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
FUTURE FORD OF CONCORD 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/2005

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)
FUTURE FORD OF CONCORD, LLC

2285 DIAMOND BOULEVARD
CONCORD, CA 94520

2b Employer Identification Number (EIN) 45-0540061

2c Plan Sponsor's telephone number 925-521-2106

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.	10/13/2017	JAMES A. DESILVA
	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**	126
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)**	110
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	95
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	16
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	111
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	111
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	74
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
FUTURE FORD OF CONCORD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FUTURE FORD OF CONCORD, LLC

D Employer Identification Number (EIN)
45-0540061

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

1 Coverage Information:

(a) Name of insurance carrier
SYMETRA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
91-0742147	68608	LP1116262	74	01/01/2016	12/31/2016

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
10929	0

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

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

JAMES D. JOHNSON
3134 SPRING CREEK DRIVE
SANTA ROSA, CA 95405

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
10929			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	125431
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	1927187

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 1983 GAM @ 4% PER YEAR

b	Premiums paid to carrier	**6b**	37697
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

e Type of contract: (1) ☐ individual policies (2) ☒ group deferred annuity (3) ☐ other (specify) ▶

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
FUTURE FORD OF CONCORD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FUTURE FORD OF CONCORD, LLC

D Employer Identification Number (EIN)
45-0540061

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

PIMCO VARIABLE INSURANCE TRUST

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

(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?
28 52	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

VOYA INVESTMENT MANAGEMENT

7337 E. DOUBLETREE RANCH RD.
SCOTTSDALE, AZ 85258

(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?
28 52	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

PIONEER FUNDS DISTRIBUTORS, INC.

60 STATE STREET
BOSTON, MA 02109

(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?
28 52	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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)

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419786
KANSAS CITY, MO 64141

(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?
28 52	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

JPMORGAN ASSET MANAGEMENT

P.O. BOX 419784
KANSAS CITY, MO 64141

(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?
28 52	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

THE DREYFUS CORPORATION

144 GLEN CURTISS BLVD.
UNIONDALE, NY 11556

(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?
28 52	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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)

DEUTSCHE ASSET MANAGEMENT

P.O. BOX 219151
KANSAS CITY, MO 64121-9151

(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?
28 52	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

INVESCO

P.O. BOX 4739
HOUSTON, TX 77210

(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?
28 52	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

SYMETRA LIFE INSURANCE COMPANY

91-0742147

(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?
13 50 58 63 64 66 72	CONTRACT ADMINISTRATOR	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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)

FEDERATED INVESTORS

P.O. BOX 8600
BOSTON, MA 02266

(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?
28 52	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

FIDELITY MANAGEMENT & RESEARCH

P.O. BOX 770001
CINCINNATI, OH 45277

(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?
28 52	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

FRANKLIN/TEMPLETON

ONE FRANKLIN PARKWAY
SAN MATEO, CA 94403

(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?
28 52	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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
VARIOUS INVEST.PROVIDERS-SEE ATTACH	28 52	0

(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.
SYMETRA LIFE INSURANCE COMPANY 91-0742147	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SYMETRA LIFE INSURANCE COMPANY	13 50 58 63 64 66 72	0

(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.
VARIOUS INVEST.PROVIDERS-SEE ATTACH 840 NEWPORT BEACH NEWPORT BEACH, CA 92660	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
FUTURE FORD OF CONCORD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FUTURE FORD OF CONCORD, LLC

D Employer Identification Number (EIN)
45-0540061

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SYMETRA GRP VAR ANNUITY SEP ACCT D

b Name of sponsor of entity listed in (a): SYMETRA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-0742147-000	P	1927187

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

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
FUTURE FORD OF CONCORD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FUTURE FORD OF CONCORD, LLC

D Employer Identification Number (EIN)
45-0540061

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		121284
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	12025	50370
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1508551	1927187
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	88714	125431
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1609290	2224272
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		32777
k	Total liabilities (add all amounts in lines 1g through1j)	1k		32777
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1609290	2191495

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)	243895	
	(B) Participants	2a(1)(B)	331787	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		575682
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1040	
	(F) Other	2b(1)(F)	1742	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2782
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		134339
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		712803
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	129728	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		129728
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	870	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		870
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		130598
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		582205
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BPM LLP **(2)** EIN: 81-4234542

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		200000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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
FUTURE FORD OF CONCORD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FUTURE FORD OF CONCORD, LLC

D Employer Identification Number (EIN)
45-0540061

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): 91-0742147

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 _____/_____/_____.

FUTURE FORD OF CONCORD 401(k) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

December 31, 2016

FUTURE FORD OF CONCORD 401(k) PLAN

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INDEPENDENT AUDITORS' REPORT

To the Trustees of
Future Ford of Concord 401(k) Plan

Report on the Financial Statements

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

Auditors' 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 4, which was certified by Symetra Life Insurance Company, the 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2016, that the information provided to the plan administrator by the 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 on the 2016 financial statements. Accordingly, we do not express an opinion on the 2016 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedule

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Other Matter – Report on 2015 Financial Statements

Management is responsible for the statement of net assets available for benefits as of December 31, 2015. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the 2015 financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the 2015 financial statements.

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

The form and content of the information included in the 2016 financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BPM LLP

Santa Rosa, California
September 12, 2017

FUTURE FORD OF CONCORD 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2016 and 2015

	2016	2015 *(Compiled)*
ASSETS		
Investments:		
Mutual funds, at fair value	$ 1,927,187	$ 1,508,551
Fully benefit-responsive investment contract, at contract value	125,431	88,714
Total investments	2,052,618	1,597,265
Receivables:		
Notes receivable from participants	50,370	12,025
Employer contributions	121,284	122,611
Total receivables	171,654	134,636
Total assets	2,224,272	1,731,901
LIABILITIES		
Excess contributions payable	32,777	-
Net assets available for benefits	$ 2,191,495	$ 1,731,901

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

FUTURE FORD OF CONCORD 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2016

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 134,339
Interest and dividend income	1,742
Total investment income	136,081
Interest on notes receivable from participants	1,040
Contributions:	
Participants	331,787
Employer	121,284
Total contributions	453,071
Total additions to net assets	590,192
Deductions from net assets attributed to:	
Benefits paid to participants	129,728
Administrative expenses	870
Total deductions from net assets	130,598
Net increase in net assets	459,594
Net assets available for benefits:	
Beginning of year	1,731,901
End of year	$ 2,191,495

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

1. Description of Plan

The following description of Future Ford of Concord 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description and/or Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was adopted by Future Ford of Concord (the "Company") on February 1, 2005, and was restated effective January 1, 2015. The Plan is defined as a contribution retirement plan of the profit-sharing type containing a cash or deferred arrangement described in Internal Revenue Code ("IRC") Section 401(k). Employees of the Company over the age of 21 with at least one year of service are eligible to participate in the Plan, except for union employees, nonresident aliens, and leased employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and certain provisions of the IRC.

Plan Administration

The Company is the administrator of the Plan. As administrator, the Company has exclusive authority and responsibility for all matters in connection with the operation and administration of the Plan. Symetra Life Insurance Company was the appointed custodian for the Plan in 2016 and 2015, and acted at the direction of the Plan's administrator.

Contributions

Participant contributions are made through payroll deductions and are subject to the limits imposed by Section 402(g) of the IRC. Participants may elect to have the Company contribute up to 100% of their eligible pre-tax compensation to the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company makes discretionary matching contributions based on employee elective deferrals. For the year ended December 31, 2016, the Company matched 50% of the participant's contributions up to a maximum of 3% of eligible compensation. The Plan also allows for a discretionary profit sharing contribution. Participants must be employed on the last day of the Plan year to share in Company matching and profit sharing contributions. No discretionary profit sharing contribution was made for the year ended December 31, 2016.

Participant Accounts

Each participant's account is credited with the participant's contributions, Company contributions, Plan earnings or losses, and rollovers from other qualified plans. Plan earnings or losses are allocated based upon each participant's account balance. Certain fees are charged to the fund investments and are offset against Plan investment income and loss as presented on the statement of changes in net assets available for benefits. Participants should refer to the prospectuses of these funds for details on the various types and amounts of investment fees charged to the Plan and their individual accounts.

Continued

1. **Description of Plan**, continued

Vesting

Participant contributions, rollovers, and net earnings on these contributions, are fully vested when made or earned. Discretionary employer contributions, if any, as well as all earnings on these contributions are fully vested when made or earned.

Participants are fully vested upon retirement, death, disability, or plan termination.

