## 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.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information							
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/2	2015	and ending 1	2/31/2015				
A This ret	urn/report is for:	x a single-employer plan		plan (not multiemployer) mployer information in ac					
71 11110 101		a one-participant plan	a foreign plan			,			
<b>B</b> This retu	urn/report is	X the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)				
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
	_	special extension (enter desc	1 /						
Part II	Basic Plan Info	ormation—enter all requested in	formation		1 -				
1a Name UNITED DE	•	1K RETIREMENT PLAN			<b>1b</b> Three-digit plan number				
					(PN) 1c Effective dat	001			
						1/01/2015			
Mailing	address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				entification Number 2-3637674			
	town, state or province ALER SERVICES, LLC	2c Sponsor's te	elephone number 7-904-1719						
					2d Business cod	de (see instructions)			
615 ROUTE HIGHLAND I	32 PH MILLS, NY 10930				5	24210			
2- 5					21-	. =			
<b>3a</b> Plan a	dministrator's name a	nd address Same as Plan Spon	sor.		<b>3b</b> Administrato	r's EIN			
					3c Administrato	r's telephone number			
4 If the r	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
name	, EIN, and the plan nu	mber from the last return/report.	·	,					
<b>a</b> Spons	or's name				4c PN				
5a Total	number of participants	s at the beginning of the plan year			5a	8			
		s at the end of the plan year			5b	10			
		account balances as of the end of	. , ,	•	5c	9			
		articipants at the beginning of the p			5d(1)	8			
		articipants at the end of the plan ye			5d(2)	10			
<b>e</b> Numb	per of participants that	terminated employment during the	plan year with accrued b	enefits that were less	5e	0			
		or incomplete filing of this return							
Under pena	alties of perjury and o	ther penalties set forth in the instru	ctions, I declare that I have	e examined this return/re	port, including, if ap	plicable, a Schedule			
	edule MB completed a true, correct, and com	and signed by an enrolled actuary, a	as well as the electronic ve	ersion of this return/repor	t, and to the best of	my knowledge and			
			40/47/2046	RANDOLPH WINSTO	DNI.				
SIGN HERE		/valid electronic signature.	10/17/2016			- 4-2-1-1			
	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plan	administrator			
SIGN HERE									
	Signature of emplo		Date		ridual signing as employer or plan sponsor				
Preparer's	name (including firm i	name, if applicable) and address (in	iciude room of suite numb	per)	Preparer's telepho	one number			

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<ul> <li>Were all of the plan's assets during the plan year invested in eligible</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an indepen	dent qualified public a	ccount	ant (IQ	PA)				Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not d	etermine	ed .
Part III Financial Information	1				-					
7 Plan Assets and Liabilities		(a) Beginning	of Ye				(b) End	d of Yea		
a Total plan assets	. 7a			0					64011	
<b>b</b> Total plan liabilities	. 7b			0					0	
C Net plan assets (subtract line 7b from line 7a)	. 7с			0	-				64011	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
(1) Employers	. 8a(1)		40	620						
(2) Participants	. 8a(2)		24	000						
(3) Others (including rollovers)	. 8a(3)									
<b>b</b> Other income (loss)	. 8b		-	609						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								64011	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
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								0	
i Net income (loss) (subtract line 8h from line 8c)	. 8i								64011	
j Transfers to (from) the plan (see instructions)	. 8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	he instru	uctions:		
B If the plan provides welfare benefits, enter the applicable welfare	foatura code	os from the List of Pla	n Char	octorict	ic Coc	loc in th	o inetru	rtions:		
in the plan provides welfare benefits, enter the applicable welfare	reature coue	es nom the List of Fia	ii Cilaia	aciensi	ic Coc	162 111 1111	e msnuc	LIOHS.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	unt	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	Voluntary Fi	duciary Correction	10a		X					
<b>b</b> Were there any nonexempt transactions with any party-in-interes					V					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		Х					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		X					
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g		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	the required	notice or one of the	10ii							
j Did the plan trust incur unrelated business taxable income?			10i		Х					
Part VI Pension Funding Compliance			10)	<u> </u>	<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)								П	Yes X	No
11a Enter the unpaid minimum required contribution for all years from						11a		<u> </u>		
12 Is this a defined contribution plan subject to the minimum funding							RISA?		Yes X	No

