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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- [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
JIM BASS FORD, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/2001

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

JIM BASS FORD, INC.

BOX 3488
SAN ANGELO, TX 76901

4032 HOUSTON HARTE EXPRESSWAY
SAN ANGELO, TX 76901

2b Employer Identification Number (EIN) 75-1099335

2c Plan Sponsor's telephone number 325-949-4621

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.	09/26/2017	KAY ROSSSER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	113
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)**	112
a(2) Total number of active participants at the end of the plan year	**6a(2)**	138
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	4
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	142
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	142
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	60
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

a Pension Schedules

- **(1)** [X] **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)** [ ] **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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
JIM BASS FORD, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JIM BASS FORD, INC.

D Employer Identification Number (EIN)
75-1099335

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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	1139	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

(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 [ ]

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)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
JIM BASS FORD, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JIM BASS FORD, INC.

D Employer Identification Number (EIN)
75-1099335

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2125	1833
(2) Participant contributions	1b(2)	4244	6581
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	55675	52625
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1939408	2504188
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	2001452	2565227
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	2001452	2565227

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)**	148192	
	(B) Participants	**2a(1)(B)**	345154	
	(C) Others (including rollovers)	**2a(1)(C)**	8380	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		501726
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	26	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	0	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		26
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	90167	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		90167
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	-343	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		-343
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	0	
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		93247
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		684823
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	119909	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		119909
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	864	
(4) Other	2i(4)	275	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1139
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		121048
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		563775
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: CHILTON WILCOX & FORTENBERRY **(2)** EIN: 20-8009417

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		250000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	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 separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
JIM BASS FORD, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JIM BASS FORD, INC.

D Employer Identification Number (EIN)
75-1099335

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b 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

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

Jim Bass Ford, Inc.
401(k) Plan
Schedule of Assets (Held at End of Year)
IRS Form 5500, Schedule H, Line 4(i)
EIN: 75-1099335, Plan No. 001
December 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Fidelity Fund	Mutual Fund, 89.674 shares	$ 3,107	$ 3,690
*	Fidelity Puritan	Mutual Fund, 8.885 shares	193	183
*	Fidelity Value Strategies	Mutual Fund, 658.310 shares	26,600	25,108
*	Fidelity Contra Fund	Mutual Fund, 592.262 shares	52,805	58,314
*	Fidelity Equity Inc	Mutual Fund, 166.934 shares	9,037	9,567
*	Fidelity Growth Company	Mutual Fund, 238.806 shares	32,733	32,664
*	Fidelity Investment Gr Bd	Mutual Fund, 5,076.587 shares	39,654	39,547
*	Fidelity Intermed Bond	Mutual Fund, 7,129.880 shares	77,223	76,931
*	Fidelity Value	Mutual Fund, 913.968 shares	89,150	100,335
*	Fidelity OTC Portfolio	Mutual Fund, 986.347 shares	74,314	82,182
*	Fidelity Overseas	Mutual Fund, 1,940.409 shares	73,212	76,724
*	Fidelity Real Estate Invs	Mutual Fund, 148.392 shares	4,914	6,186
*	Fidelity Blue Chip Growth	Mutual Fund, 2,317.026 shares	130,114	156,075
*	Fidelity Low PR Stock	Mutual Fund, 7,870.074 shares	341,056	389,412
*	Fidelity Equity Div Income	Mutual Fund, 1,021.212 shares	25,656	27,409
*	Fidelity Growth Strategies	Mutual Fund, 1,975.025 shares	53,896	67,131
*	Fidelity Diversified Intl	Mutual Fund, 2,269.723 shares	76,304	75,582
*	Fidelity Dividend Growth	Mutual Fund, 4,263.882 shares	131,104	137,340
*	Fidelity Focused Stock	Mutual Fund, 2,080.070 shares	40,382	38,190
*	Fidelity Mid Cap Stock	Mutual Fund, 3,338.488 shares	112,735	115,578
*	Fidelity Large Cap Stock	Mutual Fund, 2,765.517 shares	66,478	81,196
*	Fidelity Freedom 2010	Mutual Fund, 2,061.345 shares	29,956	30,879
*	Fidelity Freedom 2020	Mutual Fund, 10,748.685 shares	161,634	161,123
*	Fidelity Freedom 2030	Mutual Fund, 12,480.439 shares	200,226	197,066
*	Fidelity Sm Cap Discovery	Mutual Fund, 2,750.123 shares	79,176	87,014
*	Fidelity Freedom 2040	Mutual Fund, 11,147.070 shares	103,138	101,996
*	Fidelity Freedom 2025	Mutual Fund, 2,817.602 shares	36,583	36,206
*	Fidelity Small Cap Value	Mutual Fund, 6,088.753 shares	109,526	114,529
*	FID Tot Market Index Pr	Mutual Fund, 340.337 shares	20,377	21,962
*	FID Ext Market Index Pr	Mutual Fund, 76.521 shares	4,006	4,250
*	Fidelity Freedom 2045	Mutual Fund, 8,279.830 shares	85,501	85,531
*	Fidelity Freedom 2050	Mutual Fund, 122.876 shares	1,312	1,275
*	Fidelity Freedom 2055	Mutual Fund, 5,408.813 shares	61,987	63,013
*	FMMT Retire Gov II	Money Market, 52,625.210 shares	52,625	52,625
	Total Mutual Funds and Money Market Account		2,406,714	2,556,813
	Participant Loans	Interest Rate N/A	-	-
	Total Investments		$ 2,406,714	$ 2,556,813

