-	rm 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	oyee	0	MB Nos. 1210-0110 1210-0089			
Inter De	epartment of Labor enafits Security Administration	This form is required to be filed Income Security Act of 1974	d under sections 104 and (ERISA), and sections 60 Revenue Code (the Cod	957(b) and 6058(a) of the I	tirement Internal		2018 orm is Open to			
	enefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	, , , , , , , , , , , , , , , , , , ,	,	00-SE		c Inspection			
Part I	Annual Report I	dentification Information			00-51.					
		cal plan year beginning 01/01/2	018	and ending 12	/31/2018					
A This return/report is for: a single-employer plan a one-participant plan a multiple-employer plan (not multiemployer) (Filers checking this box must attact list of participating employer information in accordance with the form instructions a foreign plan										
B This return/report is the first return/report the final return/report the final return/report an amended return/report the final return/report (less than 12 months)										
C Check	box if filing under:	[	DFVC p	rogram						
Part II	Basic Plan Infor	special extension (enter descri mation—enter all requested info								
1a Name	of plan	DGE JEEP RAM 401K PLAN		_	(PN)	number	001			
					1c Effect	tive date of 01/01				
Mailing	g address (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.O e country, and ZIP or foreign posta		tructions)	(EIN)	Employer Identification Number EIN) 46-3836303				
HUDSON VA	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HUDSON VALLEY AUTOMOTIVE ENTERPRISES LLC DBA HUDSON VALLEY CHRYSLER DODGE JEEP RAM						2c Sponsor's telephone number 845-562-4100			
200 AUTO P					<b>2d</b> Business code (see instructions) 441110					
<b>3a</b> Plan a	dministrator's name an	d address 🛛 Same  as Plan Spon	ISOF.		<b>3b</b> Admi	nistrator's E	EIN			
				_	3c Admi	nistrator's te	elephone number			
		plan sponsor or the plan name ha sor's name, EIN, the plan name a			4b EIN					
•	or's name	soi s name, Lin, the plan name a			<b>4d</b> PN					
5a Totalu	number of participants :	at the beginning of the plan year			5a		58			
		at the end of the plan year			5b		56			
C Numb	er of participants with a	ccount balances as of the end of t	he plan year (only define	d contribution plans	5c					
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the pla	an year		5d(1)		54			
d(2) Total number of active participants at the end of the plan year					5d(2)	44				
than	100% vested	terminated employment during the	•		5e		0			
Under pena SB or Sche	alties of perjury and oth	r incomplete filing of this return er penalties set forth in the instruc d signed by an enrolled actuary, a lete.	tions, I declare that I have	e examined this return/rep	ort, includi	ng, if applic	able, a Schedule knowledge and			
SIGN		valid electronic signature.	10/10/2019	WILLIAM CAMASTRO						
HERE	Signature of plan ac	Iministrator	Date	Enter name of individu	al signing	as plan adm	ninistrator			
SIGN										
HERE	Signature of employ		Date	Enter name of individu	al signing					
For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 5500	-SF.			F	orm 5500-SF (2018) v.171027			

<ul> <li>If you answered "No" to either line 6a or line 6b, the plan can</li> <li>If the plan is a defined benefit plan, is it covered under the PBGC If "Yes" is checked, enter the My PAA confirmation number from</li> </ul>	insurance pro	gram (see ERISA section 4021)?	Yes No Not determin
Part III Financial Information Plan Assets and Liabilities		(a) Reginning of Year	(b) End of Year
Total plan assets	7a	(a) Beginning of Year 356163	(b) End of Year 372885
<ul> <li>Total plan liabilities</li> </ul>		0	0
Net plan assets (subtract line 7b from line 7a)		356163	372885
Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
Contributions received or receivable from:     (1) Employers	8a(1)	0	
(2) Participants	8a(2)	23598	
(3) Others (including rollovers)	8a(3)	25118	
Other income (loss)	8b	-25565	
Control income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		23151
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3885	
Certain deemed and/or corrective distributions (see instructions)	8e	0	
Administrative service providers (salaries, fees, commissions)	8f	2544	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		6429
Net income (loss) (subtract line 8h from line 8c)			16722
Transfers to (from) the plan (see instructions)	···· 8j	0	
art IVPlan CharacteristicsaIf the plan provides pension benefits, enter the applicable pension2E2F2G2J2R2T3D	on feature code	es from the List of Plan Characteristi	c Codes in the instructions:

10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
b		10b		Х	
С	Was the plan covered by a fidelity bond? 1	10c	X		100000
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		x	
e	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		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		42144
h	······································	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		13	<b>:(3)</b> PN	۱(s)

Form 5500-SF	Sh	ort Form Annu		-	t of Small Empl	oyee	Ð	C	MB Nos. 1210-01 1210-00	
Department of the Treasury Internal Revenue Service	l'his f	form is required to be file	Benef		4065 of the Employee R	etirem	ent		2018	
Department of Labor Employee Benefits Security Administration	Inco	me Security Act of 1974	4 (ERISA), and a Revenue Coo	ections 60	57(b) and 6058(a) of the	Intern	al –		orm is Open to	
Pension Benefit Guaranty Corporation	<b>,</b> (	Complete all entries in	accordance w	th the inst	ructions to the Form 5	500-SI	F.	Publ	c inspection	
Part I Annual Report		cation Information								
or calendar plan year 2018 or		ear beginning 01/01/20			and ending 12/3	31/201	8			
This return/report is for:	X a sing	gle-employer plan	·		lan (not multiemployer) ( mployer information in ac			-		
	i one	-participant plan	a foreign							
This return/report is	🗌 :he fir	rst retum/report	the final re	turn/report						
		nended return/report			rn/report (less than 12 m	onths)	)			
Check box if filling under:	X Form	5558	automatic	extension			VC prog	ram		
	=	al extension (enter desc								
Dant II Deale Diam Inf		•								
	ormition	1-enter all requested in	ntormation			1h	Three-c	limit		
a Name of plan dson Valley Chrysler Dodge Jo	eep Ram 40	01k Plan				10	plan nu (PN)	mber	001	
						1c	1	e date of	f plan	
a Plan sponsor's name (empl						2b	Employ	er Identi	ication Number	
Mailing address (include ro City or town, state or provin dson Valley Automotive Enter	ice, country	, and ZIP or foreign pos	stal code (if forei	gn, see ins	tructions)	2c	<u>, ,  </u>	N) 46-3836303 onsor's telephone number		
a Hudson Vailey Chrysler Dod		Im				2d	(845) 562-4100 Business code (see Instructions			
0 Auto Park Place							441110		300 1130 000013	
wburgh, NY 12550-6711										
a Plan administrator's name a	and a :dres	s 🛛 Same as Plan Spo	onsor.			3b	Adminis	strator's I	EIN	
						3c	Adminis	strator's	elephone numb	
If the name and/or EIN of t	ne plan spo	onsor or the plan name l	has changed sir	ce the last	return/report filed for	4b	EIN			
this plan, enter the plan sp							·			
a Sponsor's name c Plan Name						4d	PN			
a Total number of participant	sattie he	ginning of the plan year			· · · · · · · · · · · · · · · · · · ·	5	a			
b Total number of participant						<u> </u>	b		5	
<ul> <li>C Number of participants with complete this item)</li> </ul>	h acopunt b	alances as of the end o	f the plan year (	only define	d contribution plans	5	c			
d(1) Total number of active p							(1)			
d(2) Total number of active p			-			<b>}</b>	(2)		44	
Number of participants when than 100% vested	ió ter ninate	ed employment during th	he plan year witi	n accrued b	enefits that were less		e		U 0	
aution: A penalty for the late	or i scom	plete filing of this retu	rn/report will b		d unless reasonable ca	use is	establi	shed.		
Inder penalties of perjury and o B or Schedule MB completed ellef, it is true, correct, and co	other senal	ties set forth in the instr	uctions, I declar	e that I hav	e examined this return/re	oport, i	ncluding	, if appli		
	===	1-1	10-11	2-19	WILLIAM CAMASTRO	5				
IERE Signature of plan	adm frish	ator	Date	¥!	Enter name of individ	lual si	gning as	plan adı	ministrator	
Signature of emp			Date		Enter name of individ	lual si	gning as			
Signature of emp For Paperwork Reduction Act Not				· · · · · · · · · · · · · · · · · · ·	<u>Citer name of individ</u>	iuai si	yning as		or plan spo form 5500-SF v.1	

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	Were all of the plan's assets duri 'g the plan year invested in eligible assets? (See instructions.)	X Yes No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (Se + instructions on waiver eligibility and conditions.)	X Yes 🗌 No
	If you answered "No" to either tine 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🗌 Yes 🗌 No	Not determined
	If "Yes" is checked, enter the My DAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of	Year			(b) End	of Year
a Total plan assets	. 7a		35616	3			372885
<b>b</b> Total plan liabilities	. 7b			0			0
C Net plan assets (subtract line 7b 'orri line 7a)	. 7c	3	35616	3			372885
8 Income, Expenses, and Transfer; for this Plan Year	1.2	(a) Amount				(b) T	otal
a Contributions received or receivable from:					α.		
(1) Employers	. 8a(1)			0			
(2) Participants	. 8a(2)		2359			244 	14
(3) Others (including rollovers)	. 8a(3)		2511	8			
<b>b</b> Other income (loss)	. 8b		-2556	5	19		
C Total income (add lines 8a(1), 8ε(2), 8a(3), and 8b)	. 8c		•	Å,			23151
d Benefits paid (including direct rol overs and insurance premiums to provide benefits)	. 8d		388	5	<u> </u>		
e Certain deemed and/or corrective distributions (see instructions)	. 8e			0		state st	
f Administrative service providers salaries, fees, commissions)	. 8f		254	4	18.9	7 2. es	
g Other expenses	. 8g			0	. <i>4</i>		
h Total expenses (add lines 8d, 8e 8f, and 8g)	. 8h						6429
i Net income (loss) (subtract line { 1 from line 8c)	. 8i						16722
j Transfers to (from) the plan (see instructions)	· 8j			0	1		
Part IV         Plan Characteristic s           9a         If the plan provides pension ber efits, enter the applicable pension 2E           2F         2G         2J         2R         2J         3D	feature co	des from the List of Plan	Char	acteri	stic Co	des in the inst	ructions:
<b>b</b> If the plan provides welfare ben ifits, enter the applicable welfare f	feature cod	es from the List of Plan	Chara	cterist	ic Cod	es in the instr	uctions:
Part V Compliance Questions							
10 During the plan year:				Yes	No		Amount
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		x		
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	•		10b		х		
C Was the plan covered by a fid slity bond?			10c	х			100000
<b>d</b> Did the plan have a loss, whet 'er or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
e Were any fees or commission: paid to any brokers, agents, or ot carrier, insurance service, or c her organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		x		
f Has the plan failed to provide any benefit when due under the pla	an?		10f		х		
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g	х			42144
<b>h</b> If this is an individual account plan, was there a blackout period? 2520.101-3.)		uctions and 29 CFR	10h		х	,	
i If 10h was answered "Yes," check the box if you either provided t		d and an an and of the					

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Part	VI Pension Funding Co	npliance				
11	Is this a defined benefit plan sub	Bect to minimum funding requirements? (If "Yes," see instructions and complete Sch		В	י 🗌	′es 🛛 No
11a	Enter the unpaid minimum requi	ed contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	subject to the minimum funding requirements of section 412 of the Code or section res 12b, 12c, 12d, and 12e below, as applicable.)	n 302 o	f	ים	′es 🗙 No
	granting the waiver	g s:andard for a prior year is being amortized in this plan year, see instructions, and	d enter Da		of the lette Year	r ruling
lf	you completed line 12a, comple	e lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contr	bution for this plan year	12b			
c	Enter the amount contributed by t	e employer to the plan for this plan year	12c			
	Subtract the amount in line 12c1	om the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			
e	Will the minimum funding amour	reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations a	nd Transfers of Assets				
13a	Has a resolution to terminate the p	an been adopted in any plan year?		Yes	ХN	0
	If "Yes," enter the amount of any	plan assets that reverted to the employer this year	13a			
b	•	ed to participants or beneficiaries, transferred to another plan, or brought under the		[	Yes 🛛	No
С	If, during this plan year, any ass which assets or liabilities were t	ets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ansferred. (See instructions.)	) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3	) PN(s)