## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2013

1210-0089

OMB Nos. 1210-0110

This Form is Open to Public Inspection

	art I		<b>Identification Inform</b>	nation						
For	calenda	ar plan year 2013 or fi	scal plan year beginning	01/01/2014		and ending	03/31/	2014		
Α -	This ret	urn/report is for:	a single-employer plan	n ar	multiple-employer pla	an (not multiemployer)		a one-partici	pant plan	
В -	This ret	urn/report is:	the first return/report	× the	e final return/report			_		
			an amended return/re	port 🗓 a s	hort plan year return	/report (less than 12 n	nonths	)		
C	Check b	box if filing under:	Form 5558	∏ au	tomatic extension			am		
		g	special extension (ent	ш						
Pa	rt II	Basic Plan Info	rmation—enter all reque		ın					
	Name		Timation—enter air reque	stea imorriatio			1b	Three-digit		
		R SEARCH 401(K) PI	_AN					plan number		
								(PN) <b>•</b>	001	
							1c	Effective date o		
2a	Dlan er	noneor's name and ad	dress; include room or suit	e number (emp	lover if for a single-	employer plan)	2h		/2013	
		AR SEARCH	diess, include room of suit	e namber (emp	loyer, ir for a sirigic-t	simployer planty	20	Employer Identi (EIN) 61-14	145587	
							2c	Sponsor's telep	phone number	
1291	2 SHEL	BYVILLE ROAD						502-32		
LOUI	SVILLE	E, KY 40243					2d	Business code	(see instructions)	
								51910		
3a	Plan ad	dministrator's name ar	nd address XSame as Pla	n Sponsor Nam	e Same as Plan	Sponsor Address	3b	Administrator's	EIN	
							3с	Administrator's	telephone number	
4	If the n	name and/or FINI of the	n nian ananaar haa ahanaa	d aines the last	raturn/rapart filed fo	r this plan cotor the	415	FIN		
-			e plan sponsor has change mber from the last return/re		return/report filed to	i this plan, enter the	40	EIN		
name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name				•			4c	PN		
а	Sponso	or's name		5a Total number of participants at the beginning of the plan year				4		
	•		at the beginning of the pla	n year			. 5a		40	
5a	Total r	number of participants	at the beginning of the plan at the end of the plan year	•			5a 5b		40	
5a b	Total r	number of participants number of participants		·			5b		0	
5a b	Total r Total r Number comple	number of participants number of participants er of participants with lete this item)	at the end of the plan year account balances as of the	end of the plan	ı year (defined bene	fit plans do not	5b 5c		0	
5a b c	Total r Total r Number comple Were	number of participants number of participants er of participants with ete this item)	at the end of the plan year account balances as of the	end of the plan	year (defined bene	fit plans do not	5b 5c		0	
5a b c	Total r Total r Number comple Were Are yo	number of participants number of participants er of participants with lete this item)	at the end of the plan year account balances as of the starting the plan year investigation are the annual examination are	end of the plan	year (defined bene issets? (See instruct ndependent qualifie	fit plans do not ions.)	5b 5c		0	
5a b c	Total r Total r Number comple Were Are younder	number of participants number of participants er of participants with ete this item)	at the end of the plan year account balances as of the	end of the plan	n year (defined bene nssets? (See instruct ndependent qualifier conditions.)	fit plans do not ions.)d public accountant (IG	5b 5c		0 0 X Yes No	
5a b c	Total r Total r Number comple Were Are you under If you	number of participants number of participants er of participants with lete this item)	at the end of the plan year account balances as of the standard the plan year investigation of the annual examination at the instructions on waive	end of the plan sted in eligible a nd report of an i er eligibility and e plan cannot u	n year (defined bene nssets? (See instruct ndependent qualified conditions.)use Form 5500-SF a	fit plans do not ions.)d public accountant (IG	5b 5c PA)	n 5500.	0  X Yes No  X Yes No	
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Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of V	oar		
	Total plan assets						(b) Ellu	01 1		0	
	Total plan liabilities	7b		0						0	
	Net plan assets (subtract line 7b from line 7a)	76 7c	21973							0	
	Income, Expenses, and Transfers for this Plan Year	70		•			(b) T	otal			
	Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	132	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							132	9	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	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									
i	Net income (loss) (subtract line 8h from line 8c)	8i							132	9	
j	Transfers to (from) the plan (see instructions)	8j	-22106	6							
Pai	t IV Plan Characteristics	, <u> </u>									
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instructi	ons:			
D	V O markana a O markana									—	
Par						١	1	_			
10	During the plan year:				Yes	No		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					75	5000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	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					X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
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			10i	X						
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
110	Enter the unpaid minimum required contribution for current year fr					11a					
	· · · · · · · · · · · · · · · · · · ·		` '		ı			Г	Yes	. 🔽	No
12	Is this a defined contribution plan subject to the minimum funding	-		or se	CUON	3UZ OĪ	EKISA!		1 68	^	INO
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 beir			ctions	and 4	enter th	l ne date of t	he le	etter ri	ılina	1
	granting the waiver.		Mon		, 4114	Day	UI	Yea		y	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				ı				
	Enter the minimum required contribution for this plan year					12b					

Page	3	- [	1
гаус	J	- 1	

С	Ente	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)						
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?	X	res	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year						0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) the assets or liabilities were transferred. (See instructions.)	to			
1	3c(1)	Name of plan(s):	3 <b>c(2)</b> El	N(s)	13c(3)	PN(s)
ADP 1	OTAL	SOURCE RETIREMENT SAVINGS PLAN 59-245	2823		001	
Part	VIII	Trust Information (optional)			•	
14a	Name	of trust	14b Trust's EIN			

