Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Comple	te all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.		•		
	art I Annual Report Identificatio								
For	calendar plan year 2009 or fiscal plan year be	eginning 01/01/20	09	and ending 1	2/31/2	2009			
Α.	This return/report is for:	one-participant plan							
В	This return/report is for: first return/r		_						
	an amende	nths)							
C	Check box if filing under:		automatio	extension		DFVC progra	m		
	special exte								
Pa	rt II Basic Plan Information—ent	er all requested inforr	nation						
	Name of plan				1b	Three-digit			
FUL ₁	ON/HIGH POINT 401(K) SAVINGS PLAN					plan number	001		
					4 -	(PN) •			
					1C	Effective date of 07/01/1			
2a	Plan sponsor's name and address (employer	. if for single-employe	er plan)		2b Employer Identification Numb				
	ON CHEVROLET CADILLAC COMPANY, IN		μ.α,		(EIN) 13-3050409				
					2c Plan sponsor's telephone numb				
	BOX 519 DLETOWN, NY 10940				24	845-343 Business code (ctions)	
					Zu	441110	see msuu	Clions)	
3a	Plan administrator's name and address (if sa	me as Plan sponsor,		e")	3b	Administrator's I			
FULT	ON CHEVROLET CADILLAC COMPANY, IN	IC. P.O. BOX 5 MIDDLETO		940	30	13-3050		numbar	
					30	Administrator's t		number	
	f the name and/or EIN of the plan sponsor ha			port filed for this plan, enter the	4b	EIN			
- 1	name, EIN, and the plan number from the last	return/report. Spons	or's name		4c	DNI			
5a	Total number of participants at the beginning	of the plan year			5a			64	
b	 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year 							7	
С	Total number of participants with account ba				5b			•	
	complete this item)				5c			7	
	Were all of the plan's assets during the plan	-					X Yes	s No	
b	Are you claiming a waiver of the annual example under 29 CFR 2520.104-46? (See instruction						X Yes	з П No	
	If you answered "No" to either 6a or 6b, t	• •		•			Ц .ос	, П	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		7a	889866	3	()		414205	
b	Total plan liabilities								
С	Net plan assets (subtract line 7b from line 7a			889866	3			414205	
8	Income, Expenses, and Transfers for this Pla			(a) Amount	(b) Total				
а	Contributions received or receivable from:					•			
	(1) Employers		` '						
	(2) Participants		8a(2)	56121	<u> </u>				
_	(3) Others (including rollovers)		` '						
b	Other income (loss)			191103	3				
C	Total income (add lines 8a(1), 8a(2), 8a(3), 8		8c					247224	
d	Benefits paid (including direct rollovers and i to provide benefits)		8d	699475	5				
е	Certain deemed and/or corrective distribution	ns (see instructions)		23410)				
f	Administrative service providers (salaries, fe	es, commissions)	8f						
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						722885	
i	Net income (loss) (subtract line 8h from line	8c)	8i					-475661	
j	Transfers to (from) the plan (see instructions	·)	8i						

Part IV	Plan	Charac	teristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D

D '	11 1111	plan provides wellare benefits, enter the applicable wellare leat	idie codes nom me	List of Flair Chara	iciens	lic Cot	163 III	uie ilisuut	Alons.		
Part	٧	Compliance Questions									_
10	During the plan year:								Amour	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)										
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)										
С	C Was the plan covered by a fidelity bond?									10000	00
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	10d		X						
										307	77
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10g		X				_
h		s is an individual account plan, was there a blackout period? (Se 0.101-3.)			10h		X				
i		th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part '	VI	Pension Funding Compliance									
		is a defined benefit plan subject to minimum funding requirement							Y	es X N	lo
12	ls t	nis a defined contribution plan subject to the minimum funding rec	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	Y	es 🔀 N	Ю
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl	,								
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.									
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		rear_		
		r the minimum required contribution for this plan year		-			12b				_
С	Ente	r the amount contributed by the employer to the plan for this plan	n year				12c				
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		12d				
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A	4
Part \	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ır?					Y	es X N	lo
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this year				13a			<u>'</u>	
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?								Y	es X N	lo
		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	ne pla	n(s) to					
13c(1) Name of plan(s):						13	c(2) El	N(s)	130	(3) PN(s))
Cauti	on:	A penalty for the late or incomplete filing of this return/report	t will be assessed	unless reasonab	le cau	ıse is	establ	lished.			
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.									
SIGN	F	led with authorized/valid electronic signature.	10/04/2010	JASON EVERT							
SIGN			ndividual signing as plan administrator								

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Internal Revenue Code (the Code).

Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the

OMB Nos. 1210-0110

1210-0089

2009

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	ance with	the instructions to the Form 5500	-SF.	
art I Annual Report Identification Information				
he calendar plan year 2009 or fiscal plan year beginning	01/01	/2009 and ending	12/31/2009	
his return/report is for: x single-employer plan	multiple-en	nployer plan (not multiemployer)	one-participan	t plan
his return/report is for: first return/report	final return/	report	_	
an amended return/report	short plan v	ear return/report (less than 12 months)	
	• •	· —	n	
	automatic	skieliaidii	☐ Di ve piogran	11
	nation.		41	
Name of plan				
Fulton/High Point 401(k) Savings Plan			(PN) ►	001
*			1c Effective date of	plan
	n)			
ruiton cheviolet caulilac company, inc.		<u> </u>	`_ /	
P.O. Box 519			(845) 343-3	•
Middletown NY 10940			2d Business code (s	see instructions)
	er "Same")			in
Same	,, ,			·····
		-	3c Administrator's to	alanhona number
			OC Administrators to	зерноне патьег
			41	
	return/repor	t filed for this plan, enter the	4b EIN	
			4c PN	
Total number of participants at the beginning of the plan year	5a			
		l -		64
Total number of participants at the end of the plan year		[5b	7
Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the	plan year (defined benefit plans do not	5b	7
Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item)	plan year (defined benefit plans do not		7
Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item)	plan year (defined benefit plans do not instructions.)	5b 5c	7
Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item)	plan year (sets? (See dependent conditions.)	defined benefit plans do not instructions.) qualified public accountant (IQPA)	5b 5c	7
Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item)	plan year (sets? (See dependent conditions.)	defined benefit plans do not instructions.) qualified public accountant (IQPA)	5b 5c	7 7 X Yes \(\sum \colon \colo
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Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item)	plan year (sets? (See dependent conditions.)	defined benefit plans do not instructions.) qualified public accountant (IQPA)	5b 5c	7
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Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item)	plan year (sets? (See idependent conditions.) 5500-SF ar	defined benefit plans do not instructions.) qualified public accountant (IQPA) and must instead use Form 5500.	5b 5c	7
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Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item)	plan year (sets? (See dependent conditions.) 5500-SF ar	defined benefit plans do not instructions.) qualified public accountant (IQPA) and must instead use Form 5500. (a) Beginning of Year 889,866	5b 5c	7 7 X Yes No X Yes No of Year 414,205
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Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item) Were all of the plan's assets during the plan year invested in eligible as Are you claiming a waiver of the annual examination and report of an in under 29 CFR 2520.104-46? (See instructions on waiver eligibility and of the your answered "No" to either 6a or 6b, the plan cannot use Form It III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	plan year (sets? (See dependent conditions.) 5500-SF ar 7a 7b 7c 8a(1)	defined benefit plans do not instructions.) qualified public accountant (IQPA) and must instead use Form 5500. (a) Beginning of Year 889,866 889,866 (a) Amount	5b 5c	7 7 XYes No XYes No 414,205
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Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item) Were all of the plan's assets during the plan year invested in eligible as Are you claiming a waiver of the annual examination and report of an in under 29 CFR 2520.104-46? (See instructions on waiver eligibility and of the you answered "No" to either 6a or 6b, the plan cannot use Form of the plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	plan year (sets? (See dependent conditions.) 5500-SF ar 7a 7b 7c 8a(1)	defined benefit plans do not instructions.) qualified public accountant (IQPA) and must instead use Form 5500. (a) Beginning of Year 889,866 889,866 (a) Amount	5b 5c	7 7 XYes No XYes No 414,205
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Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item) Were all of the plan's assets during the plan year invested in eligible as Are you claiming a waiver of the annual examination and report of an in under 29 CFR 2520.104-46? (See instructions on waiver eligibility and of the your answered "No" to either 6a or 6b, the plan cannot use Form the plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	plan year (defined benefit plans do not instructions.) qualified public accountant (IQPA) and must instead use Form 5500. (a) Beginning of Year 889,866 889,866 (a) Amount 56,121 191,103	5b 5c	7
Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item)	plan year (sets? (See dependent conditions.) 5500-SF ar 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	defined benefit plans do not instructions.) qualified public accountant (IQPA) and must instead use Form 5500. (a) Beginning of Year 889,866 889,866 (a) Amount 56,121	5b 5c (b) End (7
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Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item)	plan year (sets? (See idependent conditions.) 5500-SF ar 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	defined benefit plans do not instructions.) qualified public accountant (IQPA) and must instead use Form 5500. (a) Beginning of Year 889,866 889,866 (a) Amount 56,121 191,103	5b 5c (b) End (7
Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item)	plan year (sets? (See dependent conditions.) 5500-SF ar 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	defined benefit plans do not instructions.) qualified public accountant (IQPA) and must instead use Form 5500. (a) Beginning of Year 889,866 889,866 (a) Amount 56,121 191,103	5b 5c (b) End (7
	his return/report is for: an amended return/report and an amended return/rep	his return/report is for: first return/report final return/report short plan to sheck box if filing under: x Form 5558 automatic expecial extension (enter description) special extension (enter description) rt Basic Plan Information enter all requested information. Name of plan Fulton/High Point 401(k) Savings Plan Plan sponsor's name and address (employer, if for single-employer plan) Fulton Chevrolet Cadillac Company, Inc. P.O. Box 519 Middletown NY 10940 Plan administrator's name and address (If same as plan employer, enter "Same") Same Same Same Same Same Same Same Information Same Same	his return/report is for: first return/report final return/report short plan year return/report short plan year return/report (less than 12 months theck box if filing under: Form 5558 automatic extension special extension (enter description) Pasic Plan Information enter all requested information. Name of plan Pulton/High Point 401(k) Savings Plan Pulton/High Point 401(k) Savings Plan Pulton Chevrolet Cadillac Company, Inc. Pulton Chevrolet Cadillac Company, Inc. Pulton Plan administrator's name and address (If same as plan employer, enter "Same") Pulton Plan administrator's name and address (If same as plan employer, enter "Same") Pulton Plan administrator's name and address (If same as plan employer, enter "Same") Pulton Plan administrator's name and address (If same as plan employer, enter "Same") Pulton Plan administrator's name and address (If same as plan employer, enter "Same") Pulton Plan administrator's name and address (If same as plan employer, enter "Same") Pulton Plan administrator's name and address (If same as plan employer, enter "Same") Pulton Plan administrator's name and address (If same as plan employer, enter "Same")	his return/report is for: first return/report final return/report final return/report final return/report final return/report final return/report (less than 12 months) short plan year year year year year year year year

