# 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

**2014**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

**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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
KAHLIG AUTO GROUP HEALTH BENEFIT PLAN

**1b** Three-digit plan number (PN) ▶ 514

**1c** Effective date of plan 10/01/2000

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
KAHLIG AUTO GROUP HEALTH BENEFIT TRUST

P. O. BOX 2950
SAN ANTONIO, TX 78299

**2b** Employer Identification Number (EIN)
46-4230139

**2c** Plan Sponsor's telephone number
210-220-5937

**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. | | |
| | **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) (optional)

Preparer's telephone number (optional)

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

KAHLIG AUTO GROUP

9207 SAN PEDRO AVENUE
SAN ANTONIO, TX 78216

**3b** Administrator's EIN: 74-2235344

**3c** Administrator's telephone number: 210-426-3296

**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** | 729 |
| **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)** | 791 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 818 |
| **b** | Retired or separated participants receiving benefits | **6b** | 7 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 825 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **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:

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

**9a** Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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

**2014**

**This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

**A** Name of plan
KAHLIG AUTO GROUP HEALTH BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 514

**C** Plan sponsor's name as shown on line 2a of Form 5500
KAHLIG AUTO GROUP HEALTH BENEFIT TRUST

**D** Employer Identification Number (EIN)
46-4230139

**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

HEALTH CARE SERVICES CORPORATION

| (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 |
| 36-1236610 | 70670 | 42966 120378 | 1474 | 12/01/2014 | 11/30/2015 |

**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 |
|---|---|
| 107591 | 11370 |

**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

GALLAGHER BENEFIT SERVICES
TWO PIERCE PLACE
ITASCA, IL 60143

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 107591 | 11370 | OTHER COMMISSIONS | 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 | |
| | | | |

**(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** | |
| **5** | Current value of plan's interest under this contract in separate accounts at year end | **5** | |

**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 ▶

| | | | | | |
|---|---|---|---|---|---|
| **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)** | 0 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | **7d** | 0 |
| **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)** | 0 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | **7f** | 0 |

## 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** [X] 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** [X] 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)** | 4693806 | | |
| (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)** | 4693806 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | 4241708 | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 4241708 |
| (4) Claims charged | | | **9b(4)** | 4241708 |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | 107591 | | |
| (B) Administrative service or other fees | **9c(1)(B)** | 344507 | | |
| (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)** | 452098 |
| (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** | 560558 |
| **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 [X] 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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2014**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

**A** Name of plan
KAHLIG AUTO GROUP HEALTH BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 514

**C** Plan sponsor's name as shown on line 2a of Form 5500
KAHLIG AUTO GROUP HEALTH BENEFIT TRUST

**D** Employer Identification Number (EIN)
46-4230139

## 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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**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)

BLUECROSS BLUESHIELD OF TEXAS

36-1236610

| (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? |
|---|---|---|---|---|---|---|
| 12 23 99 | NONE | 517768 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

TELADOC, INC.

1945 LAKEPOINTE DRIVE
LEWISVILLE, TX 75057

| (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? |
|---|---|---|---|---|---|---|
| 49 50 | NONE | 18400 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

STRASBURGER & PRICE, LLP

2301 BROADWAY STREET
SAN ANTONIO, TX 78215

| (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? |
|---|---|---|---|---|---|---|
| 29 50 | NONE | 11515 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**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 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

**2014**

**This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

**A** Name of plan
KAHLIG AUTO GROUP HEALTH BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 514

**C** Plan sponsor's name as shown on line 2a of Form 5500
KAHLIG AUTO GROUP HEALTH BENEFIT TRUST

**D** Employer Identification Number (EIN)
46-4230139

## 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 | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | 15794 | 0 |
| **(3)** Other | 1b(3) | 31462 | 17 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 824448 | 1243010 |
| **(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) | | |
| **(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) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (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 | 871704 | 1243027 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 250471 | 305566 |
| **h** Operating payables | 1h | 216740 | 144100 |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 467211 | 449666 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 404493 | 793361 |

