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).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
For	calendar plan year 2010 or fiscal plan year beginning 10/01/20	110	and ending	09/30/	2011 	
A	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	int plan
В	This return/report is for: first return/report	final retur	n/report			
	an amended return/report	short plar	year return/report (less than 12 m	onths)		
C	Check box if filing under: Form 5558		DFVC progra	am		
	special extension (enter descript	tion)				
Pa	Irt II Basic Plan Information—enter all requested inform	mation				
1a	Name of plan			1b	Three-digit	
FREI	NCHIES CHEVROLET INC 401K PROFIT SHARING PLAN				plan number	001
				10	(PN) Feffective date o	f plan
				'	10/01/1	
	Plan sponsor's name and address (employer, if for single-employer	er plan)		2b	Employer Identi	
FREI	NCHIES CHEVROLET INC				(EIN) 16-118	
255 E	EAST ORVIS STREET			2C	Plan sponsor's t	telephone number 4-1760
MAS	SENA, NY 13662			2d	Business code ((see instructions)
					441110)
3a FREI	Plan administrator's name and address (if same as Plan sponsor, NCHIES CHEVROLET INC 255 EAST 0	enter "Same ORVIS STR	e") EET	3b	Administrator's 16-118	
	MASSENA,	, NY 13662		3c		telephone number
					315-76	4-1760
	f the name and/or EIN of the plan sponsor has changed since the lange. EIN, and the plan number from the last return/report. Spons		port filed for this plan, enter the	4b	EIN	
	name, Env, and the plan number from the last return/report. Spons	sors name		4c	PN	
5a	Total number of participants at the beginning of the plan year			. 5a		52
b	Total number of participants at the end of the plan year			. 5b		64
С	Total number of participants with account balances as of the end	of the plan y	rear (defined benefit plans do not	100		
	complete this item)			. 5c		64
_	Were all of the plan's assets during the plan year invested in eligi		'			^ Yes No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use		•			
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	-	120319	99		907914
b	Total plan liabilities	<u>7</u> b	40004			007044
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7с	120319	99		907914
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	<u> Fotal</u>
а	Contributions received or receivable from: (1) Employers	8a(1)	1387	72		
	(2) Participants		5878	34		
	(3) Others (including rollovers)					
b	Other income (loss)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				72656
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	35359	97		
е	Certain deemed and/or corrective distributions (see instructions)					
f	Administrative service providers (salaries, fees, commissions)		260)5		
g	Other expenses		1173	39		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					367941
i	Net income (loss) (subtract line 8h from line 8c)					-295285
i	Transfers to (from) the plan (see instructions)					

	F	Form 5500-SF 2010 Page 2-]							
Par	t IV	Plan Characteristics								_
Эа		e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan (Characteri	stic Co	des in	the instru	ction	ns:		_
h		e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	haracteris	stic Co	des in t	the instru	ction	e.		
D	11 1110	, plan provides wellare benefits, effect the applicable wellare reactive codes from the cist of high re-	naractoric	5110 000	ucs III (.iic iiisti ut	711011	J.		
art	: V	Compliance Questions								
0	Duri	ing the plan year:		Yes	No		An	nount		
а		s there a failure to transmit to the plan any participant contributions within the time period describe CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	d in 10a		X					
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reportine 10a.)	ed 10b		X					
С	Wa	s the plan covered by a fidelity bond?	10c	X					100000	0
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra ishonesty?	ud 10d		X					
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		Х					
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.)	10g	X					16729	4
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i		X					
art	VI	Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and						Yes	X No	_ o
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the 0						Yes		_
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					L			
а	lfαν	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in								
I£ .	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			Day		Ye	ar		
	-	er the minimum required contribution for this plan year		Γ	12b					_
		er the amount contributed by the employer to the plan for this plan year		Ħ	12c					
_		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the								_
		ative amount)		<u>L</u>	12d	<u> </u>	_	r		_
		the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ш	No	N/A	
art	VII	Plan Terminations and Transfers of Assets								
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No	<u>)</u>
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a	1				

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

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.

Yes No

13c(3) PN(s)

13c(2) EIN(s)

SIGN	Filed with authorized/valid electronic signature.	02/16/2012	REAL C COUPAL
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

315 764 1032

P.02/03

OMB Nos. 1210-0110 1210-0089

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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Complete all entries in accordance with the instructions to the Form 5500-SE