Notes Receivable from Participants

Participants are allowed one note receivable at any time and may borrow from their fund accounts a minimum of $1,000 up to 50% of the value of their account balance, or $50,000, whichever is less. Note receivable terms range from one to five years. The notes receivable are secured by no more than fifty percent of the balance in the participant's account and bear interest at a rate of one percentage point over the prime interest rate at the time the note receivable originates. Interest rates on notes receivable from participants at December 31, 2016 ranged from 4.25% to 4.50% per annum. Principal and interest are paid in equal installments through payroll deductions, checks for prepayment on the notes receivable.

Payments of Benefits

When participants leave the Company, upon retirement or for any other reason, those participants (or their beneficiaries) may receive the vested value of their account in a single lump-sum payment. The Plan also allows for in-service withdrawals upon a participant attaining the age of 59½, or having a hardship. In-service withdrawals may be taken from the pre-tax elective deferral account, matching contributions, profit sharing contributions, and rollover accounts as long as they are vested, with the exception of hardships that may not be taken from matching contributions or profit sharing contributions. In addition, the Plan allows for withdrawals of any rollover contributions at any time.

In order to receive distributions, participants (or their beneficiaries) are required to file the appropriate forms with the third party administrator. Account values will be determined as of the day the distribution is made.

Distributions under the Plan shall generally be made as soon as possible after the date of retirement, date of death, or termination of employment. Mandatory distributions of account balances under $5,000 will be made as soon as possible. In the event of a mandatory distribution greater than $1,000 if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly, then the plan administrator will pay the distribution in a direct rollover to an individual retirement account designated by the plan administrator.

Investment Options

Upon enrollment in the Plan, a participant may direct his or her contributions in percentage increments into a series of investments offered by the Plan. Participants may change their investment options at any time.

Forfeitures

At December 31, 2016 and 2015, there were no forfeited non-vested accounts as participants are fully vested in employer contributions.

Continued

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities and changes in net assets available for benefits. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments in mutual funds are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's valuation policies utilize information provided by the investment advisor and custodian. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 and 2015.

Excess Contributions

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2016 excess contributions to the applicable participants prior to March 15, 2017.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Continued

2. Summary of Significant Accounting Policies, continued

Adoption of Recent Accounting Pronouncements

Effective January 1, 2016, the Plan adopted Part I and Part II of Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans* (Topic 960), *Defined Contribution Pension Plans* (Topic 962), *Health and Welfare Benefit Plans* (Topic 965): (Part I) *Fully Benefit-Responsive Investment Contracts*, (Part II) *Plan Investment Disclosures*, and (Part III) *Measurement Date Practical Expedient* (consensuses of the FASB Emerging Issues Task Force). Under Part I of the new ASU, fully benefit-responsive investment contracts are to be measured, presented, and disclosed at contract value only. Part II of the ASU eliminates the disclosure requirements for 1) individual investments that represent 5 percent or more of net assets available for benefits, 2) the net appreciation or depreciation for investment by general type (disclosure in the aggregate is still required), for both participant-directed investments and nonparticipant-directed investments and 3) disaggregation of investments by nature, characteristics and risks (disclosure in aggregate by type is still required). Part III of the ASU permits the election of a practical expedient to measure investments and investment-related accounts as of a month-end date that is closest to the Plan's fiscal year-end, when the fiscal period does not coincide with the month-end. Any significant contribution, distribution, or other event that occurs between these two measurement dates is required to be disclosed. Part III is not applicable to this Plan.

Effective January 1, 2016, the Plan adopted FASB ASU No. 2015-07, *Fair Value Measurement* (Topic 820), *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The amendments in ASU 2015-07 apply to reporting entities that measure an investment's fair value using the net asset value ("NAV") per share (or its equivalent) practical expedient. The ASU eliminates the requirement to classify the investment within the fair value hierarchy. In addition, the requirement to make certain disclosures for all investments eligible to be assessed at fair value with the NAV per share practical expedient has been removed. Instead, such disclosures are restricted only to investments that the entity has elected to measure using the practical expedient.

These ASUs have been applied retrospectively. Accordingly, the 2015 statement of net assets available for benefits and certain related 2015 disclosures have been modified to be in accordance with these new standards.

Information Certified by the Custodian

Symetra Life Insurance Company has prepared and certified as complete and accurate the Plan's schedule of investment assets, transactions, and net realized and unrealized gains and losses on investments, and interest and dividend income, which was used to prepare the accompanying financial statements and supplemental schedule.

3. Fair Value Measurements

Accounting standards for fair value measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under these accounting standards are described below:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Continued

3. **Fair Value Measurements**, continued

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2016 and 2015:

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016 and 2015:

	Investments at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,927,187	$ -	$ -	$ 1,927,187
Total assets in the fair value hierarchy	$ 1,927,187	$ -	$ -	1,927,187
Investments, at fair value				$ 1,927,187

Continued

3. **Fair Value Measurements**, continued

	Investments at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,508,551	$ -	$ -	$ 1,508,551
Total assets in the fair value hierarchy	$ 1,508,551	$ -	$ -	1,508,551
Investments, at fair value				$ 1,508,551

4. **Information Prepared and Certified by Custodian** (unaudited)

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Symetra Life Insurance Company:

	2016
Investments, at fair value	$ 1,927,187
Investments, at contract value	$ 125,431
Interest and dividend income	$ 1,742
Net appreciation in fair value of investments	$ 134,339

Notes receivable from participants and interest on notes receivable from participants are not certified.

5. **Fixed Account**

The Plan entered into a fully benefit-responsive investment contract with Symetra Life Insurance Company ("Symetra"). Symetra maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement for the guaranteed investment contract. Contract value, as reported to the Plan by Symetra, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Continued

5. **Fixed Account**, continued

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendment to the Plan document (including complete or partial termination or merger with another plan.), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that would limit the ability of the Plan to transact at contract value with the participants.

6. **Party-in-Interest Transactions**

Certain Plan investments in mutual funds are managed by Symetra Life Insurance Company, the custodian of the Plan. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan, and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

7. **Tax Status**

The Plan uses a prototype plan document sponsored by Newport Group, Inc. (formerly known as Verisight, Inc.). Verisight, Inc. received an opinion letter from the IRS dated March 31, 2014 which states that the prototype document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

8. **Plan Termination**

The Company has established the Plan with the intention and expectation that the Plan will continue indefinitely. However, the Company reserves the right at any time to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, distributions will be made to participants as described in the Plan agreement.

9. **Risks and Uncertainties**

The Plan provides for various investment options in any combination of mutual funds and a guaranteed investment contract offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Continued

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2015 to Form 5500:

Net assets available for benefits, per financial statements	$ 1,731,901
Employer contributions receivable	(122,611)
Net assets available for benefits, per Form 5500	$ 1,609,290

11. Subsequent Events

In accordance with accounting standards affecting disclosures of subsequent events, the Plan evaluated subsequent events for recognition and disclosure through September 12, 2017, the date which these financial statements were available to be issued. Management concluded that no material subsequent events have occurred since December 31, 2016 that requires recognition or disclosure in such financial statements.