## 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) | 2891008 | |
| **(B)** Participants | 2a(1)(B) | 2689602 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 5580610 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 270 | |
| **(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) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 270 |
| **(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) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(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) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 5580880 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 4030937 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 609522 | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 4640459 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | 9460 | |
| (2) Contract administrator fees | 2i(2) | 517768 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 24325 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 551553 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 5192012 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 388868 |
| 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)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

**(1)** Name: CROWE HORWATH LLP **(2)** EIN: 35-0921680

**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 | 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 | 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 | | 200000 |
| 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 | | | |
| 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 | | | |

**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 (optional)

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

# KAHLIG AUTO GROUP
# HEALTH BENEFIT PLAN

## Financial Statements

November 30, 2015 and 2014

**Kahlig Auto Group Health Benefit Plan**
San Antonio, Texas

Financial Statements
November 30, 2015 and 2014

Contents


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Schedule H, Line 4j - Schedule of Reportable Transactions ..... 12

Crowe Horwath LLP
Independent Member Crowe Horwath International

# INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Kahlig Auto Group Health Benefit Plan
San Antonio, Texas

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Kahlig Auto Group Health Benefit Plan, which comprise the statements of net assets available for benefits as of November 30, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended November 30, 2015, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

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 the 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 Frost Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of November 30, 2015 and 2014, and for the year ended November 30, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

### *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.

(Continued)

***Other Matter***

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of and for the year ended November 30, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes of additional analysis and are 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 the supplemental schedules.

**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 schedules, other than that derived from the information certified by the trustee, 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.



Crowe Horwath LLP

Oak Brook, Illinois
September 14, 2016

**Kahlig Auto Group Health Benefit Plan**
**Statements of Net Assets Available for Benefits**
**November 30, 2015 and 2014**

| | November 30, 2015 | November 30, 2014 |
|---|---|---|
| **Assets:** | | |
| Investments, at fair value | $ 1,243,010 | $ 824,448 |
| Accrued investment income | 17 | 3 |
| Receivables | | |
| Participant contributions | - | 15,794 |
| Other receivables | - | 31,459 |
| Total receivables | - | 47,253 |
| Total assets | 1,243,027 | 871,704 |
| **Liabilities:** | | |
| Accrued administrative expenses | 80,124 | 56,895 |
| Transitional reinsurance fee | 63,976 | 83,601 |
| Total liabilities | 144,100 | 140,496 |
| **Net assets available for benefits** | $ 1,098,927 | $ 731,208 |

See accompanying notes to financial statements

**Kahlig Auto Group Health Benefit Plan**
**Statement of Changes in Net Assets Available for Benefits**
**Year Ended November 30, 2015**

| | | |
|---|---|---|
| **Additions to net assets attributable to:** | | |
| Interest and dividends income | $ | 270 |
| Employer contributions | | 2,891,008 |
| Employee contributions | | 2,689,602 |
| Total additions | | 5,580,880 |
| **Deductions from net assets attributable to:** | | |
| Benefit payments, net | | 4,052,086 |
| Administrative expenses | | 551,553 |
| Stop loss premiums | | 545,546 |
| Transitional reinsurance fee | | 63,976 |
| Total deductions | | 5,213,161 |
| Net increase in net assets available for benefits | | 367,719 |
| **Net assets available for benefits:** | | |
| Beginning of year | | 731,208 |
| End of year | $ | 1,098,927 |

See accompanying notes to financial statements

## NOTE 1 – DESCRIPTION OF PLAN

The following description of the Kahlig Auto Group Health Benefit Plan (the "Plan"), formerly known as North Park Lincoln Mercury, Inc. Group Health Plan, is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