2010

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	art I Annual Report Identification Information	0.000.00			***************************************			
For		10/01/2			09/30/2011			
A	This return/report is for:		employer plan (not multiemployer)	one-participant plan				
В	This return/report is for:	final retu	m/report					
	an amended return/report	short pla	n year return/report (less than 12 mo	nths)				
C	Check box if filing under: Form 5558	automati	cextension		DFVC program			
	special extension (enter descripti	on)			_			
P	art II Basic Plan Information—enter all requested inform	stion						
	Name of plan	ianon .		16	Three-digit			
	Frenchies Chevrolet Inc 401k Profit Shar	ing Pl	an		plan number			
					(PN) ▶ 001			
				1c	Effective date of plan 10/01/1989			
20	Plan annual annual and add of the state of t			26				
28	Plan sponsor's name and address (employer, if for single-employer Frenchies Chevrolet Inc	r plan)	:	20	Employer Identification Number (EIN) 16-1181765			
				2c	Plan sponsor's telephone number			
	255 East Orvis Street				(315)764-1760			
				2d	Business code (see Instructions)			
2	Massena		NY 13662	125	441110			
381	Plan administrator's name and address (if same as Plan sponsor, e Same	nter "Sam	er)	30	Administrator's EIN			
				3c	Administrator's telephone number			
				<u> </u>	(315)764-1760			
	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN			
	name, Env, and the plan humber from the last return/report. Sporsc	n s name		4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	5			
Ь			<i></i>					
			***************************************	l 5b	l 6			
¢	Total number of participants with account balances as of the end o			<u>5b</u>	1			
¢	Total number of participants with account balances as of the end o complete this item)	f the plan	ear (defined benefit plans do not	5c	6			
с 6а	Total number of participants with account balances as of the end o complete this item)	f the plan y	/ear (defined benefit plans do not	5c	6			
	Total number of participants with account balances as of the end o complete this item)	f the plan ; ple assets? an indepe	/ear (defined benefit plans do not (See instructions.)	5c				
	Total number of participants with account balances as of the end o complete this item)	f the plan y lie assets? an indepe and condit	/ear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IC ions.)	5c				
b	Total number of participants with account balances as of the end o complete this item)	f the plan y lie assets? an indepe and condit	/ear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IC ions.)	5c				
b	Total number of participants with account balances as of the end o complete this item)	f the plan y lie assets? an indepe and condit	/ear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IC ions.)	5c				
b	Total number of participants with account balances as of the end o complete this item)	f the plan ple assets? an indepe and condit orm 5500	vear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IC ions.)	5c	(b) End of Year			
b	Total number of participants with account balances as of the end o complete this item)	f the plan yole assets? an indepeand condition 5500-	/ear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IC ions.)	5c				
Pa 7 a b	Total number of participants with account balances as of the end o complete this item)	f the plan yole assets? an indepeand condition 5500- 7a 7b	year (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 1, 203, 19	5c (PA) (00.	(b) End of Year			
Pa 7 a b	Total number of participants with account balances as of the end o complete this item)	f the plan yole assets? an indepeand condition 5500- 7a 7b	(See instructions.) (Instructions.) (I	5c (PA) (00.	(b) End of Year 907, 91			
Pa 7 a b	Total number of participants with account balances as of the end o complete this item)	f the plan yole assets? an indepeand condition 5500- 7a 7b 7c	(See instructions.) (See i	5c PA) 00.	(b) End of Year			
Pa a b c	Total number of participants with account balances as of the end o complete this item)	f the plan yole assets? an indepeand condition 5500- 7a 7b 7c	(See instructions.) (Instructions.) (I	5c PA) 00.	(b) End of Year 907, 91			
Pa a b c	Total number of participants with account balances as of the end of complete this item)	f the plan yole assets? an indepeand condition 5500- 7a 7b 7c	(See instructions.) (See i	5c 2PA) 00.	(b) End of Year 907, 91			
Pa a b c	Total number of participants with account balances as of the end of complete this item)	f the plan yole assets? an indepeand condition 5500- 7a 7b 7c 8a(1)	(See instructions.) (See i	5c 2PA) 00.	(b) End of Year 907, 91			
Pa a b c	Total number of participants with account balances as of the end o complete this item)	f the plan yole assets? an indepe and condition 5500 7a 7b 7c 8a(1) 8a(2)	(See instructions.) (See i	5c 2PA) 00.	(b) End of Year 907, 91			
Pa b c 8 a	Total number of participants with account balances as of the end of complete this item)	f the plan yole assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) (See i	5c 2PA) 00.	(b) End of Year 907, 91			
Pa b c 8 a	Total number of participants with account balances as of the end of complete this item)	f the plan sole assets? an indepe and condition 5500 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) (See i	5c DPA) 000.	(b) End of Year 907, 91 (b) Total			
Property of the property of th	Total number of participants with account balances as of the end of complete this item)	f the plan sole assets? an indepe and condition 5500 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) (See i	5c DPA) 000.	(b) End of Year 907, 91 (b) Total			
Property of the property of th	Total number of participants with account balances as of the end of complete this item)	f the plan sole assets? an indepe and condition 5500 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	year (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 1, 203, 15 1, 203, 15 (a) Amount 13, 87 58, 78	5c 2PA) 000.	(b) End of Year 907, 91 (b) Total			
Property of the property of th	Total number of participants with account balances as of the end of complete this item)	f the plan sole assets? an indepeared condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(See instructions.) (See instructions.) (See instructions.) (A) Beginning of Year (B) 1, 203, 19 (C) Amount (C) 353, 55	5c 2PA) 000.	(b) End of Year 907, 91 (b) Total			
Property 7 ab c c d e f g	Total number of participants with account balances as of the end of complete this item)	f the plan sole assets? an indepe and condition 5500 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	year (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 1, 203, 15 1, 203, 15 (a) Amount 13, 87 58, 78	5c 2PA) 000.	(b) End of Year 907, 91 (b) Total			
Property of the property of th	Total number of participants with account balances as of the end of complete this item)	f the plan sole assets? an indepe and condition 5500 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	year (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ions.) (a) Beginning of Year 1,203,19 1,203,19 (a) Amount 13,87 58,78 353,59	5c 2PA) 000.	(b) End of Year 907, 91 (b) Total 72, 65			
Property 7 ab c c d e f g	Total number of participants with account balances as of the end of complete this item)	f the plan sole assets? an independent condition 5500 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	(See instructions.) (See instructions.) (See instructions.) (A) Beginning of Year (B) 1, 203, 19 (C) Amount (C) 353, 55	5c 2PA) 000.	(b) End of Year 907, 91 (b) Total			

