Form 5500-SF Short Form Annual Return/Report of Small Emplo						OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ						2	2013		
De	partment of Labor nefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058		This Form i	s Open to Public		
Pension Be	nefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	ctions to the Form 5500	0-SF.	Ins	pection		
Part I		entification Information							
_	ar plan year 2013 or fisca				<u>2/31/2</u>				
	urn/report is for:			lan (not multiemployer)		a one-partici	oant plan		
B This retu	urn/report is:		ne final return/report						
•				n/report (less than 12 mo	onths	-			
C Check b	oox if filing under:		utomatic extension			DFVC progra	im		
Devit	Desis Disc inform	special extension (enter description)							
Part II		nation—enter all requested information	on		1h	Three-digit			
1a Name of DEALER CAI	R SEARCH 401(K) PLAI	N				plan number (PN)	001		
					1c	Effective date o			
				01/01	•				
2a Plan sp DEALER CA		ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 61-14	fication Number 45587		
221 S. HURS	STBOURNE PARKWAY,	STE 101			2c	Sponsor's telep 502-32			
LOUISVILLE	, KY 40222				2d	Business code (51910	see instructions)		
3a Plan ad	ministrator's name and	address 🛛 Same as Plan Sponsor Nar	me Same as Plar	Sponsor Address	3b	Administrator's	EIN		
					3c	Administrator's	elephone number		
name,	EIN, and the plan numb	lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	or this plan, enter the	4b EIN				
a Sponso		the beginning of the plan upon			4c	PN			
		the beginning of the plan year			5a		28		
		the end of the plan year count balances as of the end of the pla			5b		40		
comple	ete this item)				5c		39		
	•	uring the plan year invested in eligible	•	,			X Yes No		
		e annual examination and report of an See instructions on waiver eligibility an					X Yes 🗌 No		
	•	er line 6a or line 6b, the plan cannot	,						
C If the p	lan is a defined benefit p	olan, is it covered under the PBGC insu	irance program (see	ERISA section 4021)? .		Yes No	Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	ise is	established.			
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.							
SIGN	Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator		
SIGN									
HERE	Signature of employe		Date	Enter name of individu	-				
Preparer's r	name (including firm nan	ne, if applicable) and address; include i	room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)		

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a Total plan assets	. 7a		0			219737
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	7c		0			219737
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0-(1)	8281	2			
(1) Employers	8a(1)	11719				
(2) Participants	8a(2)	237				
(3) Others (including rollovers)	8a(3)	1813				
 b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 	8b 8c	1010	<u> </u>			220512
d Benefits paid (including direct rollovers and insurance premiums						220012
to provide benefits)	. 8d	77	5			
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					775
Net income (loss) (subtract line 8h from line 8c)	. 8i			_		219737
J Transfers to (from) the plan (see instructions)	8j					
b If the plan provides welfare benefits, enter the applicable welfare ference Part V Compliance Questions	eature codes	s from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
C Was the plan covered by a fidelity bond?			10c	X		75000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benef	fits under the plan? (See	10e		x	
${f f}$ Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	is of year en	d.)	10g		Х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х	
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a Enter the unpaid minimum required contribution for current year fr	rom Schedul	le SB (Form 5500) line 39			11a	<u> </u>
12 Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
a If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				, and e	enter th Day	÷
			_		,	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule b Enter the minimum required contribution for this plan year	e MB (Form	1 5500), and skip to line 13.			12b	

c	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	XY	′es I	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Ye	es 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) this which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1:	3 c(2) El	N(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺r	ust's EIN		