	F	orm 5500-SF 2015 Page <b>3</b> - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗆	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
	rianio	of tubics of suctorial		telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP	
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount	······	19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A	

## 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.

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection** 

Part I			entification Information								
For calend	lar plan year 2015 or fis	_		01/01/2015		and ending		12/31/203			
A		Χ	a single-employer plan			lan (not multiemployer)					
A Inis re	turn/report is for:	П	a one-participant plan	a foreign plan	em	nployer information in a	ccorda	ance with the for	n instructions)		
		ш									
B This ret	urn/report is	X	the first return/report	the final return/repo	ort						
	•	Ī	an amended return/report	☐ ☐ a short plan year re	eturr	n/report (less than 12 n	nonths	<b>;</b> )			
C Check	box If filing under:		E	□				□ pr./0			
• Officer	box if miling drider.	N	Form 5558	automatic extension	'n			DFVC prog	gram		
D. d.II	Desir Bles Infe	Ц	special extension (enter descrip		_						
Part II	•	rm	ation—enter all requested info	rmation			1b	Three-digit			
1a Name	•	ES	401k RETIREMENT PL	ΔN			'10	plan number			
ONTILD	DEFILER DERVIO		IOIN KEIIKERENI IE	. 114				(PN) •	001		
							1c	Effective date of			
0				01/01/201							
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)								(EIN) 22-36	Ification Number		
			ountry, and ZIP or foreign postal		nstr	ructions)	20	Sponsor's telep			
UNITED	DEALER SERVIC	ES	, LLC					(877) 904-			
							2d	Business code	(see instructions)		
615 ROU	JTE 32 PH							524210			
HICHIAN	ID MILLS			y and a second	NY	10930					
		d a	ddress Same as Plan Sponso		14.1	10930	3b	Administrator's	EIN		
	Dame as Fian oportion.										
							3c Administrator's telephone number				
4 If the r	some and/or FINI of the	mla	n ananaar haa ahangad alnaa th	a loat return/repart file	4 60	or this plan enter the	46	FINI			
			in sponsor has changed since the r from the last return/report.	e iast return/report lile	a io	or this plan, enter the	40	EIN			
	or's name		·				4c	PN			
<b>5a</b> Total r	number of participants	at th	ne beginning of the plan year				5	ia	8		
<b>b</b> Total r	number of participants	at th	ne end of the plan year								
			ount balances as of the end of the				5	ic	0		
	,								9		
			pants at the beginning of the plan				40.0	(1)			
	•		pants at the end of the plan year.				50	(2)	10		
			ninated employment during the p				5	ie	0		
Caution: A	penalty for the late o	r in	complete filing of this return/r	eport will be assess	ed ı	unless reasonable ca					
Under pena SB or Sche	alties of perjury and oth	er p	penalties set forth in the instruction	ons, I declare that I ha	ve e	examined this return/re	port, i	ncluding, if application to the best of m	cable, a Schedule		
	rue, correct, and comp			Well as the electronic	VCIT	sion of this return epoi	t, and	to the best of m	y knowledge and		
SIGN RANDOLPH WI							STON				
HERE	Signature of plan ac	ılml	nistrator	Date		Enter name of individ	lual sig	gning as plan ad	ministrator		
SIGN											
HERE	Signature of employ	/er/i	plan sponsor	Date		Enter name of Individ	lual sid	aning as employe	er or plan sponsor		
Preparer's			, if applicable) and address (incl		ıbeı			arer's telephone			