* Parties in Interest

See independent auditors' report.

Jim Bass Ford, Inc.

401(k) Plan

Financial Statements

December 31, 2016 and 2015

Together with Independent Auditors' Report

Chilton, Wilcox & Fortenberry
Certified Public Accountants
San Angelo, Texas

Jim Bass Ford, Inc.
401(k) Plan
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CHILTON WILCOX & FORTENBERRY

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TROYCE D. WILCOX, CPA
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MEMBERS
American Institute of CPA's
Texas Society of CPA's

Independent Auditors' Report

To the Administrative Committee of
Jim Bass Ford, Inc. 401(k) Plan

We were engaged to audit the accompanying financial statements of Jim Bass Ford, Inc. 401(k) Plan (The Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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.

Accountant's Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note H, which was certified by Fidelity Management Trust Company, the trustee (or custodian) 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 (or custodian) holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee (or custodian) as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee (or custodian) 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.

Other Matter
The supplemental schedule of assets (held at end of year) as of and for the year ended December 31, 2016 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose 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 these 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 (or custodian), have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Chilton Wilcox & Featherstay

Certified Public Accountants
San Angelo, Texas
September 22, 2017

Jim Bass Ford, Inc.
401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2016 and 2015

	December 31, 2016	December 31, 2015
ASSETS		
Investments, at Fair Value:		
Interest Bearing Cash Accounts	$ 52,625	$ 55,675
Shares of Registered Investment Companies	2,504,188	1,939,408
Total Investments	2,556,813	1,995,083
Receivables:		
Participants' Contribution	6,581	4,244
Employer's Contribution	1,833	2,125
Total Receivables	8,414	6,369
Total Assets	2,565,227	2,001,452
LIABILITIES		
None	-	-
Net Assets Available for Benefits	$ 2,565,227	$ 2,001,452

See accompanying notes.

Jim Bass Ford, Inc.
401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2016

Additions to Net Assets:		
Investment Income (Loss):		
Net Appreciation (Depreciation) in Fair Value of Investments	$	92,904
Interest and Dividends		90,193
Total Investment Income (Loss)		183,097
Contributions:		
Participants'		345,154
Employer's		148,192
Rollover		8,380
Total Contributions		501,726
Total Additions to Net Assets		684,823
Deductions from Net Assets:		
Benefits Paid to Participants		119,909
Management Service Fees		1,139
Total Deductions to Net Assets		121,048
Net Change in Net Assets		563,775
Net Assets Available for Benefits:		
Beginning of Year		2,001,452
End of Year	$	2,565,227

See accompanying notes.

