Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FAMILY FORD, INC. DBA BRANDON FORD 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

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)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FAMILY FORD, INC. DBA BRANDON FORD

9090 ADAMO DRIVE
TAMPA, FL 33619

2b Employer Identification Number (EIN)
59-3043050

2c Plan Sponsor's telephone number
813-246-3673

2d Business code (see instructions)
441110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	07/15/2016	E. PAUL LEVINE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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 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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	171
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	148
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	134
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	27
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	161
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	161
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	118
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4B

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 2 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
FAMILY FORD, INC. DBA BRANDON FORD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FAMILY FORD, INC. DBA BRANDON FORD

D Employer Identification Number (EIN)
59-3043050

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	336485-01	118	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
38	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KENT COOPER
CENTAURUS FINANCIAL INC.
490 ALABAMA ST., SUITE 101
REDLANDS, CA 92373

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOHN GERKEN
CENTAURUS FINANCIAL INC.
24012 CALLE DE LA PLATA, SUITE 240
LAGUNA HILLS, CA 92653

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	13141
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	4318
c	Additions: (1) Contributions deposited during the year	7c(1)	650		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	151		
	(4) Transferred from separate account	7c(4)	37136		
	(5) Other (specify below)	7c(5)	377		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	38314
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	42632
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1059		
	(2) Administration charge made by carrier	7e(2)	552		
	(3) Transferred to separate account	7e(3)	27880		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	29491
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	13141

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
FAMILY FORD, INC. DBA BRANDON FORD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FAMILY FORD, INC. DBA BRANDON FORD

D Employer Identification Number (EIN)
59-3043050

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN HERITAGE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-0781901	60534	54890	2	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ STANDARD RATES ON FILE WITH FLORIDA

b	Premiums paid to carrier	6b	3060
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☒ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
FAMILY FORD, INC. DBA BRANDON FORD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FAMILY FORD, INC. DBA BRANDON FORD

D Employer Identification Number (EIN)
59-3043050

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CENTAURUS FINANCIAL INC.

2300 E. KATELLA AVENUE
SUITE 200
ANAHEIM, CA 92806

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	N/A	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

DUNCAN ACCOUNTING & TAX SERVICES

311 MAIN STREET
SUITE 2
IRWIN, PA 15642

25-1408612

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 65 68	N/A	7046	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	N/A	10287	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
FAMILY FORD, INC. DBA BRANDON FORD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FAMILY FORD, INC. DBA BRANDON FORD

D Employer Identification Number (EIN)
59-3043050

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: AB HIGH INCOME I			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	52164
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS CAPITAL INC BLDR R6			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	53016
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW ECONOMY R5			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	113056
a Name of MTIA, CCT, PSA, or 103-12 IE: BARON REAL ESTATE RETAIL			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11269
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA SMALL CAP INDEX R5			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	79102
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE I			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11880
a Name of MTIA, CCT, PSA, or 103-12 IE: DREYFUS/THE BOSTON CO SM/MD CP GR I			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5840

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR LEVERAGED CO STK I			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3281
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR MATERIALS I			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16256
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY OTC			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	36773
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SELECT BIOTECHNOLOGY			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	205132
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SELECT CONSUMER STAPLES			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	47502
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SELECT MULTIMEDIA			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2769
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SELECT SOFTWARE & IT SERVI			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2654
a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST EAGLE GLOBAL A			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	48695
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS HIGH YIELD MUNI INSTL			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	26606
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS INCOME BUILDER INSTL			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23734

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS INTL SMALL CP INSIGHT			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7821
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS SM CAP GRTH INSIGHTS			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1255
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2015 FUND III T			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	223282
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2025 FUND III T			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	793561
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2035 FUND III T			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	785230
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2045 FUND III T			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	361633
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFETIME 2055 FUND III T			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43116
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO EQUALLY-WTD S&P 500 Y			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	86127
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GOLD & PRECIOUS METALS INVS			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	508
a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD GLOBAL LISTED INFRASTRUCTURE			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25781

a Name of MTIA, CCT, PSA, or 103-12 IE: SUNAMERICA FOCUSED DIVIDEND STRATEG			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	77644
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE CAPITAL APPRECIATION			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	57641
a Name of MTIA, CCT, PSA, or 103-12 IE: THIRD AVENUE REAL ESTATE VALUE INST			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10954
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD HIGH-YIELD TAX-EXEMPT ADM			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID CAP INDEX FUND - ADMIR			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	143668
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO IDX ASST ALLO A			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25738
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO SHORT DUR GOVT BD I			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	54201
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STRAT MUNI BD ADM			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2470
a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SELECT FOCUSED VALUE Y			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	200
a Name of MTIA, CCT, PSA, or 103-12 IE: MATTHEWS CHINA DIVIDEND INVESTOR			
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE			
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL VALUE Y