	Form 5500-SF 2015		Page <b>2</b>							
_		14-6	2 (Can instructions)						X Ye	s $\Pi$ No
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condi	ndent qualified public a	account	ant (IQ	PA) 			X Ye	
_	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in						_	No ∏	Not dete	rmined
	rt III   Financial Information	isurance p	ologiam (see ENIOA se	BOUIOIT 4	021)1		163	]140 []	1101 0010	
<u>га</u> 7			(a) Boginnin	a of Vo				(b) End	of Voor	
2	Plan Assets and Liabilities  Total plan assets	7a	(a) Beginnin	gorre		0		(b) Elia (		64,011
_	Total plan liabilities.	7b				0				0
_	Net plan assets (subtract line 7b from line 7a).	7c				0				64,011
3	Income, Expenses, and Transfers for this Plan Year		(a) Amoi	unt				(b) To	otal	
а	Contributions received or receivable from:		(u) Famo					100		
	(1) Employers	8a(1)			0,62	_				
	(2) Participants	8a(2)		2	4,00	0				
_	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		_	-60	9				C4 011
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				+				64,011
a	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				-				0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81				1				64,011
J	Transfers to (from) the plan (see instructions)	8]								
_	t IV Plan Characteristics									_
)a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3B 3D	feature co	odes from the List of Pl	lan Cha	racteri	stic Co	des in ti	ne instruc	tions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructi	ons:	
ar	V Compliance Questions									
0	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х				
C	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the							

818		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i	,		
j	Did tl	he plan trust incur unrelated business taxable income?	10 <u>j</u>	Х		
Part	VI	Pension Funding Compliance				
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a ) and line 11a below)		•	SB (Form	Yes X No
11a	Enter	r the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	)	11	а	
12	Is thi	is a defined contribution plan subject to the minimum funding requirements of section 412 of the	ne Code	or section 302	of ERISA?	Yes X No

Part V

10

2	Form 5500-SF 2015 Page <b>3</b> -					
	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
gr	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir nting the waiver.	Month	enter tl Day		the letter ru Year	ling
lf you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	orace.	_		
b En	er the minimum required contribution for this plan year		12b	ļ		
C Ent	r the amount contributed by the employer to the plan for this plan year	commission (commission)	12c	ļ		
	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lative amount)		12d	<u> </u>		
e w	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 H	s a resolution to terminate the plan been adopted in any plan year?			Ye	s 🛭 No	
	es," enter the amount of any plan assets that reverted to the employer this year		13a	<u> </u>		
	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broom PBGC?			.] [	Yes X	No
	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ch assets or liabilities were transferred. (See instructions.)	tify the plan(s) to				
13c	) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part VI	Trust Information					
<b>14a</b> Nar	e of trust		14b	Trust's El	N	
14c Na	ne of trustee or custodian		14d Trustee's or custodian's telephone number			
Part IX	IRS Compliance Questions					
<b>15a</b> Is	ne plan a 401(k) plan?		Y	es	No	
<b>15b</b> If "	es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals aching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	nd employer	Design- based safe harbor method		ADF	P/ACP
tes	a ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the " ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1. (2)(ii))?	401(m)-	Yes		No	
<b>16a</b> Ch	ck the box to indicate the method used by the plan to satisfy the coverage requirements under sec	tion 410(b):	Ratio percentage test		Average benefit test	
	s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by corplan with any other plans under the permissive aggregation rules?		□ Y	es	No	
	the plan been timely amended for all required tax law changes?			'es	☐ No	□ N/A
for	te the last plan amendment/restatement for the required tax law changes was adoptedax law changes and codes).	Enter the ap			(See ins	
adv	e plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter p sory letter, enter the date of that favorable letter and the letter's serial n	umber				or
det	e plan is an individually-designed plan and received a favorable determination letter from the IRS, ormination letter		the pla	an's last fa	vorable	
	e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(i e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgi		□Y€	es	No	
<b>19</b> We	e in-service distributions made during the plan year?		Y	es	No	
If "	es," enter amount		19			
	e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of ved), as required under section 401(a)(9)?		Y	es	No	□ N/A
100	yay, as requires ander econori to hayey.					