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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	t identification information										
For calend	dar plan year 2017 or f	iscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017							
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	-							
		a one-participant plan	a foreign plan	. ,		,						
B This ret	turn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)							
C Check	box if filing under:	X Form 5558	automatic extension	ı	DFVC progra	am						
	T	special extension (enter desc										
Part II		ormation—enter all requested in	formation		T =							
1a Name UNITED DE	•	1K RETIREMENT PLAN			1b Three-dig plan num (PN) ▶							
			1c Effective	date of plan 01/01/2015								
		oyer, if for a single-employer plan)) B)		2b Employer	Identification Number						
		om, apt., suite no. and street, or P.C		structions)	(EIN)	22-3637674						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) UNITED DEALER SERVICES, LLC						s telephone number 77-904-1719						
					2d Business	code (see instructions)						
615 ROUTE 32 PH HIGHLAND MILLS, NY 10930				524210								
THOTILATE	WILLO, 141 10000											
3a Plan administrator's name and address X Same as Plan Sponsor.			3b Administrator's EIN									
					3c Administrator's telephone number							
						·						
4 If the	name and/or EIN of th	ne plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN							
this p	olan, enter the plan spo	onsor's name, EIN, the plan name										
a Spons C Plan N	sor's name				4d PN							
C Plairi	varrie											
5a Total	number of participants	s at the beginning of the plan year.			5a	10						
		s at the end of the plan year			. 5b	10						
		account balances as of the end of			. 5c	10						
d(1) Tot	tal number of active pa	articipants at the beginning of the p	lan year		5d(1)	10						
		articipants at the end of the plan ye			. 5d(2)							
than	100% vested	o terminated employment during th			5e	0						
		or incomplete filing of this retur										
SB or Sch	edule MB completed a	ther penalties set forth in the instru and signed by an enrolled actuary,										
SIGN	true, correct, and com	nplete. d/valid electronic signature.	10/09/2018	RANDY WINSTON								
HERE	Signature of plan		Date	Enter name of individ	lual signing as n	lan administrator						
SIGN	Jigilatale of plant	adiminoti attor	Date	Enter name of maivid	idai digililig ad p	an administrator						
HERE						mnlover or plan sponsor						

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	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 (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
С	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 If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes N	_
Da	rt III Financial Information	·						,
7	Plan Assets and Liabilities		(a) Paginning	of Voor	. [/b) =	nd of Voor
<u>'</u> a	Total plan assets	. 7a	(a) Beginning	07121			(D) E	nd of Year 367749
<u>u</u>	Total plan liabilities	7b	_	07.12.1				0077.10
	Net plan assets (subtract line 7b from line 7a)	7c	2	07121				367749
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(1	o) Total
	Contributions received or receivable from:		(4,7 1 1112 311	-				.,
	(1) Employers	. 8a(1)		65232				
	(2) Participants	. 8a(2)		63112				
	(3) Others (including rollovers)	. 8a(3)		0				
	Other income (loss)	. 8b	;	32284				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						160628
d	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
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						160628
j	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	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	an Cha	racter	istic Co	odes in the	instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the in	structions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		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 Verogram)	oluntary F	Fiduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
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.)					X		
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-	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				

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	. Y	es No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of			es X No	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter granting the waiver. Month Day Year _						
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	12b				
C Enter the amount contributed by the employer to the plan for this plan year						
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 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?		Yes	X No)	
	If "Yes," 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 brought under the control 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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)	

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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