Note A: Plan Description

Jim Bass Ford, Inc. is a new and used card dealer providing routine maintenance as well as repair services to customers. The following description of Jim Bass Ford, Inc. (the Company) 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Plan was formally adopted July 24, 2001 with the first employee elective deferrals effective September 1, 2001. The Plan is a defined contribution plan covering all full-time employees of the Company who have six months service following the Employee's Employment Commencement Date and are age twenty-one or older. Employees will become eligible to participate in the Plan on the first day of each month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Pension Benefits Guaranty Corporation does not insure benefits provided by the Plan. The Plan was amended November 22, 2002 to increase the contribution percentage of pretax compensation and to include catch-up contributions for participants age 50 and over; January 14, 2009 to update fee and service cost amounts paid to the Trustee; May 13, 2015 to reflect provisions of the American Taxpayer Relief Act of 2012 and to update fee and service costs paid to the Trustee; October 20, 2016 to comply with changes in IRS regulations.

Contributions
Each year, participants may contribute up to the lesser of 60% of pretax annual compensation or the maximum statutory contribution amount allowed, as defined in the Plan. For the Plan year ending December 31, 2016, the amount is $18,000 ($24,000 for participants age 50 or over). Participants direct the investment of their contributions into investment options offered by the Plan. The Plan currently offers a broad range of investment alternatives. The Company may make annual discretionary profit sharing contributions in an amount to be determined at Plan year-end by taking the appropriate corporate actions. Because Company profit sharing contributions are discretionary, there are no minimum funding requirements. Profit sharing contributions will be allocated in the ratio that a participant's eligible compensation bears to the total compensation paid to all eligible participants for the Plan year. Participants are 100% vested immediately in profit sharing contributions. Contributions are subject to certain other limitations. Employer contributions are matched an amount equal to 100% of the first three percent of participants contributions, and 50% of the next two percent of participants contributions.

Participants' Accounts
Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings. Each account is updated each business day to reflect any investment earnings or losses on all Fidelity Investments mutual

Note A: Plan Description *(Continued)*

Participants' Accounts *(Continued)*
funds. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. No participant's account will be treated with any preference over other participants' accounts.

Vesting
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company contributions portion of their accounts plus actual earnings thereon is also immediate.

Forfeited Accounts
Due to the participants becoming immediately vested in their contributions as well as their portion of the Company's contributions, if any, no participants' accounts will be forfeited.

Payment of Benefits
Participants may withdraw all or part of their vested account balance upon attaining age 59 1/2 or upon termination of service. If service is terminated due to death, disability, retirement, or for any other reason, the Plan Administrator will instruct the Trustee to make a lump sum distribution if the vested account balance is less than $5,000. Participants must request, in writing, any distribution of an account balance in excess of $5,000. Participants must begin receiving required minimum distributions upon attaining age 70 1/2 or in the year of retirement.

Participant Loans
The Plan does not allow participant loans.

Note B: Summary of Significant Accounting Policies

Operating Expenses
The Company pays all operating expenses including administrative fees charged by the Trustee. Additional fees charged by individual mutual funds are paid by the Plan.

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of Accounting
The financial statements of the Plan are prepared under the accrual method of accounting.

Note B: Summary of Significant Accounting Policies *(Continued)*

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis, while dividends are recorded on the ex-dividend date.

Date of Management Review
The plan administrator has evaluated subsequent events through September 22, 2017, the date the financial statements were available to be issued. No events have occurred from January 1, 2017 through September 22, 2017 that would require disclosure in the financial statements.

Payment of Benefits
Benefits are recorded when paid.

