed Benefits Security

## Annual Return/Report of Employee Benefit Plan

This form is required to be filled for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(a), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries to accordance with

OMB Nos. 1210 - 0110 1210 - 0089

2009

Penalon Benefit Guaranty Corporation	the instructions to	the Form 5500.	This Form is Open to Public Inspection
Part I Annual Report Identificati			
For calendar plan year 2009 or fiscal plan year bi		THE STATE OF THE S	1/2009
	ployer plan;	a multiple-employer p	lan; or
∆ a single-en	ployer plan;	a DFE (specify)	
	d return/report;	X the final return/report;	rn/report iless than 12 months)
C If the plan is a collectively-bargained plan, che			[ ]
D Check box if filing under: Form 5558	•	automatic extension;	the DPVC program;
Part It Basic Plan Information - er	ension (enter description)	The state of the s	THE PROCESSIANCE AND ADDRESS OF THE PROPERTY O
1a Name of plan	itel sil redoested illiothisticil	15 Three-digi	•
JEFFREYS AUTO BODY, INC.		munitari di	
PROFIT SHARING PLAN		1c Effective o	date of plan
2a Plan sponsor's name and address (employer (Address should include room or suite no.)	, if for a single-employer plan	The second secon	Identification Number (EIN)
JEFFREY'S AUTO BODY, INC.	•		telephone number 58-0836
6181 EAST TAFT ROAD		2d Business 81111	code (see instructions) O
MANAGEMENT AND A CITIZEN			Ker provinced at
	IY 13212		All Control of the Co
6181 EAST TAFT ROAD			And the second s
NORTH SYRACUSE N	Y 13212		
Caution: A penalty for the late or incomplete fili	T. F. T.	he secected unless researchie extresi	e aetablishad
Under penalties of perjury and other penalties set forth in the instruss the discretion version of this return/report, and to the best of my	ictions, I declare that I have examined t	his return/report, including accompanying achedules, str	
11 C	THE PARTY OF THE P		THE PARTY OF THE P
HERE John Tynn	07/26/2010	JEFFREY LYMAN	
Signature of plen edministrator	Date	Enter name of individual signing as plan	administrator .
SIGN HERE	NOT COMMON AND AND A		
Signature of employer/plan sponsor	Date	Enter name of Individual signing as empl	oyer or plan sponsor
SIGN	The second secon		1 VOVE 10 ANALES 200
Signature of DFE	Date	Enter name of Individual signing as DFE	T TYTE AND THE STATE OF THE STA
For Paperwork Reduction Act Notice and OMB	Control Numbers, see the in	estructions for Form 5500.	Form 5500 (2009) V.092307.1

	Form 5500 (2009)		NATIONAL PROPERTY.	Section of the section of the		Page	2			
3a Plan administrator's name and address (If same as plan sponsor, enter "Same").  SAME  3b Administrator's name and address (If same as plan sponsor, enter "Same").						ator's EIN				
						3	<b>c</b> Administra	ator's	telephone nu	mber
4	If the name and/or EIN of the plan sponsor has changed since the last EIN and the plan number from the last return/report:  Sponsor's name	return/rep	ort	filed fo	this p	lan, e	enter the nam	ie.	4b EIN	iki ki ki ki sa
a	Sponsor's fiame								4C FIV	
5	Total number of participants at the beginning of the plan year							5		
6	Number of participants as of the end of the plan year (welfare plans cor	•								
a b	Active participants							6a 6b	**************************************	
C								6c	***********************	
d	Other retired or separated participants entitled to future benefits Subtotal. Add lines 6a, 6b, and 6c						6d	************************		
0	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits				6e	4,740,411,410,410,410,410,410,410,410,410,4				
f	Total, Add lines 6d and 6e					6f	, v + 10 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans						. ,	_	***************************************	
h	complete this item)  Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						6g		THE RESIDENCE AND ADDRESS OF THE LAND	
13						6h				
7	Enter the total number of employers obligated to contribute to the plan complete this item)	(only multi	lem	ployer	plans	*******************************	CONTRACTOR OF THE PROPERTY OF	7		<del>alli et elle ago da concanca e e e</del> con e e e e e e e e e e e e e e e e e e e
Ba E	If the plan provides pension benefits, enter the applicable pension featu 2G 3D	Annual Contraction of the Contra	,,,,,			anname and the Article	January 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Code	s in the instru	ıctions:
>	If the plan provides welfare benefits, enter the applicable welfare feature	codes fro	om	the Lls	t of Pla	an Ch	aracteristic C	Codes	in the instruc	tions:
)a	Plan funding arrangement (check all that apply)	9b Plan	) be	enefit a	rangei	ment	(check all the	at app	ly)	Elektrikasikasikasikasikasikasikasikasikasikas
	(1) Insurance	(1	Г		rance		(41114111111111111111111111111111111111	, . , .		
	(2) Code section 412(e)(3) insurance contracts	(2)	)	Coc	e sect	ion 4	12(e)(3) insun	ance c	contracts	
	(3) X Trust	(3)		_1						
0	(4)   General assets of the sponsor  Check all applicable boxes in 10a and 10b to indicate which schedules (See instructions)	(4) are attach	****	<del>40)</del>	<del>miano prima</del>	Stationary	of the sponso ted, enter the	·····	ber attached.	and which we want to be a second of the seco
а	Pension Schedules	b Ge	ne	ral Sch	edules	6				
	(1) R (Retirement Plan Information)	(1)	Secure .		Н		Inancial Infor	matio	n)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money		2	$\overline{\underline{\zeta}}$	1	,	inancial Infor			)
	Purchase Plan Actuarial Information) - signed by the plan	(3)		-	A	•	nsurance Info		•	
	actuary	(4)	-	-	C		Service Provice			
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	-	-	D		)FE/Participa			n)
	Information) - signed by the plan actuary	(6)	- 1	ž.	G			masti-	n Schedules)	