Signature of employer/plan sponsor

Charles and	•	
Made	4-	

		Form 5500-5F 2010	<u>_</u>	age &							
Pai	t IV	Plan Characteristics									
9a		e plan provides pension benefits, enter the applicable pension feat	ure codes from the	List of Plan Chare	cteri	stic Co	des in	the instru	ctions	:	
	2E 2F 2G 2J 2K 3D										
þ	IT WIE	e plan provides welfare benefits, enter the applicable welfare featu	ire codes from the	List of Plan Chara	cteris	tic Cod	des in	the Instruc	ctions:		
Pari	V	Compliance Questions									
10		ing the plan year:				Yes	No		Amo	unt	
а	Wa	s there a failure to transmit to the plan any participant contributions							2-4,114		
Ь		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciang re there any nonexempt transactions with any party-in-interest? (De			10a		X				
	on l	line 10a.)	***************************************		10b		X				
C		as the plan covered by a fidelity bond?			10c	Х				1,00	0,000
d	Did or d	the plan have a loss, whether or not reimbursed by the plan's fidel	lity bond, that was	caused by fraud	10d		х				
6	Wei	re any fees or commissions paid to any brokers, agents, or other pr grance service or other organization that provides some or all of the ructions.)	ersons by an insure benefits under the	ance carrier, a plan? (See	10e		х				
f		the plan failed to provide any benefit when due under the plan?			10f		Х				
g		the plan have any participant loans? (If "Yes," enter amount as of y		-	10a	х				16	7 204
h	If th	is is an individual account plan, was there a blackout period? (See	instructions and 2	9 CFR	TUG	^				10	7,294
1	If 10	0.101-3.)	quired notice or or	ie of the	10h		X				
<u> </u>		eptions to providing the notice applied under 29 CFR 2520.101-3	***************************************		10i		Х	<u> </u>			
Part 11		Pension Funding Compliance ils a defined benefit plan subject to minimum funding requirements	O (15 1)/ 1 (-1-1-	ф_L/		\ <u></u>			
•••	5500	o))	? (II Tes, See Ins	tructions and com	e:e	aa		. (Form		Yes	X No
	(If "Y If a v gran	his a defined contribution plan subject to the minimum funding requives," complete 12a or 12b, 12c, 12d, and 12e below, as applicable, waiver of the minimum funding standard for a prior year is being anothing the waiver.	.) nortized in this pla	n year, see instruc	tions,	and e	nter th	e date of			
b		er the minimum required contribution for this plan year		•			12b				
Ç		er the amount contributed by the employer to the plan for this plan y				_	12¢				
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a min	us sign to the left o	of a		12d				
ө	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	N	0	N/A
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ar or any prior yea	r?						Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the emplo	yer this year				13a				
þ	Wen	e all the plan assets distributed to participants or beneficiaries, tran	nsferred to another	plan, or brought u	nder	the co	ntrol			Yes	X No
c	If du whic	tring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plar	n(s) to					
1	3c(1)	Name of plan(s):			13c(2) EIN(s) 13c				3c(3)	PN(s)	
									+		
Caut	on: A	A penalty for the late or incomplete filing of this return/report w	will be assessed u	ınless reasonable	e cau	se is e	stabi	shed.			
28 0	Sche	alties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have e the electronic vers	examined this return/n	m/rep eport,	ort, ind and to	cluding o the b	i, if applicates of my	able, a knowl	Sche edge	dule and
SIGI		R. D. C.		Real C Coup							
HER		Signature of plan administrator	Date	Enter name of inc		at sion	ing se	nian adm	inletro	tor	
SIGN	\mathcal{A}	2.00			-17146	ar olgi		Proti auti	riau \$	101	
HER		Signature of employer/plan sponsor) oto	Enter name of inc	15. 1.4						

Date

Enter name of individual signing as employer or plan sponsor