Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

SIGN HERE Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calenda	ar plan year 2015 or f	scal plan year beginning 01/01/2	2015	and ending 12	2/31/2015					
A This ret	urn/report is for:	a single-employer plan			er) (Filers checking this box must attach a n accordance with the form instructions)					
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report	ırn/report (less than 12 m	onths)					
C Check b	oox if filing under:	X Form 5558 special extension (enter desc	automatic extension		DFVC	program				
Part II	Basic Plan Info	prmation —enter all requested in	1 /							
1a Name	of plan	PROFIT SHARING PLAN & TRU			1b Three-digit plan numb (PN)	er 001				
					1c Effective d	01/01/2007				
Mailing	address (include roc	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Employer I (EIN)	dentification Number 32-0161466				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AINBOW CHRYSLER, DODGE, JEEP OF MCCOMB, LLC				tructions)	2c Sponsor's telephone number 601-684-7020					
300 DELAW ICCOMB, M					2d Business o	ode (see instructions) 541990				
3a Plan ad	dministrator's name a	nd address XSame as Plan Spon	sor.		3b Administra	tor's EIN				
					3c Administra	tor's telephone number				
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
a Sponso	or's name				4c PN					
5a Total r	number of participants	at the beginning of the plan year.			5a	28				
b Total r	number of participants	at the end of the plan year			5b	9				
		account balances as of the end of			5c	9				
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	21				
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	9				
than 1	100% vested	terminated employment during the			5e	0				
		or incomplete filing of this retur								
SB or Sche		ther penalties set forth in the instru ind signed by an enrolled actuary, a plete.	*			• •				
SIGN	Filed with authorized	/valid electronic signature.	10/05/2016	MICHAEL BEEBE						

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a secon	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)				Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not d	etermined
Part III Financial Information	1								
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Yea	
a Total plan assets	7a		148	8064				1	135680
b Total plan liabilities	7b		1/19	3064				1	135680
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		0004			(b)	Total	133000
a Contributions received or receivable from:		(a) Alliot	ant				(D)	IOlai	
(1) Employers	8a(1)								
(2) Participants	8a(2)		14	821					
(3) Others (including rollovers)	8a(3)			111					
b Other income (loss)	8b			444					15065
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c								15265
to provide benefits)	8d		25	048					
e Certain deemed and/or corrective distributions (see instructions)	8e		2	2476					
f Administrative service providers (salaries, fees, commissions)	8f			125					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								27649
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i								-12384
Part IV Plan Characteristics	8j								
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instruc	tions:	
10 During the plan year:				Yes	No	N/A		Amoi	unt
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					300000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		X				300000
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	X					0
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g 10h		X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j Did the plan trust incur unrelated business taxable income?			10j		Χ				
Part VI Pension Funding Compliance				-		I.			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								. 📗	Yes X No
11a Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a		T -	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	<u>.L.</u> []	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b 1	Γrust's EIN	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
140 Name of trustee of eastedian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	art I Annual Repor	t Identification Information							
For	calendar plan year 2015 or f	iscal plan year beginning	01/01/2016	and ending	05/31/201	.6			
Α	This return/report is for: x a single-employer plan								
В	This return/report is:	a one-participant plan the first return/report	a foreign plan						
		The same of the sa	the final return/report						
		an amended return/report	x a short plan year retu	ırn/report (less than 12	months)				
С	Check box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC p	rogram			
D	art II Basic Plan Info		ATT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I						
	Name of plan	ormation enter all requested	information		T				
Iu	85	404 (1)			1b Three-digit plan number				
	Kalibow Automotive	401(k) Profit Sharing	Plan & Trust		(PN) ►	001			
			1c Effective date of plan						
	Dian enoncaria nama (amal	oyer, if for a single-employer plan)			01/01/2				
Lu	Mailing Address (include ro	om, apt., suite no, and street or P.C.), Box)		2b Employer I	dentification Number			
	City or town, state or provin	ce, country, and ZIP or foreign post	al code (if foreign, see ins	tructions)	(EIN) 32-0161466				
	Rainbow Chrysler,	Dodge, Jeep of McComb, 1	LLC		2c Sponsor's telephone number				
					(601) 68				
	2300 Delaware Ave				2d Business code (see instructions) 541990				
	US McComb MS 39649				341990				
3a		nd address X Same as Plan Spo	unaar Nama		01-				
	Train definition at the first of	Tid address [32] Same as Flan Spo	onsor warne		3b Administrat	or's EIN			
					3c Administrat	or's telephone number			
4	If the name and/or EIN of th	e plan sponsor has changed since t	the last return/report filed	or this plan, enter the	4b EIN				
_		mber from the last return/report.							