	Form 5500-SF (2009)	Pi	age 2-					
Pari	IV Plan Characteristics		***************************************					
9a	the plan provides pension benefits, enter the applicable pension featur	re codes from the List	of Plan Characteristic	Codes	in the in	structions:		
b i	2E 2G 2J 2K 3D the plan provides welfare benefits, enter the applicable welfare feature	codes from the List o	f Plan Characteristic (Codes	in the ins	tructions:		
Par	V Compliance Questions		·			70.07		
10	During the plan year:			Ye	s No	Ar	nount	
а	Was there a failure to transmit to the plan any participant contribution of	within the time period		_	х			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do	• ,		Da				
	on line 10a.)			оь	x			
С	Was the plan covered by a fidelity bond?			Oc X			100,0	00
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli		sed by fraud	1		1		
	or dishonesty?		1	0d	x			
е	Were any fees or commisions paid to any brokers, agents, or other pe insurance services or other organization that provides some or all of the instructions.)	ne benefits under the p	olan? (See	De X	:		3,0	77
f	Has the plan failed to provide any benefit when due under the plan?			Of	x			
g	Did the plan have any participant loans? (If "Yes," enter amount as of		<u> </u>		x			
h	If this is an individual account plan, was there a blackout period? (See	•	├	0g	+			
	2520.101-3.)			Oh	х			
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3			0i				:
	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements 5500))						Yes X No	5
12	Is this a defined contribution plan subject to the minimum funding requ	•					Yes X No	 o
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							
а	If a waiver of the minimum funding standard for a prior year is being an	, ,					-	
If v	granting the waiver				Day	y Y	ear	
b b	Enter the minimum required contribution for this plan year		-		12b			
C	Enter the amount contributed by the employer to the plan for this plan				12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the	-		• •				
	negative amount)	•	•		12d	<u></u>		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the f	unding deadline? .			· · ·	Yes	NoN/A	<u> </u>
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year				<u></u>	· · · · ·	Yes X No	<u> </u>
	If "Yes," enter the amount of any plan assets that reverted to the empl	oyer this year		• •	13a			
b c	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?				trol		Yes XN	o
	which assets or liabilities were transferred. (See instructions.)		1				Τ	
13c(1) Name of plan(s):						EIN(s)	13c(3) PN(s)	
Cauti	on: A penalty for the late or incomplete filing of this return/report w	vill be assessed unle	ss reasonable cause	is es	ablished	d		
SB or	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.							
SIG		10-1-10	JOHN W	DVT	2			_
HE		Date	Enter name of indivi		anina as	plan administ	rator	_
—	1 // _N	10-1-10		20.F.				_
1	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							
L	1 6 Charta at ambies 1 am	1 - 410	or mains or main		₂ 9 u3	p.0701 01 F	oponoon	

5500-SF Electronic Filing Authorization

Plan Name: Fulton/High Point 401(k) Savings Plan

EIN/PN:

13-3050409/001

Plan Year:

01/01/2009 - 12/31/2009

I hereby authorize Jason Evert of United Beenfit Pensions Inc. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator