For	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089							
	tment of the Treasury nal Revenue Service	This form is required to be filed ur	Benefit Plan nder sections 104 and	4065 of the Employee Re	etirement	tirement 2015				
	partment of Labor enefits Security Administration	Income Security Act of 1974 (EF		57(b) and 6058(a) of the			orm is Open to lic Inspection			
	nefit Guaranty Corporation	Complete all entries in account of the second	ordance with the inst	ructions to the Form 55	00-SF.	Fub	inc inspection			
Part I For calenda	Annual Report Ic	Ientification Information	5	and ending 12	2/31/2015					
		a single-employer plan	a multiple-employer	blan (not multiemployer) mployer information in ac	(Filers che	-				
B This retu	ırn/report is		the final return/report a short plan year retu	rn/report (less than 12 mo	onths)					
C Check b	box if filing under:	Form 5558	automatic extension			DFVC prog	ram			
Part II	Basic Plan Infor	nation —enter all requested inform	1							
1a Name					(PN	ee-digit number) ▶ ective date o	001			
2a Plan sp	oonsor's name (employe	r, if for a single-employer plan)				01/0	1/2005 fication Number			
City or	Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CHAMPION CHEVROLET PONTIAC BUICK INC				(EIN					
				-	502-222-9477 usiness code (see instructions)					
502 S 1ST S LAGRANGE,						4411				
3a Plan ad	dministrator's name and	address Same as Plan Sponsor.			3b Adn	ninistrator's	EIN			
4 If the n	name and/or EIN of the p	plan sponsor has changed since the	last return/report filed	for this plan, enter the	3C Adn 4b EIN		elephone number			
name, a Sponso		per from the last return/report.	·		4c PN					
5a Total r	number of participants at	the beginning of the plan year			5a		36			
		the end of the plan year			5b		36			
		count balances as of the end of the			5c		17			
d(1) Tota	al number of active partic	cipants at the beginning of the plan y	/ear		5d(1)		34			
• •		cipants at the end of the plan year			5d(2)		35			
than 1	100% vested	rminated employment during the pla	•		5e		0			
Under pena SB or Sche	alties of perjury and othe dule MB completed and	incomplete filing of this return/re r penalties set forth in the instructior signed by an enrolled actuary, as w	ns, I declare that I have	e examined this return/rep	oort, incluc	ling, if applic				
belief, it is t	rue, correct, and comple Filed with authorized/va		06/27/2016	JENNY CHRISTIANS	ON					
HERE	Signature of plan ad		Date	Enter name of individu		as plan adr	ninistrator			
SIGN HERE	•					•				
	Signature of employe	er/plan sponsor ne, if applicable) and address (inclue	Date	Enter name of individu		as employe s telephone				
Toparon										
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see the ins	structions for Form 550)-SF.			Form 5500-SF (2015)			

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No			
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condit	ndent qualified public a tions.)	ccount	ant (IQ	PA)					
	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 ir							No Not determined			
Par					021).	····· L	100				
	Plan Assets and Liabilities		(a) Beginning	n of Ye	ar			(b) End of Year			
	Total plan assets	7a	(a) Deginning		018			380625			
	Total plan liabilities	7b			0						
	Net plan assets (subtract line 7b from line 7a)	7c		356	018			380625			
_	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt		(b) Total					
	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)		48	217						
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		-2	356						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						45861			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		21	051						
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f			203						
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					21254				
	Net income (loss) (subtract line 8h from line 8c)	1					24607				
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteris	stic Co	odes in t	the instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare ${\sf f}$	eature coo	des from the List of Pla	n Chara	acterist	ic Co	des in th	ne instructions:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
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					
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		х					
e	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.).	ne or all of	the benefits under	10e	x			571			
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	ənd.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	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							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part					<u> </u>	1	I	·			
11	In this a defined honefit plan subject to minimum funding requirem					Caba		(F a max			

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schec 5500) and line 11a below)		(Form	Yes	× No
11a	Enter the unpaid minimum required contribution 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 3	302 of E	RISA?	Yes	× No