Note C: Employer's Contribution Receivable

The Company has elected a discretionary formula for non-elective employer contributions. The Company may decide each Plan year whether to make a discretionary non-elective employer contribution on behalf of eligible active participants. Such contributions shall be allocated to eligible active participants in the ratio that each eligible active participant's compensation bears to the total compensation paid to all eligible active participants for the plan year. For the years ended December 31, 2016 and 2015, the Company contributed $148,192 and $164,026 to the plan respectively; of which $1,833 and $2,125 were receivable at December 31, 2016 and 2015, respectively.

Note D: Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note E: Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated January 22, 2002, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently operating in compliance with the applicable requirements of the IRC.

Note E: Tax Status *(Continued)*

Accounting principles generally accepted in the United States of America require the Plan's 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's management believes it is no longer subject to income tax examinations for years prior to 2012.

Note F: Investments

The following table presents investments at December 31:

Registered Investment Companies at Estimated Fair Value:		2016		2015
Fidelity Fund	$	3,690	$	3,361
Fidelity Puritan		183		5,683
Fidelity Value Strategies		25,108		17,472
Fidelity Contra Fund		58,314		52,292
Fidelity Equity Inc		9,567		93
Fidelity Growth Company		32,664		25,240
Fidelity Investment Gr Bd		39,547		33,079
Fidelity Intermed Bond		76,931		64,960
Fidelity Value		100,335		71,111
Fidelity OTC Portfolio		82,182		70,715
Fidelity Overseas		76,724		74,614
Fidelity Real Estate Invs		6,186		7,998
Fidelity Blue Chip Growth	*	156,075	*	135,934
Fidelity Low PR Stock	*	389,412	*	325,857
Fidelity Equity Div Income		27,409		8,810
Fidelity Growth Strategies		67,131		56,627
Fidelity Diversified Intl		75,582		44,620
Fidelity Dividend Growth	*	137,340	*	111,516
Fidelity Export & Multi		-		6,686
Fidelity Focused Stock		38,190		24,851
Fidelity Mid Cap Stock		115,578		74,851
Fidelity Large Cap Stock		81,196		45,014
Fidelity Freedom 2010		30,879		25,085
Fidelity Freedom 2020	*	161,123	*	114,735
Fidelity Freedom 2030	*	197,066	*	127,535

Note F: Investments *(Continued)*

	2016	2015
Fidelity Sm Cap Discovery	$ 87,014	$ 68,511
Fidelity Freedom 2040	101,996	86,416
Fidelity Freedom 2025	36,206	39,161
Fidelity Freedom 2035	-	35,372
Fidelity Small Cap Value	114,529	81,542
FID Tot Market Index Adv	21,962	9,868
FID Ext Market Index Adv	4,250	-
Fidelity Freedom 2045	85,531	56,605
Fidelity Freedom 2050	1,275	3,325
Fidelity Freedom 2055	63,013	29,869
Total Registered Investment Companies at Estimated Fair Value	2,504,188	1,939,408
Money Market at Estimated Fair Value:		
FMMT Retire Gov II	52,625	55,675
Total Money Market at Estimated Fair Value	52,625	55,675
Total Investments at December 31	$ 2,556,813	$ 1,995,083

* Represents 5% of the Plan's net assets.

During the year ending December 31, 2016, the Plan's investments (including gains and losses on investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

	2016
Investment at Fair Value as determined by Quoted Market Price:	
Registered Investment Companies	$ 92,904
Net Total Appreciation (Depreciation)	$ 92,904
Reconciliation of Net Total Appreciation (Depreciation) per financial statements:	
Net Appreciation (Depreciation) in Fair Value of Investments	$ 93,247
Realized Gain (Loss) on Sale of Investments	(343)
Net Total Appreciation (Depreciation)	$ 92,904

Note G: Related Party Transactions

Plan investments are shares of mutual funds managed by Fidelity Management Trust Company ("FMTC"). FMTC is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions which are exempt from the prohibited transactions rules. Fees paid by the Plan and fees paid by the Company, on behalf of the Plan for investment management services, totaled $1,139 and $3,935 respectively for 2016. No money was due from the Company as of December 31, 2016.

