Form 5500-SF		Short Form Annu	al Return/Repor Benefit Plan	t of Small Employe	e	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be file		4065 of the Employee Retirer	ment	2016
Employee B	epartment of Labor enefits Security Administration		57(b) and 6058(a) of the Inter le).		This Form is Open to Public Inspection	
_	enefit Guaranty Corporation		accordance with the inst	tructions to the Form 5500-S	SF.	
For calenda	Annual Report IC	dentification Information al plan year beginning 01/01/2	016	and ending 12/31/2	2016	
	urn/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) (Filers mployer information in accorda	-	
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 months	5)	
C Check	box if filing under:	Form 5558	automatic extension	_ D	FVC prog	ram
Part II	Decis Dien Inform	special extension (enter descr nation—enter all requested inf	,			
1a Name		· · · ·	omaion		Three-di plan nur (PN) ► Effective	
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		tructions)	(EIN)	er Identification Number 61-1038849
	GMC-KENWORTH, INC			2c		r's telephone number 502-459-1200
4330 POPLA LOUISVILLE	R LEVEL RD , KY 40213			2d	Busines	s code (see instructions) 441110
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spor	isor.			trator's EIN trator's telephone number
		blan sponsor has changed since the form the last return/report.	the last return/report filed	for this plan, enter the 4b	EIN	
a Spons	or's name				PN	
		t the beginning of the plan year			5a	63
		t the end of the plan year count balances as of the end of t			5b	59
				·····	ōc	39
• • •	•	cipants at the beginning of the pla		_	l(1)	51
e Numb	per of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued be	enefits that were less	l(2) 5e	47 C
Caution: A	penalty for the late or	incomplete filing of this return	n/report will be assessed	d unless reasonable cause is		
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.				
SIGN	Filed with authorized/va	lid electronic signature.	02/24/2017	NOEL ECK		
HERE	Signature of plan adr	ministrator	Date	Enter name of individual si	gning as p	plan administrator
SIGN						
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individual si	gning as e	employer or plan sponsor
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite numb	per) Pre	parer's tel	lephone number
		and the Instructions for Form FEOO				Earm 5500 SE (2016)

6a b c	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 If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indepen and conditi ot use For	ident qualified public accountant (IC ions.) rm 5500-SF and must instead use	PA) Yes No • Form 5500.					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities (a) Beginning of Year (b) End of Year								
а	Total plan assets	7a	3203769	3503100					
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	3203769	3503100					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	82(2)	81408						

	(2) Participants	8a(2)	81408	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	308939	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		390347
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	61373	
е	Certain deemed and/or corrective distributions (see instructions).	8e	6343	
f	Administrative service providers (salaries, fees, commissions)	8f	23300	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		91016
i	Net income (loss) (subtract line 8h from line 8c)	8i		299331
j	Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a	If the	e plan	provid	des pensior	n benefits,	enter the app	olicable pensi	ion feature	codes from the	e List of Plan	Characteristic	Codes in	the instru	ctions:
	2E	2J	2K	3D										

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

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No	
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling	
	gran	ting the waiver	onth _		_ Day		Year		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No	
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to				
1		Name of plan(s):		13c(2)	2) EIN(s) 13c(3) PN(s)				
Part	VIII	Trust Information							
14a	Name	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e of trustee or custodian					s or custo ne number		
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP	
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			
	letter		er the	e date	of the m	nost rece	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No		

Form 5500-SF	Short Form Annual Re	eturn/Report enefit Plan	of Small Empl	oyee	(OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed under		065 of the Employee R	etirement		2016			
Department of Labor Employee Benefits Security Administration	Benefits Security Administration Revenue Code (the Code).								
Pension Benefit Guaranty Corporation	Complete all entries in accordation	ance with the instru	ictions to the Form 5	500-SF.		ic Inspection			
For calendar plan year 2016 or fisc		· · · ·	and ending 12/3	1/2016		-			
	X] a single-employer plan [] a n lis		n (not multiemployer) (bloyer information in ac	Filers ch					
B This return/report is		final return/report hort plan year return	/report (less than 12 m	onths)					
C Check box if filing under:	Form 5558 au special extension (enter description)	tomatic extension			C program				
Part II Basic Plan Infor	mation—enter all requested information)n	····						
1a Name of plan	mation—enter an requested mormation	л		1b Th	nree-digit				
PETERSON GMC-KENWORTH, INC	C. 401K PS PLAN			pl	an number	001			
				1c E	N) ▶ fective date o 2/31/1971	f plan			
2a Plan sponsor's name (employe Mailing address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O. Box)			2b Er	nployer Identi	fication Number			
	, country, and ZIP or foreign postal code	(if foreign, see instru	uctions)			hone number			
					usiness code	459-1200 (see instructions)			
4330 POPLAR LEVEL RD				44	1110				
LOUISVILLE, KY 40213	address 🛛 Same as Plan Sponsor.			01	dministrator's				
				3c A	dministrator's	telephone number			
name, EIN, and the plan num	plan sponsor has changed since the last ber from the last return/report.	return/report filed fo	or this plan, enter the	4b E					
a Sponsor's name			······································	4с Р 5а	N				
	It the beginning of the plan year			5a 5b		63 59			
c Number of participants with a	It the end of the plan year ccount balances as of the end of the plan	n year (only defined	contribution plans	5c		39			
d(1) Total number of active parti	icipants at the beginning of the plan yea	r		5d(1)	51			
d(2) Total number of active part	icipants at the end of the plan year			5d(2)	47			
	erminated employment during the plan y			5e		0			
Caution: A penalty for the late of Under penalties of perjury and other	r incomplete filing of this return/reporter penalties set forth in the instructions, d signed by an enrolled actuary, as well	rt will be assessed I declare that I have	unless reasonable ca examined this return/re	eport, inc	luding, if appl	icable, a Schedule			
belief, it is true, correct, and compl	éte!	T	NOEL ECK						
SIGN HERE		2-21-17	· · ·						
Signature of plan ad	Iministrator	Date	Enter name of indivi	dual sign	ing as plan ac	dministrator			
HERE Signature of employ Preparer's name (including firm na	ver/plan sponsor ame, if applicable) and address (include	Date room or suite numbe	Enter name of indivier)		ing as employ rer's telephor				
For Paperwork Reduction Act Notice	e, see the Instructions for Form 5500-SF.					Form 5500-SF (2016)			