## 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 6057(b) and 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

2013

This Form is Open to Public Inspection

Pai	ti Annual Repor	t Identification Information	01/01/2014	and ending	03/31/2014	
or ca	llendar plan year 2013 or fi					inent plan
A Th	is return/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-partici	pant plan
ВТ	nis return/report is:	the first return/report	x the final return/report			
		an amended return/report	x a short plan year retur	n/report (less than 12 mo	onths)	
<b>c</b> c	neck box if filing under:	Form 5558	automatic extension		DFVC progr	am
	neck box if filling under.	special extension (enter descrip	ption)			
	and by Blacket	<u> Ц</u>				
Pai		formation enter all requested in	mormation		1b Three-digit	
	Name of plan				plan number (PN) ▶	001
	Dealer Car Search	401(k) Plan			1c Effective date	1
					01/01/2013	
20	Di	address; include room or suite numbe	er (employer, if for a single	-employer plan)	2b Employer Iden	tification Number
za	Plan sponsors name and a Dealer Car Search	addless, include room of suite number	51 (Omployer, ii rei = = ii 5		(EIN) 61-1	
					2c Sponsor's tele	phone number
		n1			(502) 326	
	12912 Shelbyville	Road			2d Business code 519100	(see instructions)
US	Louisville	KY 40243				FINI
3a	Plan administrator's name	and address X Same as Plan Spo	onsor Name Same as I	Plan Sponsor Address	<b>3b</b> Administrator's	3 EIIN
					3c Administrator's	s telephone number
		l l l l l l l l l l l l l l l l l l l	the last return/report filed f	or this plan enter the	4b EIN	
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					
а	Sponsor's name	idilibor irom dio taot rotalisis principalis			4c PN	
		nts at the beginning of the plan year	***************************************		5a	40
b		nts at the end of the plan year			5b	0
С	Number of participants wit	th account balances as of the end of	the plan year (defined bene	efit plans do not	5c	0
_					50	X Yes No
W	Were all of the plan's asse	ets during the plan year invested in el	igible assets? (See instruc	ad public accountant (IOI		E TOO LING
b	Are you claiming a waiver	r of the annual examination and repor 46? (See instructions on waiver eligib	ility and conditions.)	eu public accountant (10)		X Yes No
	If you answered "No" to	either line 6a or line 6b, the plan c	annot use Form 5500-SF			
c	If the plan is a defined ber	nefit plan, is it covered under the PBC	GC insurance program (see	ERISA section 4021)?	Yes	No Not determined
_						
Ca	ution: A penalty for the la	ate or incomplete filing of this return d other penalties set forth in the instru	ections. I declare that I have	e examined this return/re	port including if app	licable, a Schedule
SB	or Schedule MB complete	ed and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/repor	t, and to the best of r	ny knowledge and
	ief, it is true, correct and c					
	and I for	Than Ille		Stephan	ie Wilson	1
00000000	GN Signature of plan a	administrator	Date 10/31/	Enter name of individu	al signing as plan ad	ministrator
		difficultation				
1,000,000,000	GN Signature of emplo	over/plan sponsor	Date	Enter name of individu	al signing as employe	er or plan sponsor
		rm name, if applicable) and address; i				ne number (optional)
1	, pa. 0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,					
					李章, \$755 元 李章	
						Section 1

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		T		(b) End	of Ye	ar
а	Total plan assets	7a	219,73	37					0
b	Total plan liabilities	7b		0					0
C	Net plan assets (subtract line 7b from line 7a)	7c	219,73	37					0
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b)	Total	
а	Contributions received or receivable from:				7//				
	(1) Employers	8a(1)							
-	(2) Participants	8a(2)	<u> </u>						
	(3) Others (including rollovers)	8a(3)	4.00						
	Other income (loss)	8b	1,32	29					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d					-V		1,329
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						-	
i	Net income (loss) (subtract line 8h from line 8c)	8i							1,329
j	Transfers to (from) the plan (see instructions)	8j	(221,066	6)					
Pa	rt IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	he instruc	tions:	
	2E 2F 2G 2J 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	ristic (	Codes	in the	e instructi	ons:	
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No		Amo	unt
a		ions withir	the time period described in	Π	165	140	<del> </del>	Aiic	, and
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)		1,57	10b		х			
С	Was the plan covered by a fidelity bond?			10c	Х				75,000
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?			10d		x			
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х			
				40-					
<u>g</u>				10g	-	X			
h	2520.101-3.)	***************************************	•••••••••••••••••••••••••••••••••••••••	10h	х				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i	х				
Pa	rt VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)					ıle SE	3 (Form	[	Yes X No
11:	a Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39	******		11a			
12	Is this a defined contribution plan subject to the minimum funding r	requireme	nts of section 412 of the Code o	r sect	ion 30	2 of E	ERISA?	[	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				************				
а		g amortize	ed in this plan year, see instructi						ter ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forn	n 5500), and skip to line 13.						
b		-				12b		1	<del></del>
	and the minimum required contribution for this plan year						W	1	1

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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	***********	12d	/4-02-14-15			
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?	**************************	X Ye	es	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, of the PBGC?	*************************	0202000000		X Ye	s No	)
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)	), identify the plan(s) to	)				
	13c(1) Name of plan(s):	13	c(2) EIN(	s)	130	(3) PN(s)	
	ADP TotalSource Retirement Savings Plan	59-2	245282	3		001	
Par	t VIII Trust Information (optional)						
14a Name of trust			14b Trust's EIN				