In addition, the Company provides certain accounting and administrative services to the Plan for which no fees are charged.

Note H: Information Prepared and Certified By Trustee

The December 31, 2016 and December 31, 2015 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2016, the accompanying notes to the financial statements, and the supplemental schedule of investments were prepared in part or entirely from information certified by the Trustee in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974.

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by the Trustee of the Plan, at December 31:

	2016	2015
Investments:		
Interest Bearing Cash Accounts	$ 52,625	$ 55,675
Shares of Registered Investment Companies	2,504,188	1,939,408
Additions:		
Participants' Contributions	345,154	360,994
Employer Contributions	148,192	164,026
Rollovers	8,380	1,022
Interest and Dividends	90,193	101,042
Net Appreciation (Depreciation) in Fair Value of Investments	92,904	(101,649)
Deductions:		
Benefits Paid to Participants	119,909	34,010
Management Service Fee	1,139	299

Note I: Risks and Uncertainties

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

Note J: Reconciliation of Financial Statements to Form 5500, Schedule H

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31:

	2016	2015
Net Assets Available for Benefits - Financial Statements	$ 2,565,227	$ 2,001,452
Net Assets Available for Benefits - Form 5500, Schedule H	$ 2,565,227	$ 2,001,452

The following is a reconciliation of deductions/expenses per the financial statements to Schedule H of Form 5500 at December 31:

	2016
Total Deductions - Financial Statements	$ 121,048
Total Expenses - Form 5500, Schedule H	$ 121,048

Note K: Fair Value Measurement

The Plan's financial instruments consist principally of interest bearing cash accounts, shares of registered investment companies (mutual funds), and contributions receivable. The fair value of a financial instrument is the amount that would be received in an asset sale or paid to transfer a liability in an orderly transaction between unaffiliated market participants. Assets and liabilities measured at fair value are categorized based on whether the inputs are observable in the market and the degree that the inputs are observable. The categorization of financial instruments within the valuation hierarchy is based on the lowest level of input that is significant to the fair value measurement. The hierarchy is prioritized into three levels (with Level 3 being the lowest) defined as follows:

Note K: Fair Value Measurement *(Continued)*

Level 1: Quoted prices in active markets for identical assets or liabilities that the entity has the ability to access.

Level 2: Observable inputs other than prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can be corroborated with observable market data.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities. This includes certain pricing models, discounted cash flow methodologies, and similar techniques that use significant unobservable inputs.

The fair value of the Plan's shares of registered investment companies (mutual funds) was determined based on Level 1 inputs. The Plan does not have any Level 2 or Level 3 inputs. The Plan believes the recorded values of all the other financial instruments approximate their current fair values because of their nature and relatively short maturity dates or durations.

There have been no changes in the components of Level 1, Level 2, and Level 3 and no changes in valuation techniques for these assets for the years ended December 31, 2016 and 2015.

The Plan uses the following methods and assumptions to estimate the fair value of each class of financial instruments for which it is practicable to estimate such value:

Shares of Registered Investment Companies – The net asset value of shares in mutual funds are valued based upon quoted market prices at the close of each business day and are classified in Level 1 of the fair value hierarchy.

At December 31, 2016, the Plan carried the following financial assets at fair value:

Recurring fair value measurements	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Total at December 31, 2016
Shares of Registered Investment Companies	$ 2,504,188	$ -	$ -	$ 2,504,188
Total recurring fair value assets	$ 2,504,188	$ -	$ -	$ 2,504,188

Note K: Fair Value Measurement *(Continued)*

At December 31, 2015, the Plan carried the following financial assets at fair value:

Recurring fair value measurements	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Total at December 31, 2015
Shares of Registered Investment Companies	$ 1,939,408	$ -	$ -	$ 1,939,408
Total recurring fair value assets	$ 1,939,408	$ -	$ -	$ 1,939,408