Supplemental Schedule

FUTURE FORD OF CONCORD 401(k) PLAN

EIN: 45-0540061

Plan Number 001

Schedule H, Line 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2016

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
*	Symetra Life Fixed Account	Fixed account	$ 125,431
	Fidelity VIP Contrafund® Portfolio – Initial Class	Mutual funds	$ 113,871
	Invesco V.I. Global Real Estate Fund (Series I Shares)	Mutual funds	$ 75,450
	Franklin U.S. Government Securities VIP Fund – Class 2	Mutual funds	$ 115,071
	JPMorgan Insurance Trust Mid-Cap Value Portfolio – Class I Shares	Mutual funds	$ 184,201
	Pioneer Equity Income VCT Portfolio – Class II Shares	Mutual funds	$ 125,395
	Pioneer Emerging Markets VCT Portfolio – Class II Shares	Mutual funds	$ 22,160
	Pioneer Strategic Income VCT Portfolio – Class II Shares	Mutual funds	$ 70,003
	American Century VP Inflation Protection Fund Class II	Mutual funds	$ 49,953
	Templeton Global Bond VIP Fund – Class 2	Mutual funds	$ 31,123
	Franklin Small Cap Value VIP Fund – Class 2	Mutual funds	$ 65,693
	PIMCO CommodityRealReturn® Strategy Portfolio – Administrative Class	Mutual funds	$ 31,019
	Invesco V.I. International Growth Fund (Series II Shares)	Mutual funds	$ 120,375
	Fidelity VIP Growth Portfolio – Initial Class	Mutual funds	$ 99,597
	Dreyfus IP MidCap Stock Portfolio – Initial Shares	Mutual funds	$ 104,706
	Dreyfus VIF Quality Bond Portfolio – Initial Shares	Mutual funds	$ 57,395
	Fidelity VIP Equity-Income Portfolio – Initial Class	Mutual funds	$ 119,311
	Dreyfus Stock Index Fund, Inc – Service Shares	Mutual funds	$ 217,566
	Fidelity VIP Government Money Market Portfolio – Service Class 2	Mutual funds	$ 114,012
	Pioneer High Yield VCT Portfolio – Class II Shares	Mutual funds	$ 18,455
	Dreyfus IP Technology Growth Portfolio – Initial Shares	Mutual funds	$ 27,593
	Dreyfus Socially Responsible Gr Init	Mutual funds	$ 11,619
	American Century VP Value Fund Class I	Mutual funds	$ 5,215
	American Century VP Ultra® Fund Class II	Mutual funds	$ 2,476
	American Century VP International Fund Class I	Mutual funds	$ 28,760
	American Century VP Balanced Fund Class I	Mutual funds	$ 11,763
	Templeton Growth VIP Fund – Class 2	Mutual funds	$ 6,908
	Franklin Income VIP Fund – Class 2	Mutual funds	$ 10,971
	Fidelity VIP Mid Cap Portfolio – Service Class 2	Mutual funds	$ 16,754
	Templeton Developing Markets VIP Fund – Class 2	Mutual funds	$ 15
	Franklin Small-Mid Cap Growth VIP Fund – Class 2	Mutual funds	$ 4,860
	Franklin Flex Cap Growth VIP Fund – Class 2	Mutual funds	$ 9,934
	PIMCO All Asset Portfolio – Advisor Class	Mutual funds	$ 3,274
	Invesco V.I. Mid Cap Growth Fund (Series II Shares)	Mutual funds	$ 1,390
	Invesco V.I. American Franchise Fund (Series II Shares)	Mutual funds	$ 4,377
	American Century VP Large Company Value Fund Class II	Mutual funds	$ 1,672
	Federated High Income Bond Fund II – Primary Shares	Mutual funds	$ 16
	Dreyfus VIF Appreciation Portfolio – Initial Shares	Mutual funds	$ 44,234
*	Participant Loans	4.25% to 4.50%, various maturities	$ 50,370

* Party-in-interest

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.)
- ☒ a single-employer plan;
- ☐ a DFE (specify) ___

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

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

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

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

1a Name of plan
Future Ford of Concord 401(k) Plan

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 02/01/2005

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)

Future Ford of Concord, LLC

2285 Diamond Boulevard

US Concord CA 94520

2b Employer Identification Number (EIN)
45-0540061

2c Plan Sponsor's telephone number
(925) 521-2106

2d Business code (see instructions)
441110

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Signature of plan administrator	Date: 10-13-17	Enter name of individual signing as plan administrator: JAMES A. DESILVA
SIGN HERE	Signature of employer/plan sponsor	Date: 10-13-17	Enter name of individual signing as employer or plan sponsor: Richard Boyle
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)
Skip this question

Preparer's telephone number
Skip this question

Future Ford of Concord 401(k) Plan
EIN: 45-0540061
Plan # 001
Attachment to Schedule C
Plan Year: 01/01/2016 to 12/31/2016

Service Providers

PIMCO Variable Insurance Trust
840 Newport Center Drive
Newport Beach, CA 92660

Pioneer Funds Distributors, Inc.
60 State Street
Boston, MA 02109

American Century Investments
PO box 419786
Kansas City, MO 64141

JPMorgan Asset Management
PO Box 419784
Kansas City, MO 64141

The Dreyfus Corporation
144 Glen Curtiss Blvd.
Uniondale, NY 11556

Federated Investors
PO Box 8600
Boston, MA 02266

Fidelity Management & Research
PO Box 770001
Cincinnati, OH 45277

Franklin/Templeton
One Franklin Parkway
San Mateo, CA 94403

Invesco
PO Box 4739
Houston, TX 77210

Deutsche Asset Management
P.O. Box 219151
Kansas City, MO 64121-9151

Voya Investment Management
7337 E. Doubletree Ranch Rd.
Scottsdale, AZ 85258

Symetra Life Insurance Company
Tax ID 91-0742147

ERISA Section 408(b)(2) Annuity Services & Compensation Disclosure
From Symetra Life Insurance Company

Symetra
Group Variable Annuity

SYMETRA
RETIREMENT | BENEFITS | LIFE

This disclosure statement contains information about the Symetra Group Variable Annuity product and services that Symetra Life Insurance Company (Symetra Life, we, us, our) provides to your retirement plan in connection with the product. This disclosure statement is not intended to replace the Contract issued to you and Certificates issued to your participants under the Contract. In the event of conflict between the Contract and this disclosure statement, the Contract shall control. This information is designed to help you fulfill your duty as a plan fiduciary in accordance with Section 408(b)(2) of the Employee Retirement Income Security Act of 1974 (ERISA). This statement contains the following: the Recordkeeping Services we provide; our Direct and Indirect Fees; and Payments to Financial Professionals.

Recordkeeping Services

The product has a separate account that invests in an array of mutual funds all of which are segregated sub-accounts of the separate account. In addition, as an insurance company, we are also able to offer the Symetra Life Fixed Account. The fixed account provides a guarantee of principal with a fixed interest rate. This account is an investment in the general account of Symetra Life and is not segregated from Symetra Life's other assets.

Your plan allows your participants to direct the investment of their own contributions into the available portfolios. The product allows your participants to direct the investment of their own contributions subject to the plan's authorization. Your participants give us instructions on how to invest their contributions based on the options available. Recordkeeping Services are provided in connection with offering the product. The following services are provided where allowed by the plan and by governing Internal Revenue Service and Department Of Labor regulations. Some services require Plan Administrator authorization.

Allocating Forfeitures
Benefit elections at separation from service
Call Center Services, including toll-free phone and fax services
Case Statements (to Plan Administrator)
Change of address
Change of beneficiary
Change of servicing agent
Change of investment selection
Confirmations of Account Activity
Death Claims
Direct and Indirect Rollovers
Domestic relations orders
Form 5500 information provided to plan
Full Withdrawals
Fund level information
Investment accounting, including
enrolling participants, inter-account transfers, investment tracking, account balances, daily unit values, investment options, allocations.
Loan processing
Participant Name Changes
Partial Withdrawals
Participant Statements (quarterly and annual)
Required Minimum Distributions
Social Security number changes
Preparation of 1099s for distributions from product
Transfer from one investment to another
Website access at www.symetra.com/OnlineAccess

Symetra Life, through our separate account offered under the product, offers investment options that invest in mutual funds that are unaffiliated with Symetra Life. We execute trades on behalf of your plan with those mutual funds based on your plan and/or your participants' instructions. By providing these services, this eliminates the cost of engaging another party to perform these services. We also act as an agent on the daily trading of these funds through our separate accounts. As a result, we may receive 12b-1 and sub-transfer agency ("Sub-TA") fees for performing these services. While these fees are retained by Symetra Life, or its broker-dealer affiliate, Symetra Securities, Inc., they are considered in our pricing. For the specific fee amounts, please see the Investment Options Table below. The Investment Options Table details a reasonable estimate of the fees we receive in the form of 12b-1 or sub-TA fees paid to us expressed as a percentage of the assets invested in that investment option.

We are not a plan fiduciary under ERISA. You are responsible for selecting this product, including its plan lineup. Your plan participants select their own investment options and Symetra Life has no discretion over this process. Additionally, we carry out administrative and Recordkeeping Services based on your direction as the plan's fiduciary. We are not a registered investment adviser.

Direct and Indirect Compensation

For all of the services described above, Symetra's compensation includes the following direct contract-level charges and indirect compensation. All compensation described in this section is integral to the total compensation received by Symetra Life for all Recordkeeping Services described above. No individual source of revenue should be considered in isolation with respect to a single service.

Direct Compensation from Contract Charges

The following Contract-level charges are paid directly by each participant or the Contractholder to Symetra Life:

Annual Administrative Maintenance Fee: $30 each calendar year not to exceed $35 (currently waived).

Asset Charge: The charge is 1.40% of the daily net asset value of the accumulation unit for each "Portfolio" under the contract on an annual basis. The charge may be reimbursed in part to participant accounts. Contact your sales agent or us for details. (This charge does not apply to investments in the Fixed account.)

In some contracts, the Asset Charge is comprised of a Mortality and Expense Risk charge equal on an annual basis to 1.25% of the daily net asset value of the sub-account and the Asset Related Administration Charge equal on an annual basis to .15% of the average daily net asset value of the Separate Account. Check your Contract for details.

Contingent Deferred Sales Charge (CDSC): The charge is a declining percentage over a specified period of years of the amount withdrawn from the participant's accumulation account or Contract holder's accumulation account. This charge may vary or may not be applicable to your Contract. See your Contract for details.