Form 5500-SF 2015

Page **3** - 1

-										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling			
lf	you 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						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract 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?			Υe	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
D		e PBGC?				Yes 🗙	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information								
14a	Name	of trust		14b	14b Trust's EIN					
14c	Narr	e of trustee or custodian		14d Trustee's or custodian's telephone number						
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es					
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe ADP/ACP arbor test aethod					
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es No					
_		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est	erage nefit test				
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No				
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?	Y	es	No	N/A				

Form	n 5500-SF	Short Form Annu	m Annual Return/Report of Small Employee OMB Nos. 1210-01 1210-00						
Departm	ent of the Treasury		Benefit Plan	65 of the Employee Pe	tirement		2015		
Depa	I Revenue Service artment of Labor efits Security Administration	This form is required to be file Income Security Act of 1974	(ERISA), and sections 6057 Revenue Code (the Code).	(b) and 6058(a) of the I	Internal		orm is Open to ic Inspection		
	efit Guaranty Corporation	Complete all entries in	accordance with the instru	ctions to the Form 55	00-SF.		•		
Part I	Annual Report lo	dentification Information	01/01/2015	and ending	12/	31/201	5		
For calendar		al plan year beginning X a single-employer plan	a multiple-employer pla	n (not multiemployer)	(Filers chec	king this be	ox must attach a		
A This retur	rn/report is for:	a one-participant plan	list of participating emp a foreign plan	oloyer information in ac	cordance w	ith the form	instructions)		
B This return	n/report is	the first return/report	the final return/report						
	, and point is	an amended return/report	a short plan year return	report (less than 12 m	onths)				
C Check bo	ox if filing under:	Form 5558	automatic extension		[] [OFVC prog	ram		
		special extension (enter desc							
		mation—enter all requested ir	nformation		1b Thre	e-diait			
1a Name or Champion	fplan n Chevrolet 40)1k Plan			plan	number	001		
*					(PN)	tive date o			
						01/200			
Mailing	address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.	O. Box)			loyer Identi) 20-13	fication Number 31751		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					C Sponsor's telephone number (502) 222-9477				
Inc	Champion Chevrolet Pontiac Buick Inc						(see instructions)		
502 S 1s	e+				441	.110			
LaGrange			КХ	40031					
						inistrators	telephone number		
name,	EIN, and the plan nun	plan sponsor has changed since nber from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN 4c PN				
a Sponso		t the basic issue of the slop your					3		
		at the beginning of the plan year at the end of the plan year					3		
c Numbe	er of participants with a	account balances as of the end o	of the plan year (defined bene	efit plans do not	5c		1		
		ticipants at the beginning of the			5d(1)		3		
• •		ticipants at the end of the plan y			E 1(0)		3		
e Numb	er of participants that	terminated employment during the	ne plan year with accrued ber	nefits that were less	5e				
Caution: A	penalty for the late of	or incomplete filing of this retu	Irn/report will be assessed	examined this return/re	eport, inclua	ing, ii appi	icable, a Schedule		
SB or Sche	dule MB completed and our rue, correct, and completed and complete and compl	nd signed by an enrolled actuary	, as well as the electronic ver	sion of this return/repo	rt, and to th	e best of m	ly knowledge and		
SIGN	20	H	10/27/10	Theresa	Torre	es			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual signing	as plan ac	Iministrator		
SIGN									
HERE Preparer's	Signature of emploiname (including firm n	oyer/plan sponsor name, if applicable) and address	(include room or suite number	Enter name of indivi- er)	dual signing Preparer	as employ 's telephon	ver or plan sponsor e number		
			the instructions for Form 5500	05			Form 5500-SF (2015		

