	Form 5500-SF		eturn/F Benefit	Report of Small Employ	yee	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service	This form is required to be filed	•	2010						
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	This Form is Open to P							
Р	ension Benefit Guaranty Corporation	Inspection								
Persion Benefit Guarany Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010										
_		single-employer plan			2/31/2					
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	first return/report	final retur	•	- 44					
~		an amended return/report		year return/report (less than 12 mo	nuns)					
	Check box if filing under:	Form 5558 special extension (enter descriptio		extension		DFVC program				
Da	art II Basic Plan Inform	nation —enter all requested information								
	Name of plan	Hation —enter all requested information	allon		1b	Three-digit				
	FON/HIGH POINT 401(K) SAVIN	IGS PLAN				plan number 001				
					4.0	(PN) ►				
					TC	Effective date of plan 07/01/1997				
	Plan sponsor's name and addre	ess (employer, if for single-employer COMPANY, INC.	plan)		2b	Employer Identification Number (EIN) ¹³⁻³⁰⁵⁰⁴⁰⁹				
	BOX 519	- , -			2c	Plan sponsor's telephone number 845-343-3184				
MIDE	DLÈTOWN, NY 10940				2d	Business code (see instructions)				
3a FUL1	Plan administrator's name and	address (if same as Plan sponsor, el	3")	3b	Administrator's EIN 13-3050409					
		MIDDLETOW	/N, NY 109	940	3c	Administrator's telephone number 845-343-3184				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the						4b EIN				
name, EIN, and the plan number from the last return/report. Sponsor's name						4c pn				
5a	Total number of participants at	the beginning of the plan year			40 5a	FN 7				
b		the end of the plan year			5a 5b	0				
С	Total number of participants wi	th account balances as of the end of				0				
62	complete this item)	uring the plan year invested in eligibl		(Pao instructions)	5c	Yes No				
		e annual examination and report of a		. ,	 PA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)	·····	X Yes No				
Pa	If you answered "No" to eith rt III Financial Informa	er 6a or 6b, the plan cannot use Fo ation	orm 5500-	SF and must instead use Form 55	00.					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
a			7a	414205	5	0				
b	•									
С	Net plan assets (subtract line 7	b from line 7a)	7c	414205	5	0				
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or recei	vable from:	8a(1)							
			8a(2)							
b	., ,			1988	3					
С	Total income (add lines 8a(1),	Ba(2), 8a(3), and 8b)	8c			1988				
d		ollovers and insurance premiums	8d	400861						
е	· ,	ive distributions (see instructions)	8e	1362						
f		s (salaries, fees, commissions)		171						
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h		416					
i		8h from line 8c)				-414205				
j	Transfers to (from) the plan (se	e instructions)	8j							

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

Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2K 2G 2J 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No	Amount			
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)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
С	Was the plan covered by a fidelity bond?	10c	Х					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	x		15			158
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 year end.)							
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))							
lf : b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	th of a	and e	nter th Day 12b 12c 12d	e date of ti	Year		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		Г	 13a		X	Yes	No 0
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year							0
 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
1	13c(1) Name of plan(s):				N(s)	1	3c(3)	PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	10/14/2011	JASON EVERT
HERE	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

Form 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan					CMB Nos. 1210-0210 1210-0389		
Department of the Treasury Internal Rovenue Service	This form is required to be fik	Dement Flam This form is required to be filed under sections 104 and 4065 of the Employee						
Department of Labor mployee Benefits Security Administration Pension Benefit Guaranty Corporation	Internal F	Revenue Gode	ct of 1974 (ERISA), and section 6058(a) of the svenue Code (the Code).			This Form is Open to Public Inspection		
Part I Annual Report I	dentification information	gance with t	he instructions to the Form 5506	FSF.				
or the calendar plan year 2010 or		01/01/	2010 and ending	12/	31/2010	• • • • •		
	x single-employer plan		loyer plan (not multiemployer)	Π	one-participa	ni nićć		
					ane-berneher			
This return/report is for:			-	_\				
	an amended return/report		ar return/report (less than 12 months	s) —	e m (6			
C Check box if filing under: 🕱 Form 5558			tension		DFVC program			
	special extension (enter description							
	mation — enter all requested infor	mation.	· · · · · · · · · · · · · · · · · · ·	46 -		1		
a Name of plan					hree-digit an number			
Fulton/High Point 401	l(k) Savings Plan				'N) ►	001		
			ļ		ffective date of 7/01/1997	f plan		
a Plan soonsor's name and addre	ess (employer, if for single-employer pla	an)	·····			fication Number		
Fulton Chevrolet Cadi		-		(E	EIN) 13-30	50409		
P.O. Box 519				(645) 343-3			
S Middletown	NY 10940				usiness code (41110	see instructions)		
A Plan administrator's name and :	address (if same as plan employer, en	ter "Same")		36 A	dminisbator's l	EIN .		
יייי הפייאקאיאייני ער אימוווער איז	Ian салколг has channad sinna tha ise на салколг has channad sinna tha ise	י השלבותית (השועה) וווויז (השועה) ווווויז (השועה)	filori for this ritan ontor the	3c A 4h F 5c		Velephone number		
Complete this item) Were all of the plan's assets du Are you claiming a waiver of the	Infing the plan year invested in eligible a	ssets? (See in independent q	nstructions.)	,4h ,F	<u>n</u>			
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	Form 5500-SF 2010	Pa	ge 2-				
ari	IV Plan Characterístics						
	the plan provides pension benefits, enter the applicable pension featu 28 26 2J 2K 30 the plan provides welfare benefits, enter the applicable welfare feature						
ari	V Compliance Questions						
0	During the plan year:		F	Ye	3 No		Amount
a b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Ways there any nonexempt transactions with any party-in-interest? (C	y Correction Program)	1	0a	x		
-	on line 10a.)			0b	x		
c	Was the plan covered by a fidelity bond?			0c X			100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was caus		0d	x		
e	Ware any fees or commisions paid to any brokers, agents, or other p insurance services or other organization that provides some of all of t instructions.)	the benefits under the p	an? (See	x a0			158
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	fyearend.)		Og	x		
ĥ	If this is an individual account plan, was there a blackout period? (See	e instructions and 29 Cl	R		x		
	5500)			<u></u>		<u></u>	Yes XNo
	If a waiver of the minimum funding standard for a prior year is being a granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule Mi Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan Subtract the emount in line 12c from the amount in line 12b. Enter the	B (Form 5500), and aki n year e result (enter a minus s	p to line 13.	•••			ter ruling Year
	negative amount)			• •	استعما	∏Yee	
_	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	<u>,, , , , , , , , , , , , , , , , , , ,</u>	<u>• • •</u>	•.•.		
_	VII Plan Terminations and Transfers of Assets					· ·	X Yes No
a	Has a resolution to terminate the plan been adopted during the plan t If "Yes," enter the amount of any plan assets that reverted to the emp					<u> </u>	
b c	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC? If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	ansferred to another pla	n, or brought under	ihe con	trol	* • •	·
	šc(1) Name of plan(s):				13c(2) E	IN(s)	13c(3) PN(s)
				_			
	n						
a na	n: A penalty for the late or incomplete filing of this return/report	will be assessed unle:	 Is reasonable caus	e is est	ablished		
ide: 3 or	penalties of perjury and other penalties set forth in the instructions, I o Schedule MB completed and signed by an enrolled actuary, as well as It is thue, conject, and complete.	declare that I have exam	lined this return/repo	nt, inclu	iding, if a	plicable, a	Schedule edge and
	The A The hours		L OF	Z]=	4-	teta	250
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