### General

This Plan is an employee welfare benefit plan sponsored by Kahlig Auto Group (the "Employer" or "Company"), which consists of North Park Lincoln Mercury Inc. and its related dealerships Kahlig Enterprises, Inc. dba Bluebonnet Motors, Kahlig Motor Co. dba North Park Lexus and North Park Lexus at Dominion, North Park South Texas, Inc. dba North Park Toyota of San Antonio, North Park I-10 West, Inc. dba North Park Volkswagen of Dominion, Bluebonnet Chrysler Dodge, Ltd. dba Bluebonnet Chrysler Dodge, NPMI Management, Inc. dba North Park Mazda, North Park SD Motors, LLC dba North Park Subaru at Dominion, and Clarence J. Kahlig, II dba Kahlig Ranches. The Plan is a self-insured medical plan in which the benefits are funded by the Kahlig Auto Group Health Benefit Trust (the "Trust"), which was established December 1, 2013. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan provides medical benefits, including prescription drug benefits, to eligible employees. Effective December 1, 2013, full time employees, as defined in the Plan document, become eligible on the first day of the month following the completion of 90 days of service. Effective December 1, 2014, full time employees, as defined in the Plan document, become eligible on the first day of the month following the completion of 60 days of service. The plan provides for two coverage options called the Base Plan and the Buy-Up Plan. Both options provide similar benefits, but have different cost and coverage structures. The Prescription Drug Benefits are the same under both options. The cost for coverage is shared by the Employer and Participant, based on estimated costs and are reset annually. The Plan does not provide for post-employment benefits, other than benefits defined by the Consolidated Omnibus Budget Reconciliation Act (COBRA). Participants must pay the full cost of coverage if electing COBRA benefits.

The Company has a stop loss coverage policy with Blue Cross Blue Shield of Texas (Blue Cross). The individual stop-loss coverage equals the amount of paid claims for a covered participant in excess of $125,000, subject to certain policy limits. Benefit payments presented in these financial statements are net of recoveries from the stop-loss insurance.

### Plan Termination

Although it has not expressed any intention to do so, the Employer has the right under the Plan to modify the benefits provided to active employees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination of the Plan, all funds remaining in the Trust are to be used for payment of claims and Plan expenses in accordance with the Plan.

## NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The financial statements of the Plan included herein have been prepared on an accrual basis under accounting principles generally accepted in the United States of America ("GAAP"). Claims and insurance premiums are recorded when paid.

### Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, as further described in Note 4. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability.

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 (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

### Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and benefit obligations at the date of the financial statements and changes in net assets available for benefits and in benefit obligations during the reporting period and, when applicable the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ materially from those estimates.

### Risks and Uncertainties

Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, liquidity risk and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in values of certain investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements. The estimate of the Plan's incurred but not reported claims obligation is particularly subject to change in the near term. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

### Claims Payable and claims incurred, but not reported

Claims payable within these financial statements consist of an estimate for claims incurred but not reported and claims in the course of settlement which are to be paid by the Plan. This estimate was determined by the Company's management based on historical claims experience and assumptions regarding time periods for claims submission and processing. This estimate is particularly subject to change in the near term.

(Continued)

## NOTE 3 - UNAUDITED INFORMATION – CERTIFIED INVESTMENTS

Substantially all information pertaining to the Plan's investments included in the financial statements, including the associated investment income (loss), was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Frost Bank, the trustee of the Plan. This information has not been audited by independent accountants.

## NOTE 4 – FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

*Level 1:* Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

*Level 2:* Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

*Level 3:* Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

*Mutual funds:* The fair value of the mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

The valuation of assets measured at fair value on a recurring basis are summarized below:

| | Fair Value Measurements at November 30, 2015 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total Fair Value |
| Investments at fair value: | | | | |
| Mutual funds | $ 1,243,010 | $ - | $ - | $ 1,243,010 |
| Total investments at fair value | $ 1,243,010 | $ - | $ - | $ 1,243,010 |

## NOTE 4 – FAIR VALUE MEASUREMENTS – (Continued)

| | Fair Value Measurements at November 30, 2014 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total Fair Value |
| Investments at fair value: | | | | |
| Mutual funds | $ 824,448 | $ - | $ - | $ 824,448 |
| Total investments at fair value | $ 824,448 | $ - | $ - | $ 824,448 |

## NOTE 5 – OBLIGATIONS

The Plan's obligations for active employees at the end of the plan year includes claims payable, an estimate of claims incurred but not reported which was estimated by the Company's management, and stop loss premiums payable. Obligations as of November 30 are summarized in the following table:

| | 2015 | 2014 |
|---|---|---|
| Claims payable and estimated claims incurred but not reported | $ 210,946 | $ 250,471 |
| Stop loss premiums payable | 94,620 | 76,244 |
| Total obligations | $ 305,566 | $ 326,715 |