Notwithstanding whether your Contract was sold with a CDSC schedule, your Plan and participants have no further CDSC charges for withdrawals because your Contract's anniversary is past the last Contract year in which Symetra Life would charge a CDSC under the terms of your Contract.

Market Value Adjustment (MVA): equal to net investment loss. The adjustment applies to Transfers and Withdrawals in excess of 10% of the Contract holder's and participant's Fixed Account value per Certificate Year, when the current interest rate (credited to new Purchase Payments) is more than the interest rate being credited to the funds transferred or withdrawn. There is no market value adjustment for participant-initiated events such as termination of employment, in-service distributions, loans, financial hardship, disability or death. For a complete list of participant-initiated events, please see your Contract. (The MVA applies only to investments in the Symetra Fixed Account.)

Transfer Charge: $10 for any transfer after the first 12 transfers in a calendar year (currently waived).

Withdrawal Charge: $25 for each withdrawal after the first withdrawal in a Certificate Year (currently waived).

Indirect Compensation

For investment-related indirect fee information as of the date of this disclosure document, please see the Investment Options Table below. In our role as distributor and transfer agent for the investment options under the contract, Symetra or its affiliate, Symetra Securities, Inc., may receive distribution (12b-1 fees) from the funds that are investment options under the contract and sub-transfer agency/recordkeeping fees/administration from the investment company (or its affiliate) for plan assets invested in the investment option. Symetra Life only offers mutual funds in the product that are unaffiliated with us; we do not collect any Portfolio-level investment management fees. The investment management fees and other fees deducted from the investment option by the mutual fund company are equal to the amounts shown in the separate disclosure statements we provide you for compliance with the Department of Labor's 404a-5 regulation under ERISA. Data for unaffiliated funds is obtained from sources external to us. We cannot guarantee the accuracy, completeness or timeliness of this data.

Symetra's compensation will also include the following elements:

1. any investment gains resulting from Symetra's trading errors or other share or unit value discrepancies. Symetra will keep any gains and absorb any losses derived from re-processing transactions due to our trading errors. If such re-processing results in a loss, Symetra will make the plan and plan participants whole.
2. earnings (*i.e.*, "float income") on funds received, or credited to the Contract, before they are invested, allocated or applied in accordance with allocation instructions from the plan; or funds transferred from your Contract and held in Symetra Life's general account before actual disbursements are made from the general account. For more information about float income, please contact us for details.
3. varying amounts of revenue from the Symetra Fixed Account. The amount of revenue varies based on the spread (if any) between the net earned rate of Symetra Life's general account investments and interest rates credited for the Symetra Fixed Account. If there is no spread, we bear the risk of loss for crediting the guaranteed minimum interest rate we credit to the Symetra Fixed Account shown in your Contract.

All of the indirect compensation we receive helps Symetra Life offset the costs of providing you the Recordkeeping Services described in this disclosure statement.

Investment Option Table	Compensation	
	12b-1 Fees[1]	Sub-TA and Service Fees[2]
American Century VP Balanced Fund Class I	N/A	0.25%
American Century VP Inflation Protection Fund Class II	0.25%	0.15%
American Century VP International Fund Class I	N/A	0.25%
American Century VP Large Company Value Fund Class II	0.25%	0.25%
American Century VP Ultra® Fund Class II	0.25%	0.25%
American Century VP Ultra® Fund Class I*	N/A	0.25%
American Century VP Value Fund Class I	N/A	0.25%
Deutsche CROCI® International VIP – Class A*	N/A	0.15%
Deutsche Global Income Builder VIP – Class A*	N/A	0.25%
Dreyfus IP MidCap Stock Portfolio – Initial Shares	N/A	0.30%
Dreyfus IP Technology Growth Portfolio – Initial Shares	N/A	0.30%
The Dreyfus Socially Responsible Growth Fund, Inc. – Initial Shares	N/A	0.30%
Dreyfus Stock Index Fund, Inc – Service Shares	0.25%	0.10%
Dreyfus VIF Appreciation Portfolio – Initial Shares	N/A	0.30%
Dreyfus VIF Quality Bond Portfolio – Initial Shares*	N/A	0.30%
Federated High Income Bond Fund II – Primary Shares	N/A	0.25%
Federated Managed Volatility Fund II*	N/A	0.25%
Fidelity VIP Asset Manager Portfolio – Initial Class*	N/A	0.05%[3]
Fidelity VIP Contrafund® Portfolio – Initial Class	N/A	0.05%[3]
Fidelity VIP Equity-Income Portfolio – Initial Class	N/A	0.05%[3]
Fidelity VIP Government Money Market Portfolio – Service Class 2	N/A	0.05%[3]
Fidelity VIP Growth & Income Portfolio – Initial Class	N/A	0.05%[3]
Fidelity VIP Growth Opportunities Portfolio – Initial Class*	N/A	0.05%[3]
Fidelity VIP Growth Portfolio – Initial Class	0.25%	0.05%[3]
Fidelity VIP Mid Cap Portfolio – Service Class 2	0.25%	N/A
Franklin Flex Cap Growth VIP Fund – Class 2	0.25%	0.10%
Franklin Income VIP Fund – Class 2	0.25%	0.10%
Franklin Mutual Shares VIP Fund – Class 2	0.25%	0.10%
Franklin Small Cap Value VIP Fund – Class 2	0.25%	0.10%
Franklin Small-Mid Cap Growth VIP Fund – Class 2	0.25%	0.10%
Franklin U.S. Government Securities VIP Fund – Class 2	0.25%	0.10%
Invesco V.I. American Franchise Fund (Series I Shares)*	N/A	0.15%[4]
Invesco V.I. American Franchise Fund (Series II Shares)	0.25%	0.15%[4]
Invesco V.I. Global Health Care Fund (Series I Shares)*	N/A	0.15%[4]
Invesco V.I. Global Real Estate Fund (Series I Shares)	N/A	0.15%[4]
Invesco V.I. International Growth Fund (Series I Shares)*	N/A	0.15%[4]
Invesco V.I. International Growth Fund (Series II Shares)	0.25%	0.15%[4]
Invesco V.I. Mid Cap Growth Fund (Series I Shares)*	N/A	0.15%[4]
Invesco V.I. Mid Cap Growth Fund (Series II Shares)	0.25%	0.15%[4]
JPMorgan Insurance Trust Mid-Cap Value Portfolio – Class I Shares	N/A	0.25%
JPMorgan Insurance Trust U.S. Equity Portfolio – Class I Shares*	N/A	0.25%
PIMCO All Asset Portfolio – Advisor Class	0.25%	0.10%
PIMCO CommodityRealReturn® Strategy Portfolio – Administrative Class	N/A	0.25%
Pioneer Bond VCT Portfolio – Class I Shares*	N/A	N/A
Pioneer Emerging Markets VCT Portfolio – Class II Shares	0.25%	0.25%
Pioneer Equity Income VCT Portfolio – Class II Shares	0.25%	0.25%
Pioneer Fund VCT Portfolio – Class I Shares*	N/A	N/A
Pioneer High Yield VCT Portfolio – Class II Shares	0.25%	0.25%
Pioneer Mid Cap Value VCT Portfolio – Class I Shares*	N/A	N/A
Pioneer Select Mid Cap Growth VCT Portfolio – Class I Shares*	N/A	N/A
Pioneer Strategic Income VCT Portfolio – Class II Shares	0.25%	0.25%
Templeton Developing Markets VIP Fund – Class 2	0.25%	0.10%
Templeton Global Bond VIP Fund – Class 2	0.25%	0.10%
Templeton Growth VIP Fund – Class 2	0.25%	0.10%
Voya Global Equity Portfolio – Class S*	0.25%	0.25%
VY JPMorgan Emerging Markets Equity Portfolio – Class I*	N/A	0.25%

[1] 12b-1 Fees are paid to us by the investment company (or its affiliate) to offset our distribution and marketing expenses and shareholder costs.

[2] Sub-transfer agency and service agreement fees remitted to us by the investment company (or its affiliate) offset the cost of Recordkeeping Services associated with administering plan and individual participant accounts.

[3] In any calendar quarter, if Symetra Life assets are under $100 million invested in the Fidelity VIP Portfolios excluding the Government Money Market Portfolio, Symetra Life may receive no compensation. For assets over $100 million but under $125 million, Symetra Life receives 0.05% of the average net assets invested in the Fidelity VIP Portfolios excluding the Government Money Market Portfolio. Symetra Life receives 0.10% of the average net assets in excess of $125 million invested in the Fidelity VIP Portfolios excluding the Government Money Market Portfolio.

[4] Symetra Life receives 0.25% of the average net assets in excess of $100 million invested in Invesco Portfolios. For assets under $100 million and above $50 million, Symetra Life receives 0.20% of the average net assets. For assets under $50 million, Symetra Life receives 0.15% of the average net assets. Effective October 1, 2016, Symetra Life will receive 0.15% of the average daily net assets and will no longer receive higher amounts for higher balances.