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE

c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10993

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO FOREIGN-BOND (USD-HEDGED) ADM

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE

c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6271

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIMECAP ODYSSEY AGGRESSIVE GROWTH

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE

c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11941

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON UTILITY Z

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE

c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84054

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM CAPITAL SPECTRUM R

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE

c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58950

a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE FINANCIAL SERVICES SVC

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE

c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58431

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB SDB MONEY MARKET

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE

c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5549

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB SDB SECURITIES

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE

c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 637669

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
FAMILY FORD, INC. DBA BRANDON FORD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FAMILY FORD, INC. DBA BRANDON FORD

D Employer Identification Number (EIN)
59-3043050

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	3
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	176754	200095
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3336655	3671252
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3549	12359
(15) Other	1c(15)	737817	668833

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4254775	4552542
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4254775	4552542

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	502196	
	(C) Others (including rollovers)	2a(1)(C)	46643	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		548839
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	7869	
	(F) Other	2b(1)(F)	1481	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9350
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	454171	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		454171
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-492423
c Other income	2c		-94323
d Total income. Add all **income** amounts in column (b) and enter total	2d		425614
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	91374	
(2) To insurance carriers for the provision of benefits	2e(2)	3060	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		94434
f Corrective distributions (see instructions)	2f		19529
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	13884	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		13884
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		127847
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		297767
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KOBAYASHI & COMPANY **(2)** EIN: 95-4297925

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

FAMILY FORD, INC. d.b.a. BRANDON FORD 401(k) PLAN

FOR THE YEARS ENDED

DECEMBER 31, 2015 AND 2014

FAMILY FORD, INC. d.b.a. BRANDON FORD 401(k) PLAN

FOR THE YEARS ENDED

DECEMBER 31, 2015 AND 2014

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KOBAYASHI & COMPANY

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Independent Auditors' Report

The Administrator of
Family Ford, Inc. DBA Brandon Ford 401(k) Plan
Tampa, FL

Report on the Financial Statements

We were engaged to audit the accompanying financial statements and supplemental schedules of Family Ford, Inc. DBA Brandon Ford 401(k) Plan ("the Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great-West Trust Company, LLC, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2015 and 2014 and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

Family Ford, Inc. DBA Brandon Ford 401(k) Plan
Independent Auditors' Report

Disclaimer of Opinion

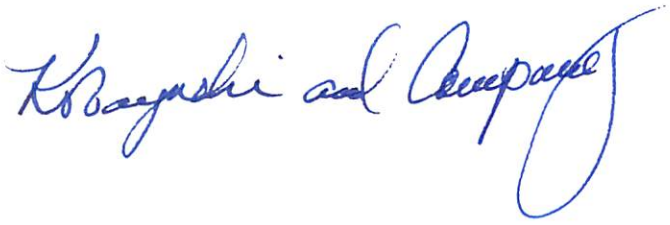
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) for the year ended December 31, 2015 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Pasadena, California
June 15, 2016

FAMILY FORD, INC. d.b.a. BRANDON FORD 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2015 AND DECEMBER 31, 2014

ASSETS

	12/31/15	12/31/14
Noninterest-bearing cash	$ 3	$ 0
Investments at fair value (Notes 8 & 9)		
Interest-bearing cash	5,549	226,501
Common stock	637,669	487,040
Investment contract	12,359	3,549
Mutual funds	3,671,252	3,336,655
Total investments	4,326,829	4,053,745
Cash value of life insurance policies	25,615	24,276
Receivables :		
Notes receivable from participants (Notes 1 & 2)	200,095	176,754
Total Assets	4,552,542	4,254,775

LIABILITIES

Corrective distributions payable	22,525	0
Net assets available for benefits	$ 4,530,017	$ 4,254,775

The accompanying notes are an integral part of the financial statements.

FAMILY FORD, INC. d.b.a. BRANDON FORD 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2015

Additions to net assets attributed to:		
Investment income:		
Dividends from mutual funds (Note 8)	$ 454,171	
Other	1,481	$ 455,652
Interest on participant loans		7,869
Contributions (Note 1):		
Participants	479,671	
Other, including rollovers	46,643	526,314
Total additions		989,835
Deductions from net assets attributed to:		
Benefits paid directly to participants (Note 1)	91,374	
Net decrease in fair value of mutual funds (Note 8)	492,423	
Net decrease in fair value of common stock (Note 8)	94,323	
Corrective distributions	19,529	
Payments to insurance carriers for provision of benefits	3,060	
Administrative expenses	13,884	
Total deductions		714,593
Net increase		275,242
Net assets available for benefits:		
January 1, 2015		4,254,775
December 31, 2015		$ 4,530,017

The accompanying notes are an integral part of the financial statements.

FAMILY FORD, INC. d.b.a. BRANDON FORD 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2015

1. Description of the plan:

The following description of the Family Ford, Inc. d.b.a. Brandon Ford 401(k) Plan (the "Plan") provides general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan, effective January 1, 1996, set up to cover all employees of Family Ford, Inc. d.b.a. Brandon Ford (the "Company"), except for union employees and nonresident aliens. Employees who have six months of service and are age twenty-one or older are eligible. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Participants may elect, by submitting a written request to the Plan administrator, to have their wage compensation reduced by up to the dollar amount allowable under the limitations of the IRC Sections 415, 401(k) and 402(g). For the year ended December 31, 2015, elective deferral amount allowed under IRC Code Section 402(g) was $18,000, and catch-up contribution allowed for participants age 50 or older, under IRC Code Section 414(v) was $6,000. The Plan includes an automatic-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. This deferred amount flows directly to the Plan. The employer may make matching contributions equal to a discretionary percentage to be determined by the employer. The Company discontinued matching contributions effective May 1, 2009.

Participants may also contribute amounts representing distributions from other qualified plans (rollover).

Maximum annual addition to each participant's account is subject to the limitation set by IRC Code Section 415(c)(1)(A), which was the lesser of $53,000 or 100% of the participant's compensation for the year ended.

Participant accounts:

Each participant's account is credited with the participant's contribution and Company discretionary matching contribution, if applicable, Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. Description of the plan (continued):

Vesting:

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited service. The vesting schedule is as follows:

Vesting years of service	Vested percentage
1	20%
2	40%
3	60%
4	80%
5	100%

Forfeitures:

At December 31, 2015 and 2014, forfeited nonvested accounts totaled $782 and $1,217, respectively. These accounts will first be used to pay administrative expenses, then to reduce future employer contributions, if applicable. During 2015, the Employer used $447 in forfeitures to pay for administrative expenses of the Plan.

Payment of benefits:

The normal retirement age is the later of a participant's 65th birthday or the 5th anniversary of the first day of the Plan year in which participation in the Plan commenced. On termination of service due to death, disability or retirement (at or after normal retirement age or date), a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. A participant who incurs a termination of employment prior to his normal retirement age is entitled to that portion of his account balance earned to date, with vesting based upon the years of service credited as of the date of termination of employment.

On termination of service, a participant may receive a lump-sum amount equal to the value of his or her account. Distributions are made as soon as administratively feasible following termination of employment.

Plan expense:

The employer has elected to absorb part of the Plan's operating and administrative expenses.

1. Description of the plan (continued):

Notes receivable from participants:

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account. The Plan Administrator establishes the rate in a nondiscriminatory manner. The interest rate on each loan was 4.25% as of December 31, 2015, which is commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest is repaid through payroll deductions or check.

2. Summary of accounting policies:

Basis of accounting:

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and change therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

Investment valuation and income recognition:

The Plan’s investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the Investment advisers, custodians and insurance company. See Note 9 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses have been recorded as of December 31, 2015 or 2014. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

2. Summary of accounting policies (continued):

Payment of benefits:

Benefits are recorded when paid.

Expenses:

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. As mentioned in Note 1, a portion of expenses and fees may be paid out of forfeitures. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Date of management's review:

Subsequent events were evaluated through June 15, 2016, which is the date the financial statements were available to be issued.

3. Certified investments:

Other than information relating to interest-bearing cash and the common stock, which are part of the self-directed participant brokerage accounts held by Charles Schwab, information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments in mututal funds and investment contracts held at December 31, 2015 and 2014 as reported on the statement of net assets available for benefits, and net change in fair value of investments in mutual funds, as well as interest and dividends from mutual funds for the year ended December 31, 2015, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Great-West Trust Company, LLC (the custodian of the Plan).