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Part I Annual Report Identification Information or calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending A This return/report is for: x a single-employer plan a single-employer plan a multiple-employer plan (not multiemployer)	a) of T		OMB Nos. 1	
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500- Complete all entries in accordance with the instructions to the Form 5500- or calendar plan year 2013 or fiscal plan year beginning	a) of T			1210-008
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Part I Annual Report Identification Information or calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending	a) of T		2013	
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500- Part I Annual Report Identification Information or calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending	-SF.		m is Open to	Public
Part I Annual Report Identification Information or calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending			Inspection	
		10.010		
This return/report is for: x a single-employer plan a multiple-employer plan (not multiemployer)		/2013		
	L] a c	one-parti	cipant plan	
This return/report is:				
an amended return/report a short plan year return/report (less than 12 mo		-		
Check box if filing under:		FVC prog	jram	
special extension (enter description)				
Part II Basic Plan Information enter all requested information	1b Three	e digit		
a Name of plan	plan	number	0.01	
Dealer Car Search 401(k) Plan	(PN) 1c Effect		001	
		01/201	Constant and the constant of the	
a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	2b Emp	loyer Ide	entification Nu	mber
Dealer Car Search	(EIN)) 61-1	1445587	
		nsor's tel	ephone numb	er
221 S. Hurstbourne Parkway, Ste 101			de (see instruc	tions)
S Louisville KY 40222		100		,
a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address	3b Adm	inistrator	r's EIN	
	3c Adm	inistrator	r's telephone r	number
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.	40.00			
a Sponsor's name	4c PN 5a		28	
 a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year 	5b		40	
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not			39	
complete this item)	5c		X Yes	ΠNo
 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQP) 		•••••	A ICS	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQP under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)			XYes	No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use F	orm 5500.			
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Y	'es 🗌	No Not c	letermin
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau	ise is estal	blished.		
Under penalties of periury and other penalties set forth in the instructions, I declare that I have examined this return/rep	port, includi	ing, if app	plicable, a Sch	nedule
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report belief, it is true, correct, and complete.	, and to the	Dest of	my knowledge	e and
bellet, it is the complete.	nip	TA	lem	
		s nian ar	Iministrator	
SIGN HOME AND Deta MALLE Enter name of individual	a signing as	s plan au	ministrator	
SIGN HERE Signature of plan administrator Date Date Date Date Inter name of individua		s employ	er or plan spo	onsor
HERE Signature of plan administrator Date Date Date SIGN	al signing as		one number (o	
HERE Signature of plan administrator Date Enter name of individual SIGN HERE Signature of employer/plan sponsor Date Enter name of individual		s telepho		
HERE Signature of plan administrator Date Date Date SIGN		s telepho		
HERE Signature of plan administrator Date Enter name of individual SIGN HERE Signature of employer/plan sponsor Date Enter name of individual		s telepho		
HERE Signature of plan administrator Date Enter name of individual SIGN HERE Signature of employer/plan sponsor Date Enter name of individual		s telepho		
HERE Signature of plan administrator Date Enter name of individual SIGN HERE Signature of employer/plan sponsor Date Enter name of individual		s telepho		
HERE Signature of plan administrator Date Enter name of individual SIGN HERE Signature of employer/plan sponsor Date Enter name of individual Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)		s telepho		
HERE Signature of plan administrator Date Enter name of individual SIGN HERE Signature of employer/plan sponsor Date Enter name of individual		s telepho	Form 5500-	
HERE Signature of plan administrator Date Enter name of individual SIGN HERE Signature of employer/plan sponsor Date Enter name of individual Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Signature of plan administrator		s telepho	Form 5500-	SF (201

Form 5500-SF 2013

Part	III Financial Information	Test de la companya d			1				
7 PI	n Assets and Liabilities (a) Beginning of Yea						(b) E	nd of Year	
a To	otal plan assets	7a		0				219,	737
	otal plan liabilities	7b							
	et plan assets (subtract line 7b from line 7a)	7c		0				219,	737
	come, Expenses, and Transfers for this Plan Year ontributions received or receivable from:		(a) Amount		- Careford		(b) Total	
- The Co.) Employers	8a(1)	82,81	.2				100 100 100	
(2) Participants	8a(2)	117,19	7					
) Others (including rollovers)	8a(3)	2,37	3	1				
b 0	ther income (loss)	8b	18,13	0					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						220	512
to	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d	77	5					
e C	ertain deemed and/or corrective distributions (see instructions)	8e							
f A	dministrative service providers (salaries, fees, commissions)	8f							
	ther expenses	8g			1415-141 74				776
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						010	775
	et income (loss) (subtract line 8h from line 8c)	8i						219	,131
2.4	ransfers to (from) the plan (see instructions)	8j							and so that is
Par									
9a If	the plan provides pension benefits, enter the applicable pension fe	eature codes	s from the List of Plan Characte	eristic	Code	s in th	e insti	uctions:	
	2E 2F 2G 2J 2T 3D								
b If	the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Character	istic (Codes	in the	instru	ctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	tions within ciary Correc	the time period described in tion Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10b		x			
С	Was the plan covered by a fidelity bond?	*****	*******	10c	x				75,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	d, that was caused by fraud	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan			10f		x			
				-			-		
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount a	A second s		10g		X	11		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	****************	****	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i					
Parl	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Y	es," see instructions and comp	lete S	Schedu	ıle SB	(Forn		s X No
110	Enter the unpaid minimum required contribution for current year fi					11a			
	Is this a defined contribution plan subject to the minimum funding	the second s					RISA	? \ \Ye	s X No
12						1			
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bei	ng amortize	d in this plan year, see instruct	ions	and e	nter th	e date	of the letter r	ling
d	granting the waiver		Mo	nth .		Da	iy	Year	
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule								
b	Enter the minimum required contribution for this plan year		******			12b			

	Form 5500-SF 2013 Page 3-						
С	Enter the amount contributed by the employer to the plan for this plan year	12c		_			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?] Yes		No [] N/A	
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	XY	es [D No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?] Yes	X No	>
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to					
1	13c(1) Name of plan(s): 13c				13c(3)	PN(s)	
Part	VIII Trust Information (optional)						

14a Name of trust

14b Trust's EIN