Form 5500-SF 2015		Page 2			_				
6a Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	No
								X Yes	No
						5500.			
If you answored "No" to either line 6a or line 6b, the plan cann		rogram (see ERISA sec	tion 40	21)?		Yes II	No 🗌 N	ot determi	ned
c If the plan is a defined benefit plan, is it covered under the PBGC in	risulance p	logiani (see Errie, rooo		/					
Part III Financial Information			of Voo		T	0	o) End of	Vear	
7 Plan Assets and Liabilities		(a) Beginning	356	,018	-	(1			,625
a Total plan assets	20420			C					
b Total plan liabilities			356	,018				380	,625
C Net plan assets (subtract line 7b from line 7a)	70	(a) Amour		,			(b) Tota	al	
 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 		(a) Anou			1.00			Second 1 and	
(1) Employers	8a(1)		10.11					and Party of States	
(2) Participants	. 8a(2)		48	,217	/				
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-2	,356	5	Billion March		4.0	- 0.01
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4 :	5,861
d Benefits paid (including direct rollovers and insurance premiums	8d		21	,051					
to provide benefits) e Certain deemed and/or corrective distributions (see instructions)								No.	
				203	3				
	0					-			a state
 g Other expenses. h Total expenses (add lines 8d, 8e, 8f, and 8g) 								2	1,254
						24,60			4,607
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)					1				
Part IV Plan Characteristics									
 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare 									
Part V Compliance Questions				Yes	No	N/A		Amount	
10 During the plan year:	11	in the time period		res	NO	INA		Amount	
a Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Program).	Voluntary	Fiduciary Correction	10a		Х				
b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)	est? (Do no	t 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 by fraud or dishonesty?			10d		Х				
e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all o	of the benefits under	10e	Х					57
 f Has the plan failed to provide any benefit when due under the plan 			10f		Х				
			10g		X	1			
			109			1.100			
2520 101-3.)			10h		Х				
 If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. 	d the requir 101-3	ed notice or one of the	. 10i						
j Did the plan trust incur unrelated business taxable income?			· 10j						
Part VI Pension Funding Compliance									_
 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below). 	ements? (I	f "Yes," see instructions	and co	mplete	e Sche	edule SB	(Form	Yes	X No
11a Enter the unpaid minimum required contribution for all years fro	om Schedu	le SB (Form 5500) line	40			11a			.
12 Is this a defined contribution plan subject to the minimum fund	ing require	ments of section 412 of	the Co	de or s	ection	1 302 of E	RISA?	Yes	X No

Page 2

	Form 5500-SF 2015 Page 3 -						
(trink in a subject line 12e or lines 12b, 12c, 12d, and 12e below, as applicable.)					lines	
aı	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver		nter th Day	e date of	Year		
If yo	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line '	13.	12b				
bΕ	nter the minimum required contribution for this plan year						
CE	nter the amount contributed by the employer to the plan for this plan year		12c				
1	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the linegative amount)		12d	Vaa	Νο] N/A	
е	Vill the minimum funding amount reported on line 12d be met by the funding deadline?			Yes			
Part V	II Plan Terminations and Transfers of Assets				es 🛛 No		
13a	Has a resolution to terminate the plan been adopted in any plan year?				es 🛛 No		
	f "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	-			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?		ntrol		Yes X	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)				10 (0)		
	c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
			v				
Part	/III Trust Information		4.41				
14a N	ame of trust	x	140	Trust's E	-IN		
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number					
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?			'es	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	nd employer		Design- based sa harbor method	ife AE	DP/ACP st	
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "d testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1. 2(a)(2)(ii))?	401(11)-	Yes		No	No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under sec	tion 410(b):		Ratio percenta test		Average benefit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by cor this plan with any other plans under the permissive aggregation rules?	mbining		(es			
	Has the plan been timely amended for all required tax law changes?			Yes	No.) [] N/A	
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).					nstructions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter p advisory latter enter the date of that favorable letter and the letter's serial n	umber				on or	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, determination letter		1			_	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virg	2) has been in Islands)?			No		
19	Were in-service distributions made during the plan year?			Yes	No		
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of retired), as required under section 401(a)(9)?	whether or not		Yes	No	□ N/A	