	Form 5500-SF 2016		Page 2		-,						
	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	an indepe and condi	ndent qualified public ad tions.)	ccounta	int (IQ	PA)			X Yes No		
•	If you answered "No" to either line 6a or line 6b, the plan cann										
	If the plan is a defined benefit plan, is it covered under the PBGC ir	surance p	program (see ERISA see		. ?(1)	····· []	Yes	No	Not determined		
	rt III Financial Information	and the second states of	1								
<u> </u>	Plan Assets and Liabilities	32 87 8 9 2 9 1 	(a) Beginning o		_		·(b) End o			
	Total plan assets	7a		320376	9				3503100		
	Total plan liabilities	7b			_		· · · · · · · · · · · · · · · · · · ·				
-	Net plan assets (subtract line 7b from line 7a)	7c		320376	9				3503100		
	Income, Expenses, and Transfers for this Plan Year	12.5.7.5.56	(a) Amount			re: Nelseles		(b) To	otal		
a	Contributions received or receivable from: (1) Employers	8a(1)			and the second se						
	(2) Participants	8a(2)		8140	8			SCORE 3	et et est est est		
	(3) Others (including rollovers)	8a(3)		· · · · · ·	43		a an	-16575	Men and a second		
b	Other income (loss)	8b		30893	9						
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		98383 S					390347		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6137	3				9 		
e	Certain deemed and/or corrective distributions (see instructions)	8e		634	3						
f	Administrative service providers (salaries, fees, commissions)	8f		2330	0						
g	Other expenses	8g				6443		n Maria	ebic Mercure		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					•		91016		
i	Net income (loss) (subtract line 8h from line 8c)	8i							299331		
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	4	- -						HARN IN THE REAL CARE AND A		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature c	odes from the List of Pla	an Char	acteri	stic Co	odes in	the instr	uctions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	feature co	des from the List of Plar	n Chara	cteris	ic Coo	des in t	he instru	ctions:		
Par	t V Compliance Questions			-	· .				· · · · · · · · · · · · · · · · · · ·		
10	During the plan year:				Yes	No	N/A		Amount		
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	√oluntary	Fiduciary Correction	10a		x					
b	 Were there any nonexempt transactions with any party-in-interes reported on line 10a.) 	t? (Do not	t include transactions	10b		x					
С	Was the plan covered by a fidelity bond?			10c	x				50000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x					
e	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all o	f the benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X	887				
	Did the plan have any participant loans? (If "Yes," enter amount	as of year	-end.)	10g		X					
ŀ	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x					
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i							

Form 5500-SF 2016

Page **3-** 1

Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete	e Scheo	lule SE	3] Yes 🗙 No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.			11a			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?						Yes 🗙 No
(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 this plan year, see in granting the waiver.		s, and e	enter th Dav	ne date	of the le Yea	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						
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 a minus sign to the negative amount)			12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?				Ye:	s X	No
If "Yes," 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 bro control of the PBGC?					Yes	Χ Νο
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the p	plan(s) t	0			
13c(1) Name of plan(s):	1	13c(2)	EIN(s)		13	c(3) PN(s)
Part VIII Trust Information					l	······
14a Name of trust			14b 1	rust's	EIN	
14c Name of trustee or custodian			1/1 1	Tructor		todian's
					ne num	
Part IX IRS Compliance Questions					•	
15a Is the plan a 401(k) plan? If "No," skip b		Yes			🗌 No	
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	П	Desigr safe ha	-based	ł	"Pric	or year" ADP
401(k)(3) for the plan year? Check all that apply:		"Curre				
		ADP te			N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	ntage		Average benefit te	est 🗍 N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4 for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	<u></u>
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IF the letter and the serial number		n letter	or adv	isory le	tter, ente	er the date of
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, letter	, enter the	e date o	of the n	nost ree	cent dete	ermination
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not su service?		from	Ye	s	No No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			[] Ye	s	No No	