	December 31, 2015	December 31, 2014
Mutual funds	$ 3,671,252	$ 3,336,655
Investment contract	12,359	3,549
Total certified investments	$ 3,683,611	$ 3,340,204

4. Plan termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at anytime subject to the provisions of ERISA. In the event of Plan termination, participants will be 100% vested in their accounts.

5. Related-party transactions and party in interest transactions:

During the year ended December 31, 2015, there were no related-party transactions which are prohibited by ERISA and for which there are no statutory or administrative exemptions.

6. Risk and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such, as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the statement of net assets available for benefits.

7. Tax status:

The Company has adopted the Dunacan Financial Group, LLC prototype non-standardized profit sharing plan. The IRS has determined and informed the Company by a letter dated March 31, 2014, that this Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

8. Investments:

The following presents investments that represent 5 percent or more of the Plan's net assets.

Investment option	December 31, 2015	2014
Berkshire Hathaway Class A shares	$ 197,800	$ 452,000
Apple, Inc. shares	372,887	0
Great-West Lifetime 2015 Fund III T1	223,282	0
Great-West Lifetime 2025 Fund III T1	793,561	838,444

8. Investments (continued):

Investment option	December 31, 2015	2014
Great-West Lifetime 2035 Fund III T1	$ 785,230	$ 716,570
Great-West Lifetime 2045 Fund III T1	361,633	354,097

During 2015, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by ($586,746) as follows:

Common stocks	$ (94,323)
Mutual Funds	(492,423)
Total decrease in value	$ (586,746)

9. Fair value measurements:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The 3 levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

9. Fair value measurements (continued):

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Level 1 inputs

Investments in common stock held in the Charles Schwab self-directed brokerage accounts are actively traded. Shares are valued at the closing price reported on the active market on which the individual securities are traded.

The mutual fund shares are actively traded. Prices for these NAV mutual funds are obtained from a file feed from the National Securities Clearing Corporation, and/or directly from the fund house, or a secondary pricing source, such as Interactive Data Corporation.

Level 2 inputs

The Schwab Money Market Fund classified as interest-bearing cash is a money-market fund investing in short-term money-market instruments, including securities issued by the federal government, corporations, municipalities, and banks. The fund is designed for next-business-day liquidity. The underlying investments are not actively traded. However, due to the highly liquid nature of these investments, the trustees have determined that Level 2 is the proper designation.

9. Fair value measurements (continued):

Input levels by investment category

		Fair value measurements using:		
	Fair value	Level 1 inputs	Level 2 inputs	Level 3 inputs
December 31, 2015				
Interest-bearing cash	$ 5,549	$ 0	$ 5,549	$ 0
Investment contract	12,359	0	12,359	0
Common stock:				
Finance	197,800	197,800	0	0
Technology	439,869	439,869	0	0
Total common stock	637,669	637,669	0	0
Mutual funds:				
Target-date funds	2,206,822	2,206,822	0	0
Index funds	334,635	334,635	0	0
Capital appreciation funds	376,619	376,619	0	0
Other funds	753,176	753,176	0	0
Total mutual funds	3,671,252	3,671,252	0	0
Total assets at fair value	$ 4,326,829	$ 4,308,921	$ 17,908	$ 0

		Fair value measurements using:		
	Fair value	Level 1 inputs	Level 2 inputs	Level 3 inputs
December 31, 2014				
Interest-bearing cash	$ 226,501	$ 0	$ 226,501	$ 0
Investment contract	3,549	0	3,549	0
Common stock:				
Finance	452,000	452,000	0	0
Consumer services	35,040	35,040	0	0
Total common stock	487,040	487,040	0	0

9. Fair value measurements (continued):

Input levels by investment category (continued)

		Fair value measurements using:		
	Fair value	Level 1 inputs	Level 2 inputs	Level 3 inputs
December 31, 2014 (continued)				
Mutual funds:				
Target-date funds	$ 2,151,407	$ 2,151,407	$ 0	$ 0
Index funds	303,835	303,835	0	0
Capital appreciation funds	292,300	292,300	0	0
Other funds	589,113	589,113	0	0
Total mutual funds	3,336,655	3,336,655	0	0
Total assets at fair value	$ 4,053,745	$ 3,823,695	$ 230,050	$ 0

10. Reconciliation of financial statements to Schedule H of Form 5500:

The Schedule H does not present corrective distributions payable as of the end of the year. As of December 31, 2015, the corrective distributions payable recorded on the statement of net assets available for benefits, but not on Schedule H, was $22,525. The accrued amount is reflected as a reduction in participant contributions on the statement of changes in net assets available for benefits. Consequently, there is a corresponding difference in participant contributions per the financial statements and Schedule H as illustrated below.