* **Restricted Portfolios.** These Portfolios are open to investors who have been continuously invested in them. However, if they ever reach a zero balance, regardless of how the zero balance occurred (through withdrawals, repetitive payments, transfers, loans, etc), the investment option will no longer be available for future investments.

Payments to Sales Agents

As the plan fiduciary, you purchased our Contract through a sales agent who is registered with a broker-dealer. The agent's responsibilities included providing you information about the Contract. Symetra Life has sold the Contract through the agent who is licensed by the state and appointed by Symetra Life to sell the Contract. The agent's broker-dealer/supervising agency is compensated for services through a sales commission. It is the broker-dealer's responsibility to pay the agent.

The sales commissions that we pay for the sale of the Contract, and which you pay indirectly through our fees, are reflected in the Schedule A of your Form 5500. Please contact us or your agent for information regarding the exact amount of the commission we pay on the sale of your Contract.

SYMETRA
RETIREMENT | BENEFITS | LIFE

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Bellevue, WA 98004-5135
www.symetra.com

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Group Variable Annuity Investment Options

Overview

Document Summary

This document includes important information that may help you compare the different investment options (if available) under your retirement plan. For additional information about your investment options, visit the Internet Web site address shown in the Tables below, contact your Plan Administrator or Trustee or call us at 1-800-796-3872 as representatives are available Monday through Friday from 6:00 AM to 4:30 PM Pacific Time to assist you. You can also receive a free paper copy of the information available on the Web site or additional information about your annuity product, by contacting your Plan Administrator or Trustee or call us at 1-800-796-3872.

This document has 3 parts. Part I has a telephone number where you can call for your fixed interest rates. Part II shows you the fees and expenses. Part III contains information about the annuity options available in the product under your retirement plan.

Please visit www.symetra.com/IndividualsFamilies/Products/glossary/ for a glossary of investment terms relevant to the investment options under this plan. This glossary is intended to help you better understand your options.

Part 1: Performance Information

Table 1

Table 1 focuses on the performance of investment options that do not have a fixed or stated rate of return. Table 1 shows how these options have performed over time and allows you to compare them with an appropriate benchmark for the same time periods. Past performance does not guarantee how the investment option will perform in the future. Your investment in these options could lose money. Information about an option's principal risks is available by going to https://www.symetra.com/IndividualsFamilies/Products/Annuities/ and selecting Group Variable Annuity from the first drop-down box and Performance and Portfolios from the second drop-down box. To provide investment instructions, please contact us at 1-800-796-3872. You can transfer money among the investment options 12 times per certificate year free of a transfer charge. The transfer charge is currently waived. The minimum amount you can transfer out of an investment option is $500, or the entire value of the investment option if less. In addition, transfers out of the Fixed Account are limited to 10% of the Fixed Account value per certificate year.

You have the right to exercise voting, tender and similar rights related to the variable investments offered under your retirement plan. You will receive information regarding such rights and how to exercise them at the time of a vote, tender or other event.

Table 2

Table 2 focuses on the performance of investment options that have a fixed or stated rate of return. Table 2 shows the annual rate of return of each such option, the term or length of time that you will earn this rate of return, and other information relevant to performance.

Part 2: Fee and Expense Information

Table 3

Table 3 shows fee and expense information for the investment options listed in Table 1 and Table 2. Table 3 shows the Total Annual Operating Expenses of the options in Table 1. Total Annual Operating Expenses are expenses that reduce the rate of return of the investment option. Table 3 also shows Shareholder-type Fees. These fees are in addition to Total Annual Operating Expenses.

The cumulative effect of fees and expenses can substantially reduce the growth of your retirement savings. Visit the Department of Labor's Web site for an example showing the long-term effect of fees and expenses at http://www.dol.gov/ebsa/publications/401k employee.html. Fees and expenses are only one of many factors to consider when you decide to invest in an option. You may also want to think about whether an investment in a particular option, along with your other investments, will help you achieve your financial goals.

Part 3: Annuity Information

Table 4

Table 4 focuses on the annuity options under your plan. Annuities are insurance contracts that allow you to receive a guaranteed stream of payments at some future date, usually when you retire. The annuity in your plan is a deferred annuity meaning that you accumulate an account balance that can later be converted (at your choice) into an income stream. Annuities are issued by insurance companies. Guarantees of an insurance company are subject to its long-term financial strength and claims-paying ability.

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Group Variable Annuity Investment Options

Table 1: Variable Return Investments

Investment Option	Type of Option	Morningstar Style Box EQ	Morningstar Style Box FI	Average Annual Total Return % as of 06-30-16 1-Yr	3-Yr	5-Yr	10-Yr	Since Inception	Morningstar Rating	Morningstar Risk	Morningstar Return
Allocation--30% to 50% Equity											
Franklin Income VIP 2	VA			-0.72	3.94	5.08	5.31	6.78	★★★	High	+Avg
Benchmark: S&P 500 TR				3.99	11.66	12.10	7.42	4.87			
Category: Allocation--30% to 50% Equity				0.94	4.28	4.68	4.57	3.95			
Allocation--50% to 70% Equity											
Fidelity VIP Asset Manager Init	VA			-3.09	5.81	5.22	5.74	7.30	★★★	+Avg	Avg
Benchmark: S&P 500 TR				3.99	11.66	12.10	7.42	9.24			
Category: Allocation--50% to 70% Equity				-0.13	5.86	6.14	5.24	6.83			
American Century VP Balanced I	VA			0.56	6.58	7.67	5.93	6.93	★★★★	-Avg	+Avg
Benchmark: S&P 500 TR				3.99	11.66	12.10	7.42	9.26			
Category: Allocation--50% to 70% Equity				-0.13	5.86	6.14	5.24	6.85			
Allocation--85%+ Equity											
Franklin Mutual Shares VIP 2	VA		—	-2.80	6.58	7.82	4.64	6.58	★★★★	Low	Avg
Benchmark: S&P 500 TR				3.99	11.66	12.10	7.42	4.87			
Category: Allocation--85%+ Equity				-3.22	6.67	6.87	4.66	5.12			
Commodities Broad Basket											
PIMCO VIT CommodityRealReturn® Strat Adm	VA	—	—	-13.08	-10.79	-10.50	-3.58	-1.09	★★★	+Avg	Avg
Benchmark: Bloomberg Commodity TR USD				-13.32	-10.55	-10.82	-5.59	-2.69			
Category: Commodities Broad Basket				-12.01	-10.72	-10.95	-7.15	—			
Diversified Emerging Mkts											
VY® JPMorgan Emerging Markets Equity I	VA		—	-6.26	-0.94	-2.79	4.42	5.20	★★★★	Avg	+Avg
Benchmark: MSCI EM NR USD				-12.06	-1.56	-3.78	3.54	4.43			
Category: Diversified Emerging Mkts				-9.89	-1.30	-3.19	3.21	3.96			
Templeton Developing Markets VIP 2	VA		—	-9.12	-4.37	-5.34	1.41	2.14	★★	Avg	-Avg
Benchmark: MSCI EM NR USD				-12.06	-1.56	-3.78	3.54	—			
Category: Diversified Emerging Mkts				-9.89	-1.30	-3.19	3.21	5.14			
Pioneer Emerging Markets VCT II	VA		—	-16.78	-4.79	-8.27	-0.63	3.14	★	+Avg	Low
Benchmark: MSCI EM NR USD				-12.06	-1.56	-3.78	3.54	6.36			
Category: Diversified Emerging Mkts				-9.89	-1.30	-3.19	3.21	5.80			
Foreign Large Blend											
Deutsche CROCI International VIP-A	VA		—	-18.03	-3.50	-1.92	-1.50	4.48	★	+Avg	Low
Benchmark: MSCI EAFE NR USD				-10.16	2.06	1.68	1.58	4.42			
Category: Foreign Large Blend				-9.94	1.68	1.10	1.51	3.61			
Foreign Large Growth											
Invesco VI International Growth I	VA		—	-6.13	4.47	3.20	4.37	6.93	★★★★★	-Avg	High
Benchmark: MSCI EAFE NR USD				-10.16	2.06	1.68	1.58	4.77			
Category: Foreign Large Growth				-7.50	3.19	2.54	2.92	5.26			
American Century VP International I	VA		—	-10.33	1.80	2.00	3.01	5.24	★★★	Avg	Avg
Benchmark: MSCI EAFE NR USD				-10.16	2.06	1.68	1.58	4.27			
Category: Foreign Large Growth				-7.50	3.19	2.54	2.92	4.54			
Invesco VI International Growth II	VA		—	-6.37	4.21	2.94	4.11	7.04	★★★★	-Avg	+Avg
Benchmark: MSCI EAFE NR USD				-10.16	2.06	1.68	1.58	5.56			
Category: Foreign Large Growth				-7.50	3.19	2.54	2.92	5.62			
Global Real Estate											
Invesco VI Global Real Estate I	VA		—	7.26	7.03	7.01	4.14	8.24	★★★★	Avg	Avg
Benchmark: MSCI World NR USD				-2.78	6.95	6.63	4.43	4.28			
Category: Global Real Estate				6.62	6.39	6.32	3.09	7.44			