Changes in obligations for the year ended November 30, 2015, are summarized in the following table:

| | |
|---|---|
| Benefit obligations: | |
| Claims incurred | $ 4,012,561 |
| Claims paid | (4,052,086) |
| Change in benefit obligations | (39,525) |
| Benefit obligations at beginning of year | 250,471 |
| Benefit obligations at end of year | $ 210,946 |
| | |
| Stop loss premiums payable: | |
| Premiums incurred | $ 563,922 |
| Premiums paid | (545,546) |
| Change in premiums payable | 18,376 |
| Stop loss premiums payable at beginning of year | 76,244 |
| Stop loss premiums payable at end of year | 94,620 |
| | |
| Total obligations at end of year | $ 305,566 |

## NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Blue Cross Blue Shield of Texas (BCBS) is the claims processor for the Plan and also provides stop loss insurance coverage. BCBS received approximately $1,010,000 for these services. In addition, fees were paid to parties-in-interest for various plan administrative services. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company.

## NOTE 7 – INCOME TAX STATUS

The trust funding the Plan has received an exemption letter from the Internal Revenue Service (IRS) dated June 6, 2016, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code ("the Code") as a Voluntary Employee Beneficiary Association. The Plan and trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes 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 plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. 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.

(Continued)

## NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the net assets available for benefits per the Form 5500 at November 30, 2015 and 2014:

| | | |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 1,098,927 | $ 731,208 |
| Less: Claims payable, estimated claims incurred but not reported and stop loss premiums payable | (305,566) | (326,715) |
| Net assets available for benefits per the Form 5500 | $ 793,361 | $ 404,493 |

The following is a reconciliation of the net increase (decrease) in net assets per the financial statements to the net income (loss) in net assets per the Form 5500 for the year ended November 30, 2015:

| | |
|---|---|
| Increase in net assets per the financial statements | $ 367,719 |
| Less: Change in claims payable, estimated claims incurred but not reported and stop loss premiums payable at end of year | 21,149 |
| Net income (loss) per the Form 5500 | $ 388,868 |

Claims currently payable to or for participants, dependents, and beneficiaries, estimated claims that have been incurred by participants but not reported at end of year and stop loss premiums that are payable to Blue Cross are recorded on the Form 5500 as liabilities of the Plan.

## NOTE 9 – SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through September 14, 2016, which is the date the financial statements were available to be issued.

# 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

**2014**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

**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
- ☒ 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
Kahlig Auto Group Health Benefit Plan

**1b** Three-digit plan number (PN) ▶ 514

**1c** Effective date of plan 10/01/2000

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
Kahlig Auto Group Health Benefit Trust

P. O. Box 2950

San Antonio TX 78299

**2b** Employer Identification Number (EIN) 46-4230139

**2c** Plan Sponsor's telephone number 210-220-5937

**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** | Clarence J Kahlig | 9/14/2016 | CLARENCE J. KAHLIG II |
| | **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) (optional)

Preparer's telephone number (optional)

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

Kahlig Auto Group

9207 San Pedro Avenue

San Antonio TX 78216

**3b** Administrator's EIN 74-2235344

**3c** Administrator's telephone number 210-426-3296

**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 | 729 |
| **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 | 791 |
| **a(2)** | Total number of active participants at the end of the plan year | 818 |
| **b** | Retired or separated participants receiving benefits | 7 |
| **c** | Other retired or separated participants entitled to future benefits | 0 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | 825 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | |
| **f** | Total. Add lines **6d** and **6e**. | |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | |

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

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

**9a** Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (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) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) — 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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_____

**Kahlig Auto Group Health Benefit Plan**
**Schedule H, Line 4j - Schedule of Reportable Transactions**
**Year Ended November 30, 2015**