	Sponsor's name				4c PN				
	Total number of participants	at the beginning of the plan year .			5a	9			
b	lotal number of participants	at the end of the plan year			5b	0			
С	complete this item)	account balances as of the end of the	he plan year (defined ben	efit plans do not	5c	0			
d(ticipants at the beginning of the pla			Ed/1)				
				•••••	5d(1)	9			
a(ticipants at the end of the plan year			5d(2)	0			
е	less than 100% vested	terminated employment during the p	plan year with accrued ber	efits that were	5e	0			
0-				•••••••••••					
		or incomplete filing of this return							
SB	der penalties of perjury and o	ther penalties set forth in the instruc and signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/r	eport, including, if a	pplicable, a Schedule			
beli	ief, it is true, correct, and con	plete	is well as the electronic ve	rsion of this return/repo	rt, and to the best of	of my knowledge and			
	UA I.	SU	10/5/16						
	GN WWW	1800	1012116						
п	Signature of plan adm	inistrator	Date	Enter name of individu	al signing as plan a	dministrator			
SI	GN VWW	me Sull	10 5/16						
HE	RE Signature of employe	r/plan sponsor	Date	Enter name of individu	al signing as emplo	ver or plan sponsor			
Pre	parer's name (including firm i	name, if applicable) and address; in	clude room or suite numb	er	Preparer's telepho				
					BEST CHE				

-	Form 5500-SF 2015	_	Page 2		_	-0		
	Vere all of the plan's assets during the plan year invested in eligible							X Yes No
b A	re you claiming a waiver of the annual examination and report of a	n independe	ent qualified public acco	ountan	t (IQF	PA)		
ur If	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility an	nd condition	IS.)					X Yes No
	you answered "No" to either line 6a or line 6b, the plan canno the plan is a defined benefit plan, is it covered under the PBGC ins							DN- DN-L
		surance pro	gram (see ENISA section	011 402	21) !	[res	No Not determined
Part						_		
	lan Assets and Liabilities		(a) Beginning of			+	(l	o) End of Year
	otal plan assets	7a	1:	35,6	80	-		0
	otal plan liabilitieset plan assets (subtract line 7b from line 7a)	7b		25.6		+		0
_	ncome, Expenses, and Transfers for this Plan Year	7c	(a) Amount	35,6	80	+		(b) Total
a C	ontributions received or receivable from:		(a) Amount					(b) Total
) Employers	8a(1)		The second				
) Participants	8a(2)		1,4	90			
	Others (including rollovers)	8a(3)		- 11				
	ther income (loss)	8b	(1	8,85	4)			
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)enefits paid (including direct rollovers and insurance premiums	8c					na de me	(7,364)
	provide benefits)	8d	12	28,0	91			
	ertain deemed and/or corrective distributions (see instructions)	8e						
f Ad	dministrative service providers (salaries, fees, commissions)	8f		2:	25			
g o	ther expenses	8g						
h To	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h				HI CONTRACTOR		128,316
i N	et income (loss) (subtract line 8h from line 8c)	8i						(135,680)
j Tr	ransfers to (from) the plan (see instructions)	8j						
Part	IV Plan Characteristics							
9a If	the plan provides pension benefits, enter the applicable pension fe	ature codes	from the List of Plan C	harac	teristi	c Cod	es in the	instructions:
	2E 2G 2J 2T 3D			, i a a a		0 000	00 111 010	mod dodono.
b If	the plan provides welfare benefits, enter the applicable welfare fea	turo codos	from the List of Plan Ch	orant	riotio	Codo	a in the in	notructions:
2	the plan provides welfare benefits, effer the applicable welfare lea	ture codes	II OIII LIIE LIST OI FIAIT CI	iaiacie	5115110	Code	s in the ii	istructions.