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Group Variable Annuity Investment Options

Table 1: Variable Return Investments

Investment Option	Type of Option	Morningstar Style Box EQ	Morningstar Style Box FI	Average Annual Total Return % as of 06-30-16 1-Yr	3-Yr	5-Yr	10-Yr	Since Inception	Morningstar Rating	Morningstar Risk	Morningstar Return
Health											
Invesco VI Global Health Care I	VA		—	-16.20	9.87	11.49	8.54	8.46	★	Avg	Low
Benchmark: MSCI World GR USD				-2.19	7.54	7.23	5.02	5.95			
Category: Health				-15.14	15.00	15.57	11.23	10.98			
High Yield Bond											
Federated High Income Bond II Primary	VA	—		2.30	4.37	5.95	7.24	6.70	★★★★	Avg	High
Benchmark: Barclays US HY 2% Issuer Cap TR USD				1.65	4.20	5.84	7.61	7.20			
Category: High Yield Bond				-0.46	2.92	4.58	5.98	5.75			
Pioneer High Yield VCT II	VA			-2.58	2.56	3.95	5.76	5.39	★★	High	Avg
Benchmark: BofAML US HY Master II TR USD				1.71	4.18	5.71	7.44	7.56			
Category: High Yield Bond				-0.46	2.92	4.58	5.98	5.98			
Inflation-Protected Bond											
American Century VP Inflation Prot II	VA	—		3.74	1.63	2.17	4.08	3.92	★★★	-Avg	Avg
Benchmark: Barclays US Treasury US TIPS TR USD				4.35	2.31	2.63	4.75	4.82			
Category: Inflation-Protected Bond				2.63	1.20	1.54	3.71	3.78			
Intermediate Government											
Franklin US Government Securities VIP 2	VA	—		2.72	2.13	1.77	3.84	4.15	★★	-Avg	-Avg
Benchmark: Barclays US Govt Interm TR USD				3.93	2.41	2.31	4.07	4.32			
Category: Intermediate Government				3.66	2.78	2.50	4.24	4.09			
Intermediate-Term Bond											
Pioneer Bond VCT I	VA	—		4.22	4.10	4.50	6.29	6.32	★★★★★	-Avg	High
Benchmark: Barclays US Agg Bond TR USD				6.00	4.06	3.76	5.13	6.68			
Category: Intermediate-Term Bond				4.63	3.59	3.64	4.79	5.96			
Dreyfus VIF Quality Bond Init	VA	—		3.61	2.97	3.41	4.67	6.09	★★★	Avg	Avg
Benchmark: Barclays US Agg Bond TR USD				6.00	4.06	3.76	5.13	6.40			
Category: Intermediate-Term Bond				4.63	3.59	3.64	4.79	5.75			
Large Blend											
Dreyfus Socially Responsible Gr Init	VA		—	-1.88	8.78	9.64	7.31	7.55	★★★	Avg	Avg
Benchmark: S&P 500 TR				3.99	11.66	12.10	7.42	9.03			
Category: Large Blend				-0.02	9.43	10.10	6.41	7.47			
Dreyfus VIF Appreciation Initial	VA		—	1.64	7.46	8.22	6.83	8.58	★★★	-Avg	Avg
Benchmark: S&P 500 TR				3.99	11.66	12.10	7.42	9.07			
Category: Large Blend				-0.02	9.43	10.10	6.41	7.57			
Pioneer VCT I	VA		—	2.31	10.24	8.99	6.00	6.25	★★★	Avg	Avg
Benchmark: S&P 500 TR				3.99	11.66	12.10	7.42	6.52			
Category: Large Blend				-0.02	9.43	10.10	6.41	5.26			
JPMorgan Insurance Tr US Equity 1	VA		—	-0.95	10.99	11.66	8.47	7.35	★★★★★	+Avg	High
Benchmark: S&P 500 TR				3.99	11.66	12.10	7.42	9.01			
Category: Large Blend				-0.02	9.43	10.10	6.41	7.55			
Fidelity VIP Growth & Income Init	VA		—	-2.51	8.15	11.02	6.48	6.77	★★★	+Avg	Avg
Benchmark: S&P 500 TR				3.99	11.66	12.10	7.42	7.47			
Category: Large Blend				-0.02	9.43	10.10	6.41	6.12			
Dreyfus Stock Index Svc	VA		—	3.47	11.09	11.54	6.91	4.58	★★★★	-Avg	+Avg
Benchmark: S&P 500 TR				3.99	11.66	12.10	7.42	5.29			
Category: Large Blend				-0.02	9.43	10.10	6.41	4.13			
Large Growth											
Fidelity VIP Growth Init	VA		—	-1.51	12.17	10.76	7.54	9.54	★★★	+Avg	Avg
Benchmark: Russell 3000 Growth TR USD				1.88	12.65	12.04	8.65	9.53			
Category: Large Growth				-2.33	10.58	9.98	7.20	8.62			

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Group Variable Annuity Investment Options

Table 1: Variable Return Investments

Investment Option	Type of Option	Morningstar Style Box EQ	Morningstar Style Box FI	Average Annual Total Return % as of 06-30-16 1-Yr	3-Yr	5-Yr	10-Yr	Since Inception	Morningstar Rating	Morningstar Risk	Morningstar Return
Invesco VI American Franchise I	VA		—	-1.50	12.04	9.06	7.24	8.60	★★	High	Avg
Benchmark: S&P 500 TR				3.99	11.66	12.10	7.42	8.65			
Category: Large Growth				-2.33	10.58	9.98	7.20	7.17			
Fidelity VIP Growth Opportunities Init	VA		—	-4.52	10.56	11.40	7.63	7.18	★★★	High	Avg
Benchmark: Russell 1000 Growth TR USD				3.02	13.07	12.35	8.78	8.76			
Category: Large Growth				-2.33	10.58	9.98	7.20	7.91			
American Century VP Ultra® I	VA		—	-1.33	12.67	11.07	7.50	4.73	★★★★	Avg	+Avg
Benchmark: Russell 1000 Growth TR USD				3.02	13.07	12.35	8.78	5.04			
Category: Large Growth				-2.33	10.58	9.98	7.20	3.77			
Fidelity VIP Contrafund Init	VA		—	-1.86	10.13	9.96	6.92	10.70	★★★	Avg	Avg
Benchmark: S&P 500 TR				3.99	11.66	12.10	7.42	9.40			
Category: Large Growth				-2.33	10.58	9.98	7.20	7.91			
Invesco VI American Franchise II	VA		—	-1.76	11.75	8.78	6.97	0.09	★★	High	Avg
Benchmark: S&P 500 TR				3.99	11.66	12.10	7.42	4.42			
Category: Large Growth				-2.33	10.58	9.98	7.20	1.84			
American Century VP Ultra® II	VA		—	-1.50	12.48	10.88	7.33	5.56	★★★★	Avg	+Avg
Benchmark: Russell 1000 Growth TR USD				3.02	13.07	12.35	8.78	7.19			
Category: Large Growth				-2.33	10.58	9.98	7.20	5.72			
Franklin Flex Cap Growth VIP 2	VA		—	-7.70	9.09	7.30	6.05	5.87	★★	+Avg	-Avg
Benchmark: Russell 3000 Growth TR USD				1.88	12.65	12.04	8.65	8.20			
Category: Large Growth				-2.33	10.58	9.98	7.20	6.53			
Large Value											
Fidelity VIP Equity-Income Init	VA		—	0.19	7.17	9.44	5.25	8.94	★★★	Avg	Avg
Benchmark: Russell 3000 Value TR USD				2.42	9.58	11.09	6.05	10.26			
Category: Large Value				-0.09	7.97	9.37	5.52	8.73			
American Century VP Value I	VA		—	4.60	9.84	11.48	6.89	8.65	★★★★	-Avg	+Avg
Benchmark: Russell 3000 Value TR USD				2.42	9.58	11.09	6.05	8.48			
Category: Large Value				-0.09	7.97	9.37	5.52	6.84			
Pioneer Equity Income VCT II	VA		—	9.32	11.54	11.10	6.98	6.32	★★★★	-Avg	+Avg
Benchmark: Russell 1000 Value TR USD				2.86	9.87	11.35	6.13	6.13			
Category: Large Value				-0.09	7.97	9.37	5.52	4.96			
American Century VP Large Company Val II	VA		—	-1.41	8.29	10.53	4.99	5.86	★★★	Avg	Avg
Benchmark: Russell 1000 Value TR USD				2.86	9.87	11.35	6.13	7.18			
Category: Large Value				-0.09	7.97	9.37	5.52	6.09			
Mid-Cap Blend											
Dreyfus IP MidCap Stock Init	VA		—	-0.65	10.47	11.16	7.06	6.91	★★★★	Avg	+Avg
Benchmark: S&P MidCap 400 TR				1.33	10.53	10.55	8.55	9.32			
Category: Mid-Cap Blend				-4.33	7.55	8.26	6.39	6.89			
JPMorgan Insurance Tr Mid Cap Value 1	VA		—	2.34	11.10	12.72	8.66	11.03	★★★★★	-Avg	High
Benchmark: Russell Mid Cap Value TR USD				3.25	11.00	11.70	7.79	10.59			
Category: Mid-Cap Blend				-4.33	7.55	8.26	6.39	8.20			
Mid-Cap Growth											
Invesco VI Mid Cap Growth I	VA		—	-8.49	9.11	6.80	—	10.43	★★★	+Avg	Avg
Benchmark: Russell Mid Cap Growth TR USD				-2.14	10.52	9.98	8.12	13.94			
Category: Mid-Cap Growth				-6.43	8.21	7.93	6.79	11.53			
Pioneer Select Mid Cap Growth VCT I	VA		—	-2.93	10.66	8.51	6.66	10.69	★★★	Avg	Avg
Benchmark: Russell 2000 Growth TR USD				-10.75	7.74	8.51	7.14	6.95			
Category: Mid-Cap Growth				-6.43	8.21	7.93	6.79	8.65			
Invesco VI Mid Cap Growth II	VA		—	-8.74	8.82	6.54	6.45	0.34	★★★	+Avg	Avg
Benchmark: Russell Mid Cap Growth TR USD				-2.14	10.52	9.98	8.12	3.85			
Category: Mid-Cap Growth				-6.43	8.21	7.93	6.79	2.64			