Parti		dentification information		1 7	10/01/0017						
For calend	lar plan year 2017 or t	fiscal plan year beginning	01/01/2017	and ending	12/31/2017						
A This re	turn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
		a one-participant plan	a foreign plan								
B This ret	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return	a short plan year return/report (less than 12 months)							
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program						
		special extension (enter des	cription)								
Part II	Basic Plan Info	ormation—enter all requested in	nformation								
1a Name	Trees to			1b	Three-digit						
TINTER	DENTED CEDUTO	DEC 401V DEMIDEMENT D	T 7.NI		plan number 001						
UNITED	DEALER SERVIC	ES 401K RETIREMENT P	LAN		(PN) •						
				10	Effective date of plan 01/01/2015						
2a Plan s	ponsor's name (emple	oyer, if for a single-employer plan)		2b	Employer Identification Number						
		om, apt., suite no. and street, or P.		Coules # November of November	(EIN) 22-3637674						
	r town, state or province DEALER SERVI	ce, country, and ZIP or foreign pos	stal code (it foreign, see insti	uctions) 2c	Sponsor's telephone number						
ONTIED	DEADER SERVI	CES, LLC			877-904-1719						
CIE DOI	מת ככ ששו			2d	Business code (see instructions)						
615 ROUTE 32 PH				524210							
HIGHLAN	ND MILLS	NY 10930									
3a Plan a	dministrator's name a	and address X Same as Plan Spo	onsor.	3b	Administrator's EIN						
	3c Administrator's telephone number										
		ne plan sponsor or the plan name honsor's name, EIN, the plan name		ne last return/report.	4b EIN						
a Spons	sor's name			4d	4d PN						
c Plan N	Name										
F= = 11	y y were u	TOTAL B. S. S. S. S. S.			5a 1						
95		s at the beginning of the plan year									
	TO THE STATE OF CASE A	s at the end of the plan year			5 b 1						
		account balances as of the end o			5c ₁						
d(1) Tot	al number of active pa	articipants at the beginning of the p	olan year	50	1(1)						
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ear	50	1(2)						
		terminated employment during th		nofite that were loss	=-						
than	100% vested				5e						
Caution: A	penalty for the late	or incomplete filing of this return	rn/report will be assessed	unless reasonable cause i	s established.						
SB or Sche	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	Smedis	the 1. MSml	10/09/2018	Randy Winston							
HERE	Signature of plan	administrator	Date	Enter name of individual s	igning as plan administrator						
SIGN					S. S. 1						
HERE	Signature of arrel	over/plan changes	Doto	Enter name of individual a	igning on amployer or plan appropr						
Fan Danasau	Signature of emplo	oyer/plan sponsor	Date	Enter name of individual s	igning as employer or plan sponsor						

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Page	

	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 (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								No No
_	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes								
С						_		Not determine	
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium ning for this p	nan yea	tf		(See instructions	3. j
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year	-		(b) End of	Year	
а	Total plan assets	7a		207,	121	·		367,7	749
b	Total plan liabilities	7b				<u>`</u>	•		
С	Net plan assets (subtract line 7b from line 7a)	7c		207,	121			367,7	749
8	Income, Expenses, and Transfers for this Plan Year	27, 2 T	(a) Amour	nt	1		(b) Tot	al	
	Contributions received or receivable from:		(4), 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,			i Agailte a			9.45-
	(1) Employers	8a(1)		65,	232				
	(2) Participants	8a(2)		63,	112				0
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		32,	284	YHE)			1954 545-137
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		ar gari				160,6	528
d	Benefits paid (including direct rollovers and insurance premiums					(page 4)			200
	to provide benefits)	8d							
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f					ASSESSMENT OF THE PARTY.		2005
g	Other expenses	8g_			Š				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			diad					0
i	Net income (loss) (subtract line 8h from line 8c)				2572			160,6	528
j	Transfers to (from) the plan (see instructions)				T	gwileit.			
Pai	t IV Plan Characteristics	<u> </u>							
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3B 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	les in the instruct	ions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	An	ount	
а	Was there a failure to transmit to the plan any participant contribut 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.)	•		10b		Х			
c	Was the plan covered by a fidelity bond?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10c		Х			
d	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			
ę	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		Х			
f	Has the plan failed to provide any benefit when due under the pla	n?	* << > > + + + + + + + + + + + + + + + +	10f		Х			
g				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 exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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Part '	VI	Pension Funding Compliance								0
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl m 5500) and line 11a below)			SB			Ye	1 📗 a	No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code o SA?	r section	n 302				Yes	s 🛛 1	No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver. Month						f the le Yea		uling	
lfy	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			_					
b	Enter	the minimum required contribution for this plan year		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)							U			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Y	es	No		N/A	
Part \	/II	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	X	No		_
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a						
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un rol of the PBGC?	der the	he Yes X N					No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the h assets or liabilities were transferred. (See instructions.)	plan(s)	to	10					
13c(1) Name of plan(s): 13c(2)			EIN(s)		13c(3) PN(s)				
						\dashv				0
						\top				