Name of Plan Sponsor: Kahlig Auto Group
Employer Identification Number: 46-4230139
Plan Number: 514

| (a) Identity of Party Involved | (b) Description of Asset (Include Interest rate and Maturity in Case of a Loan) | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|
| **Category (i): Single transactions in excess of 5% of the current value of Plan assets:** | | | | | | |
| Invesco | Invesco short-term investments trust treasury portfolio | $ - | $ 72,973 | $ 72,973 | $ 72,973 | $ - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 161,024 | 161,024 | 161,024 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 200,616 | 200,616 | 200,616 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 83,601 | 83,601 | 83,601 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 73,172 | 73,172 | 73,172 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 83,747 | 83,747 | 83,747 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 55,687 | 55,687 | 55,687 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 237,333 | 237,333 | 237,333 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 192,175 | 192,175 | 192,175 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 83,836 | 83,836 | 83,836 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 169,259 | 169,259 | 169,259 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 84,378 | 84,378 | 84,378 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 251,284 | 251,284 | 251,284 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 235,685 | 235,685 | 235,685 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 84,800 | 84,800 | 84,800 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 150,403 | 150,403 | 150,403 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 374,074 | 374,074 | 374,074 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 323,179 | 323,179 | 323,179 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 85,431 | 85,431 | 85,431 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 280,500 | 280,500 | 280,500 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 310,096 | 310,096 | 310,096 | - |

(Continued)

# Kahlig Auto Group Health Benefit Plan
## Schedule H, Line 4j - Schedule of Reportable Transactions
## Year Ended November 30, 2015

| (a) Identity of Party Involved | (b) Description of Asset (Include Interest rate and Maturity in Case of a Loan) | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|
| **Category (i): Single transactions in excess of 5% of the current value of Plan assets (Continued):** | | | | | | |
| Invesco | Invesco short-term investments trust treasury portfolio | $ - | $ 86,693 | $ 86,693 | $ 86,693 | $ - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 89,781 | 89,781 | 89,781 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 262,982 | 262,982 | 262,982 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 249,989 | 249,989 | 249,989 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 96,959 | 96,959 | 96,959 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 86,798 | 86,798 | 86,798 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 210,133 | 210,133 | 210,133 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 78,452 | 78,452 | 78,452 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 86,377 | 86,377 | 86,377 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | - | 206,588 | 206,588 | 206,588 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 465,435 | - | 465,435 | 465,435 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 326,497 | - | 326,497 | 326,497 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 88,202 | - | 88,202 | 88,202 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 87,376 | - | 87,376 | 87,376 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 478,462 | - | 478,462 | 478,462 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 473,535 | - | 473,535 | 473,535 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 291,892 | - | 291,892 | 291,892 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 182,783 | - | 182,783 | 182,783 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 465,614 | - | 465,614 | 465,614 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 417,600 | - | 417,600 | 417,600 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 61,287 | - | 61,287 | 61,287 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 268,890 | - | 268,890 | 268,890 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 147,738 | - | 147,738 | 147,738 | - |

(Continued)

# Kahlig Auto Group Health Benefit Plan
## Schedule H, Line 4j - Schedule of Reportable Transactions
## Year Ended November 30, 2015

| (a) Identity of Party Involved | (b) Description of Asset (Include Interest rate and Maturity in Case of a Loan) | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|
| **Category (i): Single transactions in excess of 5% of the current value of Plan assets (Continued):** | | | | | | |
| Invesco | Invesco short-term investments trust treasury portfolio | 62,310 | - | 62,310 | 62,310 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 331,528 | - | 331,528 | 331,528 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 144,069 | - | 144,069 | 144,069 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 474,133 | - | 474,133 | 474,133 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 170,720 | - | 170,720 | 170,720 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 132,925 | - | 132,925 | 132,925 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 60,137 | - | 60,137 | 60,137 | - |
| Invesco | Invesco short-term investments trust treasury portfolio | 416,584 | - | 416,584 | 416,584 | - |
| **Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets:** | | | | | | |
| Invesco | Invesco short-term investments trust treasury portfolio | $ - | $ 5,135,916 | $ 5,135,916 | $ 5,135,916 | $ - |
| Invesco | Invesco short-term investments trust treasury portfolio | 5,554,478 | - | 5,554,478 | 5,554,478 | - |

**Kahlig Auto Group Health Benefit Plan**
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**November 30, 2015**

Name of Plan Sponsor: Kahlig Auto Group
Employer Identification Number: 46-4230139
Plan Number: 514

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Invesco | Invesco short-term investments trust treasury portfolio | $ 1,243,010 | $ 1,243,010 |

* Denotes party-in-interest