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Group Variable Annuity Investment Options

Table 1: Variable Return Investments

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Franklin Small Mid Cap Growth VIP 2	VA		—	-9.86	7.78	7.05	6.54	6.51	★★★	Avg	Avg
Benchmark: Russell Mid Cap Growth TR USD				-2.14	10.52	9.98	8.12	6.71			
Category: Mid-Cap Growth				-6.43	8.21	7.93	6.79	5.77			
Fidelity VIP Mid Cap Service 2	VA		—	-5.42	8.58	7.72	6.79	10.24	★★★	-Avg	Avg
Benchmark: S&P MidCap 400 TR				1.33	10.53	10.55	8.55	9.29			
Category: Mid-Cap Growth				-6.43	8.21	7.93	6.79	3.66			
Mid-Cap Value											
Pioneer Mid Cap Value VCT I	VA		—	-0.69	9.78	8.33	6.22	9.41	★★★	Avg	Avg
Benchmark: Russell Mid Cap Value TR USD				3.25	11.00	11.70	7.79	11.49			
Category: Mid-Cap Value				-2.16	7.85	8.77	6.52	10.09			
Money Market - Taxable											
Fidelity VIP Government Money Mkt Svc 2	VA	—	—	0.01	0.01	0.01	1.06	1.74	—	—	—
Benchmark: BofAML US Treasury Bill 3 Mon				0.19	0.09	0.09	1.04	1.83			
Category: Money Market-Taxable				0.05	0.02	0.02	0.88	1.55			
Multisector Bond											
Pioneer Strategic Income VCT II	VA	—	—	2.97	3.05	3.50	5.69	6.09	★★★	-Avg	Avg
Benchmark: Barclays US Universal TR USD				5.82	4.20	4.01	5.30	4.77			
Category: Multisector Bond				2.16	3.35	4.00	5.64	5.17			
Small Value											
Franklin Small Cap Value VIP 2	VA		—	1.52	7.94	9.48	6.28	9.17	★★★★	+Avg	+Avg
Benchmark: Russell 2500 Value TR USD				0.22	8.14	9.59	6.52	9.11			
Category: Small Value				-4.30	5.92	7.67	5.69	8.67			
Tactical Allocation											
Deutsche Global Income Builder VIP-A	VA		—	-0.84	5.53	5.77	4.52	8.42	★★★★	Avg	+Avg
Benchmark: Russell 1000 TR USD				2.93	11.48	11.88	7.51	11.65			
Category: Tactical Allocation				-2.24	2.51	2.69	3.59	9.06			
Federated Managed Volatility II	VA			-6.34	3.19	6.03	6.45	5.34	★★★★	+Avg	High
Benchmark: S&P 500 TR				3.99	11.66	12.10	7.42	9.03			
Category: Tactical Allocation				-2.24	2.51	2.69	3.59	5.51			
PIMCO VIT All Asset Adv	VA		—	-0.53	1.04	2.21	4.42	5.08	★★★	Avg	Avg
Benchmark: Barclays US Trsy Infl Note 1-10Y TR USD				3.33	1.63	1.55	4.02	3.95			
Category: Tactical Allocation				-2.24	2.51	2.69	3.59	3.70			
Technology											
Dreyfus IP Technology Growth Init	VA		—	0.31	12.26	8.60	8.93	3.03	★★★	+Avg	Avg
Benchmark: S&P 500 TR				3.99	11.66	12.10	7.42	4.78			
Category: Technology				-1.11	12.79	9.39	8.39	2.91			
World Bond											
Templeton Global Bond VIP 2	VA	—		-5.81	-0.40	1.03	6.61	7.04	★★★	+Avg	+Avg
Benchmark: JPM GBI Global Traded TR USD				11.52	3.20	1.60	4.57	4.54			
Category: World Bond				4.77	2.08	1.91	4.46	4.37			
World Stock											
Voya Global Equity Port S	VA		—	-6.78	5.44	3.41	—	1.07	★★	-Avg	-Avg
Benchmark: S&P North American Natural Resources TR				-5.56	-2.24	-3.13	1.98	-0.28			
Category: World Stock				-4.17	5.63	5.33	4.33	3.36			
Templeton Growth VIP 2	VA		—	-10.52	1.81	3.59	2.10	4.27	★★	+Avg	-Avg
Benchmark: MSCI World NR USD				-2.78	6.95	6.63	4.43	3.98			
Category: World Stock				-4.17	5.63	5.33	4.33	4.58			

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Group Variable Annuity Investment Options

Table 2: Fixed Return Investments

Investment Option	Type of Option	Return+	Term	Other
Fixed Account	Fixed	Current Initial Deposit Rate: 1.75%* Guaranteed 1.75%	Not less than 6 months, nor more than 12 months.	For current interest rates, please call 1-800-796-3872 or go to https://www.symetra.com/IndividualsFamilies/Products/RetirementPlans. Representatives are available Monday through Friday from 6:00 AM to 4:30 PM Pacific Time. In addition, you may reference your most recent quarterly participant statement for the guaranteed minimum interest rate (GMIR) and the specific interest rate credited to your account.
		Current Subsequent Deposit Rate: 1.75 %* Guaranteed 1.75%	6 months	

Symetra Life reserves the right to adjust the interest rate prospectively once the Term stated above is over. Adjusted rates will apply for at least 6 months, when the rate can be adjusted again.
+Rates as of 5/17/2016
*If your Contract's Guaranteed Minimum Interest Rate (GMIR) is higher than the New Money Rate shown in this table, your New Money Rate will be equal to your Contract's GMIR.