	12/31/2015
Participant contributions per financial statements	$ 479,671
Add: corrective distributions payable at December 31, 2015	22,525
Participant contributions per Schedule H	$ 502,196

Schedule of Assets Held for Investment Purposes at the End of Year

Attachment for Schedule H Item 4i
January 1, 2015 through December 31, 2015

Family Ford, Inc. DBA Brandon Ford
401(k) Plan
EIN #59-3043050
PIN #001

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of Investment	(d) Cost	(e) Current Value
	Great-West Life & Annuity Insurance Company - Separate Account	AB HIGH INCOME I	**	52,164
	Great-West Life & Annuity Insurance Company - Separate Account	AMERICAN FUNDS CAPITAL INC BLDR R6		53,016
	Great-West Life & Annuity Insurance Company - Separate Account	AMERICAN FUNDS NEW ECONOMY R5		113,056
	Great-West Life & Annuity Insurance Company - Separate Account	BARON REAL ESTATE RETAIL		11,269
	Great-West Life & Annuity Insurance Company - Separate Account	COLUMBIA SMALL CAP INDEX R5		79,102
	Great-West Life & Annuity Insurance Company - Separate Account	DFA US TARGETED VALUE I		11,880
	Great-West Life & Annuity Insurance Company - Separate Account	DREYFUS/THE BOSTON CO SM/MD CP GR I		5,840
	Great-West Life & Annuity Insurance Company - Separate Account	FIDELITY ADVISOR LEVERAGED CO STK I		3,281
	Great-West Life & Annuity Insurance Company - Separate Account	FIDELITY ADVISOR MATERIALS I		16,256
	Great-West Life & Annuity Insurance Company - Separate Account	FIDELITY OTC		36,773
	Great-West Life & Annuity Insurance Company - Separate Account	FIDELITY SELECT BIOTECHNOLOGY		205,132
	Great-West Life & Annuity Insurance Company - Separate Account	FIDELITY SELECT CONSUMER STAPLES		47,502
	Great-West Life & Annuity Insurance Company - Separate Account	FIDELITY SELECT MULTIMEDIA		2,769
	Great-West Life & Annuity Insurance Company - Separate Account	FIDELITY SELECT SOFTWARE & IT SERVICES		2,654
	Great-West Life & Annuity Insurance Company - Separate Account	FIRST EAGLE GLOBAL A		48,695
	Great-West Life & Annuity Insurance Company - Separate Account	GOLDMAN SACHS HIGH YIELD MUNI INSTL		26,606
	Great-West Life & Annuity Insurance Company - Separate Account	GOLDMAN SACHS INCOME BUILDER INSTL		23,734
	Great-West Life & Annuity Insurance Company - Separate Account	GOLDMAN SACHS INTL SMALL CP INSIGHTS A		7,821
	Great-West Life & Annuity Insurance Company - Separate Account	GOLDMAN SACHS SM CAP GRTH INSIGHTS INSTL		1,255
	Great-West Life & Annuity Insurance Company - Separate Account	GREAT-WEST LIFETIME 2015 FUND III T1		223,282
	Great-West Life & Annuity Insurance Company - Separate Account	GREAT-WEST LIFETIME 2025 FUND III T1		793,561
	Great-West Life & Annuity Insurance Company - Separate Account	GREAT-WEST LIFETIME 2035 FUND III T1		785,230
	Great-West Life & Annuity Insurance Company - Separate Account	GREAT-WEST LIFETIME 2045 FUND III T1		361,633
	Great-West Life & Annuity Insurance Company - Separate Account	GREAT-WEST LIFETIME 2055 FUND III T1		43,116
	Great-West Life & Annuity Insurance Company - Separate Account	INVESCO EQUALLY-WTD S&P 500 Y		86,127
	Great-West Life & Annuity Insurance Company - Separate Account	INVESCO GOLD & PRECIOUS METALS INVSTOR		508
	Great-West Life & Annuity Insurance Company - Separate Account	LAZARD GLOBAL LISTED INFRASTRUCTURE OPEN		25,781
	Great-West Life & Annuity Insurance Company - Separate Account	MASSMUTUAL SELECT FOCUSED VALUE Y		200
	Great-West Life & Annuity Insurance Company - Separate Account	MATTHEWS CHINA DIVIDEND INVESTOR		22
	Great-West Life & Annuity Insurance Company - Separate Account	OPPENHEIMER GLOBAL VALUE Y		10,993
	Great-West Life & Annuity Insurance Company - Separate Account	PIMCO FOREIGN-BOND (USD-HEDGED) ADM		6,271
	Great-West Life & Annuity Insurance Company - Separate Account	PRIMECAP ODYSSEY AGGRESSIVE GROWTH		11,941
	Great-West Life & Annuity Insurance Company - Separate Account	PRUDENTIAL JENNISON UTILITY Z		84,054
	Great-West Life & Annuity Insurance Company - Separate Account	PUTNAM CAPITAL SPECTRUM R		58,950
	Great-West Life & Annuity Insurance Company - Separate Account	ROYCE FINANCIAL SERVICES SVC		58,431
	Great-West Life & Annuity Insurance Company - Separate Account	SCHWAB SDB MONEY MARKET		5,549
	Great-West Life & Annuity Insurance Company - Separate Account	SCHWAB SDB SECURITIES		637,669
	Great-West Life & Annuity Insurance Company - Separate Account	SUNAMERICA FOCUSED DIVIDEND STRATEGY A		77,644
	Great-West Life & Annuity Insurance Company - Separate Account	T. ROWE PRICE CAPITAL APPRECIATION		57,641
	Great-West Life & Annuity Insurance Company - Separate Account	THIRD AVENUE REAL ESTATE VALUE INSTL		10,954
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD HIGH-YIELD TAX-EXEMPT ADM		31
	Great-West Life & Annuity Insurance Company - Separate Account	VANGUARD MID CAP INDEX FUND - ADMIRAL		143,668
	Great-West Life & Annuity Insurance Company - Separate Account	WELLS FARGO IDX ASST ALLO A		25,738
	Great-West Life & Annuity Insurance Company - Separate Account	WELLS FARGO SHORT DUR GOVT BD I		54,201
	Great-West Life & Annuity Insurance Company - Separate Account	WELLS FARGO STRAT MUNI BD ADM		2,470
	Great-West Life & Annuity Insurance Company - General Account	KEY GUARANTEED PORTFOLIO FUND		12,359
	Participant Loans	4.25%		200,095
				4,526,924