Part	V Compliance Questions							
4.0	During the plan year:				Yes	No	N/A	Amount
	Was there a failure to transmit to the plan any participant contribut	ions within t	the time period		163	NO	N/A	Amount
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol		150					
	Program)			10a		x		
	Were there any nonexempt transactions with any party-in-interest?							
	reported on line 10a.)			10b		X		
	Was the plan covered by a fidelity bond?			10c	X			
	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idelity bond		_				300,000
	by fladd of districtiesty:	0.70		104		x		300,000
	Were any fees or commissions paid to any brokers, agents, or other	•••••		10d		x		300,000
	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	er persons l	by an insurance	10d		x		300,000
		er persons l	by an insurance e benefits under	10d		x		300,000
	carrier, insurance service, or other organization that provides some	er persons le or all of the	by an insurance e benefits under			Serve		300,000
f	carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	er persons le or all of th	by an insurance e benefits under	10e 10f		x		300,000
f g	carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	er persons le or all of the	by an insurance e benefits under	10e		x		300,000
f g h	carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	er persons le or all of the or	by an insurance e benefits under	10e 10f		x		300,000
f g h	carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (er persons le or all of the or	by an insurance e benefits under d.)d.)d.)d.)d.)d.	10e 10f 10g		x x		300,000
f g h	carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	er persons le or all of the error all of the error all of the error all of the error all or error all error	by an insurance e benefits under d.)d.)d.)d.	10e 10f 10g 10h		x x		300,000
f g h	carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Did the plan trust incur unrelated business taxable income?	er persons le or all of the error all of the error all of the error all of the error all or error all error	by an insurance e benefits under d.)d.)d.)d.	10e 10f 10g 10h		x x x		300,000
f g h i J Part	carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Did the plan trust incur unrelated business taxable income?	er persons le or all of the error all of the error err	by an insurance e benefits under d.) d.) dions and 29 CFR notice or one of the	10e 10f 10g 10h 10i 10j		x x x		
f g h i J Part	carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Did the plan trust incur unrelated business taxable income? VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	er persons le or all of the e required regulared reg	by an insurance e benefits under d.) d.) ions and 29 CFR notice or one of the	10e 10f 10g 10h 10i 10j	•••••	X X X		Form

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
a If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver.	this plan year, see instructions, a Month	nd enter the Day	e date of the letter r Year	ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500				
b Enter the minimum required contribution for this plan year		. 12b		
c Enter the amount contributed by the employer to the plan for this plan year		. 12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)	-	. 12d		
e Will the minimum funding amount reported on line 12d be met by the funding dead	line?		Yes No	N/A
Part VII Plan Terminations and Transfers of Assets				*
13a Has a resolution to terminate the plan been adopted in any plan year?		. X Yes	No No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	ar	. 13a		0
b Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?			X Yes	☐ No
c If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)	nother plan(s), identify the plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) EIN(s)	13c(3) F	PN(s)
Part VIII Trust Information				
14a Name of trust		14b Tru	st's EIN	
14c Name of trustee or custodian			ustee or custodian's none number	S
Part IX IRS Compliance Questions				
15a is the plan a 401(k) plan:		Yes	☐ No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for en matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		La sale	ed safe ADP// or test	ACP
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year us testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(2(a)(2)(ii))?	k)-2(a)(2)(ii) and 1.401(m)-	Yes	☐ No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requ		Ration Perconnection	centage Avera	ige fit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) at this plan with any other plans under the permissive aggregation rules?	and 401(a)(4) by combining	. Yes	☐ No	
17a Has the Plan been timely amended for all required law changes?		Yes	☐ No	□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was instructions for tax law changes and codes).			ble code (Se	
 17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or vo advisory letter, enter the date of that favorable letter / / and 17d If the plan is an individually-designed plan and recieved a favorable determination 	the letter's serial number.			
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERIS made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islar	SA section 1022(i)(2) has been	☐ Yes		
	, , , , , , , , , , , , , , , , , , ,	Yes	□ No	
If Yes, enter amount		19		
Were minimum required distributions made to 5% owners who have attained age 7 not retired) as required under section 401(a)(9)?		Yes	□ No	□ N/A