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Group Variable Annuity Investment Options

Table 3: Fees and Expenses

Investment Option	Type of Option	Total Annual Operating Expense (%)	Total Annual Operating Expense Per $1000	Shareholder-type Fees
Allocation--30% to 50% Equity				
Franklin Income VIP 2	VA	0.71	7.10	Please see notes below.
Allocation--50% to 70% Equity				
Fidelity VIP Asset Manager Init	VA	0.63	6.30	Please see notes below.
American Century VP Balanced I	VA	0.91	9.10	Please see notes below.
Allocation--85%+ Equity				
Franklin Mutual Shares VIP 2	VA	0.98	9.80	Please see notes below.
Commodities Broad Basket				
PIMCO VIT CommodityRealReturn® Strat Adm	VA	1.17	11.70	Please see notes below.
Diversified Emerging Mkts				
VY® JPMorgan Emerging Markets Equity I	VA	1.26	12.60	Please see notes below.
Templeton Developing Markets VIP 2	VA	1.59	15.90	Please see notes below.
Pioneer Emerging Markets VCT II	VA	2.01	20.10	Please see notes below.
Foreign Large Blend				
Deutsche CROCI International VIP-A	VA	1.05	10.50	Please see notes below.
Foreign Large Growth				
Invesco VI International Growth I	VA	1.02	10.20	Please see notes below.
American Century VP International I	VA	1.33	13.30	Please see notes below.
Invesco VI International Growth II	VA	1.27	12.70	Please see notes below.
Global Real Estate				
Invesco VI Global Real Estate I	VA	1.11	11.10	Please see notes below.
Health				
Invesco VI Global Health Care I	VA	1.08	10.80	Please see notes below.
High Yield Bond				
Federated High Income Bond II Primary	VA	0.77	7.70	Please see notes below.
Pioneer High Yield VCT II	VA	1.18	11.80	Please see notes below.
Inflation-Protected Bond				
American Century VP Inflation Prot II	VA	0.72	7.20	Please see notes below.
Intermediate Government				
Franklin US Government Securities VIP 2	VA	0.75	7.50	Please see notes below.
Intermediate-Term Bond				
Pioneer Bond VCT I	VA	0.81	8.10	Please see notes below.
Dreyfus VIF Quality Bond Init	VA	0.92	9.20	Please see notes below.
Large Blend				
Dreyfus Socially Responsible Gr Init	VA	0.86	8.60	Please see notes below.
Dreyfus VIF Appreciation Initial	VA	0.80	8.00	Please see notes below.
Pioneer VCT I	VA	0.75	7.50	Please see notes below.
JPMorgan Insurance Tr US Equity 1	VA	0.76	7.60	Please see notes below.
Fidelity VIP Growth & Income Init	VA	0.59	5.90	Please see notes below.
Dreyfus Stock Index Svc	VA	0.52	5.20	Please see notes below.

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Investment Option	Type of Option	Total Annual Operating Expense (%)	Total Annual Operating Expense Per $1000	Shareholder-type Fees
Large Growth				
Fidelity VIP Growth Init	VA	0.64	6.40	Please see notes below.
Invesco VI American Franchise I	VA	0.96	9.60	Please see notes below.
Fidelity VIP Growth Opportunities Init	VA	0.67	6.70	Please see notes below.
American Century VP Ultra® I	VA	1.01	10.10	Please see notes below.
Fidelity VIP Contrafund Init	VA	0.63	6.30	Please see notes below.
Invesco VI American Franchise II	VA	1.21	12.10	Please see notes below.
American Century VP Ultra® II	VA	1.16	11.60	Please see notes below.
Franklin Flex Cap Growth VIP 2	VA	1.33	13.30	Please see notes below.
Large Value				
Fidelity VIP Equity-Income Init	VA	0.62	6.20	Please see notes below.
American Century VP Value I	VA	0.97	9.70	Please see notes below.
Pioneer Equity Income VCT II	VA	0.97	9.70	Please see notes below.
American Century VP Large Company Val II	VA	1.06	10.60	Please see notes below.
Mid-Cap Blend				
Dreyfus IP MidCap Stock Init	VA	0.85	8.50	Please see notes below.
JPMorgan Insurance Tr Mid Cap Value 1	VA	0.78	7.80	Please see notes below.
Mid-Cap Growth				
Invesco VI Mid Cap Growth I	VA	1.07	10.70	Please see notes below.
Pioneer Select Mid Cap Growth VCT I	VA	0.86	8.60	Please see notes below.
Invesco VI Mid Cap Growth II	VA	1.32	13.20	Please see notes below.
Franklin Small Mid Cap Growth VIP 2	VA	1.06	10.60	Please see notes below.
Fidelity VIP Mid Cap Service 2	VA	0.88	8.80	Please see notes below.
Mid-Cap Value				
Pioneer Mid Cap Value VCT I	VA	0.71	7.10	Please see notes below.
Money Market - Taxable				
Fidelity VIP Government Money Mkt Svc 2	VA	0.50	5.00	Please see notes below.
Multisector Bond				
Pioneer Strategic Income VCT II	VA	1.45	14.50	Please see notes below.
Small Value				
Franklin Small Cap Value VIP 2	VA	0.91	9.10	Please see notes below.
Tactical Allocation				
Deutsche Global Income Builder VIP-A	VA	0.63	6.30	Please see notes below.
Federated Managed Volatility II	VA	1.11	11.10	Please see notes below.
PIMCO VIT All Asset Adv	VA	1.51	15.05	Please see notes below.
Technology				
Dreyfus IP Technology Growth Init	VA	0.83	8.30	Please see notes below.
World Bond				
Templeton Global Bond VIP 2	VA	0.77	7.70	Please see notes below.
World Stock				
Voya Global Equity Port S	VA	0.86	8.60	Please see notes below.

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Table 3: Fees and Expenses

Investment Option	Type of Option	Total Annual Operating Expense (%)	Total Annual Operating Expense Per $1000	Shareholder-type Fees
Templeton Growth VIP 2	VA	1.05	10.50	Please see notes below.

These charges are based on each Participant's balance invested in the product, and paid directly by each Participant.

Annual Administrative Maintenance Fee: $30 each calendar year not to exceed $35 (currently waived).

Withdrawal Charge: $25 for each withdrawal after the first in a certificate year (currently waived).

Transfer Charge: $10 for any transfer after the first 12 transfers in a calendar year (currently waived).

Asset Charge: The charge is 1.40% of the daily net asset value of the accumulation unit for each "Portfolio" under the contract on an annual basis. The charge may be reimbursed in part to participant accounts. Contact your sales agent or us for details. (This charge does not apply to investments in the Fixed account.) In some contracts, the Asset Charge is comprised of a Mortality and Expense Risk charge equal on an annual basis to 1.25% of the daily net asset value of the sub-account and the Asset Related Administration Charge equal on an annual basis to .15% of the average daily net asset value of the Separate Account. Check your Contract for details.

Market Value Adjustment (MVA): equal to net investment loss. The adjustment applies to Transfers and Withdrawals in excess of 10% of the Contract holder's and participant's Fixed Account value per Certificate Year, when the current interest rate (credited to new Purchase Payments) is more than the interest rate being credited to the funds transferred or withdrawn. There is no market value adjustment for participant-initiated events such as termination of employment, in-service distributions, loans, financial hardship, disability or death. For a complete list of participant-initiated events, please see your contract. (The MVA applies only to investments in the Symetra Fixed Account.)

Contingent Deferred Sales Charge (CDSC): The charge is a declining percentage over a specified period of years of the amount withdrawn from the participant's accumulation account or Contract holder's accumulation account. This charge may vary or may not be applicable to your Contract. See your Contract for details. Notwithstanding whether your Contract was sold with a CDSC schedule, your Plan and participants have no further CDSC charges for withdrawals because your Contract's anniversary is past the last Contract year in which Symetra Life would charge a CDSC under the terms of your Contract.

Please reference your quarterly participant statement for an explanation of fees specifically charged to your account.

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Group Variable Annuity Investment Options

Table 4: Annuity Options

Investment Option	Objectives/ Goals	Pricing Factors	Restrictions/ Fees
Group Variable Annuity https://www.symetra.com/IndividualsFamilies/Products/RetirementPlans	To provide a guaranteed stream of income for a period of time based on your participant account value. This option is available through a variable annuity contract your employer has with Symetra Life Insurance Company. You do not need to exercise this option and can receive a distribution equal to your participant account value.	You have the right to elect annuity payments in the form of a life annuity, life annuity with monthly payments guaranteed, and joint and survivor life annuity. You can choose to have fixed or variable payments, or both. The payment amount will be based on many factors including the guarantees, if any, under the annuity option you choose, the frequency of annuity payments, the investment performance, if you choose variable annuity payments, and the annuitant's age at the time you elect to annuitize your contract. There is no additional cost to begin receiving annuity payments under the contract. Table 3 lists the Total Annual Operating expenses of the investment options as well as the charges paid directly by each participant. In addition, there is no additional cost for the death benefit available under the contract your employer has with us and payable to your named beneficiary. This benefit is generally the return of all deposits less subsequent withdrawals. Your death benefit does not continue after you have elected an annuity payment option.	If the amount applied to an annuity option is less than $5000 we may pay you in a lump sum cash distribution where permitted by state law. If annuity payments are less than $250, we may decrease the frequency so that each payment is at least $250. Once you begin receiving annuity payments, the option you chose cannot be stopped or changed. The Annual Administration Maintenance Charge continues to be deducted annually once you begin receiving annuity payments (currently waived). Employees should consult with their Plan Sponsor prior to electing an annuity option.

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Form 5500 annual return/Report of Employee Benefit Plan

Schedule H Line 4i – Schedule of Assets (Held at End of Year)

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.