** Cost information is not required as the Plan is participant-directed

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan (Filers checking this box attach a list of participating employer information in accordance with the form instructions); or
- ☒ a single-employer plan;
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report;
- ☐ the final return/report;
- ☐ an amended return/report;
- ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here . . . . . ► ☐

D Check box if filing under:
- ☐ Form 5558;
- ☐ automatic extension;
- ☐ the DFVC program;
- ☐ special extension (enter description)

Part II Basic Plan Information --- enter all requested information

1a Name of plan
Family Ford, Inc. dba Brandon Ford 401(k) Plan

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 01/01/1996

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, 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)

Family Ford, Inc. dba Brandon Ford

9090 ADAMO DRIVE

US TAMPA FL 33619

2b Employer Identification Number (EIN)
59-3043050

2c Plan Sponsor's telephone number
(813) 246-3673

2d Business code (see instructions)
441110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE	[signature]	7/15/16	E Paul Levine
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	7/15/16	E Paul Levine
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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 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: **a** Sponsor's name	**4b** EIN	
	4c PN	
5 Total number of participants at the beginning of the plan year	**5**	171
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	148
a(2) Total number of active participants at the end of the plan year	**6a(2)**	134
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	27
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	161
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	161
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	118
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4B

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [x]	Insurance	(1) [x]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	(2) [ ]	Code section 412(e)(3) insurance contracts
(3) [x]	Trust	(3) [x]	Trust
(4) [ ]	General assets of the sponsor	(4) [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) [ ] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) [x] **H** (Financial Information)
- (2) [ ] **I** (Financial Information - Small Plan)
- (3) [x] 2 **A** (Insurance Information)
- (4) [x] **C** (Service Provider Information)
- (5) [x] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) . . . . . ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) . . ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Schedule of Assets Held for Investment Purposes at the End of Year

Attachment for Schedule H Item 4i
January 1, 2015 through December 31, 2015

Family Ford, Inc. DBA Brandon Ford
401(k) Plan
EIN #59-3043050
PIN #001

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	Participant Loans	4.25%		200,095
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** Cost information is not required as the Plan is participant-directed