Supplemental Information

Jim Bass Ford, Inc.
401(k) Plan
Schedule of Assets (Held at End of Year)
IRS Form 5500, Schedule H, Line 4(i)
EIN: 75-1099335, Plan No. 001
December 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Fidelity Fund	Mutual Fund, 89.674 shares	$ 3,107	$ 3,690
*	Fidelity Puritan	Mutual Fund, 8.885 shares	193	183
*	Fidelity Value Strategies	Mutual Fund, 658.310 shares	26,600	25,108
*	Fidelity Contra Fund	Mutual Fund, 592.262 shares	52,805	58,314
*	Fidelity Equity Inc	Mutual Fund, 166.934 shares	9,037	9,567
*	Fidelity Growth Company	Mutual Fund, 238.806 shares	32,733	32,664
*	Fidelity Investment Gr Bd	Mutual Fund, 5,076.587 shares	39,654	39,547
*	Fidelity Intermed Bond	Mutual Fund, 7,129.880 shares	77,223	76,931
*	Fidelity Value	Mutual Fund, 913.968 shares	89,150	100,335
*	Fidelity OTC Portfolio	Mutual Fund, 986.347 shares	74,314	82,182
*	Fidelity Overseas	Mutual Fund, 1,940.409 shares	73,212	76,724
*	Fidelity Real Estate Invs	Mutual Fund, 148.392 shares	4,914	6,186
*	Fidelity Blue Chip Growth	Mutual Fund, 2,317.026 shares	130,114	156,075
*	Fidelity Low PR Stock	Mutual Fund, 7,870.074 shares	341,056	389,412
*	Fidelity Equity Div Income	Mutual Fund, 1,021.212 shares	25,656	27,409
*	Fidelity Growth Strategies	Mutual Fund, 1,975.025 shares	53,896	67,131
*	Fidelity Diversified Intl	Mutual Fund, 2,269.723 shares	76,304	75,582
*	Fidelity Dividend Growth	Mutual Fund, 4,263.882 shares	131,104	137,340
*	Fidelity Focused Stock	Mutual Fund, 2,080.070 shares	40,382	38,190
*	Fidelity Mid Cap Stock	Mutual Fund, 3,338.488 shares	112,735	115,578
*	Fidelity Large Cap Stock	Mutual Fund, 2,765.517 shares	66,478	81,196
*	Fidelity Freedom 2010	Mutual Fund, 2,061.345 shares	29,956	30,879
*	Fidelity Freedom 2020	Mutual Fund, 10,748.685 shares	161,634	161,123
*	Fidelity Freedom 2030	Mutual Fund, 12,480.439 shares	200,226	197,066
*	Fidelity Sm Cap Discovery	Mutual Fund, 2,750.123 shares	79,176	87,014
*	Fidelity Freedom 2040	Mutual Fund, 11,147.070 shares	103,138	101,996
*	Fidelity Freedom 2025	Mutual Fund, 2,817.602 shares	36,583	36,206
*	Fidelity Small Cap Value	Mutual Fund, 6,088.753 shares	109,526	114,529
*	FID Tot Market Index Pr	Mutual Fund, 340.337 shares	20,377	21,962
*	FID Ext Market Index Pr	Mutual Fund, 76.521 shares	4,006	4,250
*	Fidelity Freedom 2045	Mutual Fund, 8,279.830 shares	85,501	85,531
*	Fidelity Freedom 2050	Mutual Fund, 122.876 shares	1,312	1,275
*	Fidelity Freedom 2055	Mutual Fund, 5,408.813 shares	61,987	63,013
*	FMMT Retire Gov II	Money Market, 52,625.210 shares	52,625	52,625
	Total Mutual Funds and Money Market Account		2,406,714	2,556,813
	Participant Loans	Interest Rate N/A	-	-
	Total Investments		$ 2,406,714	$ 2,556,813

* Parties in Interest

See independent auditors' report.