## **Form 5500-SF**

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I		Identification Information	l .					
For calend	lar plan year 2018 or fi	scal plan year beginning 01/01/2	2018	and ending 1	2/31/2018			
A This re	turn/report is for:	a single-employer plan		olan (not multiemployer) ( employer information in ac				
		a one-participant plan	a foreign plan					
<b>B</b> This ret	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m		
		special extension (enter desc	. ,					
Part II	Basic Plan Info	rmation—enter all requested in	formation					
1a Name CHAMPION	of plan CHEVROLET 401K P	LAN			1b Three-digi plan numb (PN) ▶			
					1c Effective of			
2a Plan s	ponsor's name (emplo	yer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number		
		m, apt., suite no. and street, or P.G e, country, and ZIP or foreign pos		etructions)	(EIN)	20-1331751		
-	CHEVROLET PONTIA		ar oode (ii foreign, see inc	siruotions)		telephone number 02-565-4571		
					2d Business	code (see instructions)		
502 S 1ST S LAGRANGE						441110		
	,							
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spo	nsor.		<b>3b</b> Administra	itor's EIN		
					<b>3c</b> Administra	tor's telephone number		
						·		
4 If the	name and/or FIN of the	e plan sponsor or the plan name h	as changed since the last	return/report filed for	<b>4b</b> EIN			
this p	lan, enter the plan spo	nsor's name, EIN, the plan name						
a Spons C Plan N	sor's name				4d PN			
C Flair	varrie							
<b>5a</b> Total	number of participants	at the beginning of the plan year.			. <b>5a</b> 3			
		at the end of the plan year			. 5b	40		
		account balances as of the end of		•	. 5c	19		
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	35		
		rticipants at the end of the plan ye			5d(2)	38		
		terminated employment during th			5e	0		
		or incomplete filing of this retur						
SB or Scho		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.						
SIGN Filed with authorized/valid electronic signature. 06/17/2019 THERESA D. TORRES								
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as pla	an administrator		
SIGN								
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual signing as en	nplover or plan sponsor		

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6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	QPA)		X Yes [	No No
	If you answered "No" to either line 6a or line 6b, the plan cann							<u> </u>	_ '\0
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not detern	nined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r	_	<u> </u>	(See instruct	ions.)
Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	l of Year	
а	Total plan assets	7a		37050			1	565353	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	5	37050				565353	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		61628					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-	30446	_				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						31182	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2879					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2879	
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i						28303	
	Transfers to (from) the plan (see instructions)	8j							
	rt IV   Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the insti	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X			
	Was the plan covered by a fidelity bond?			10c	Х			500000	0
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X		00000	<u></u>
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)							3208	8
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					

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1 3.111 3333 3.1 (23.13)	i ago 🗸 📑

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es No			
11a								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	Y	es X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month  Day  Year							
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	12b						
С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A			
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	o			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to						
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection** 

Part I	Annual Report	t Identification Information	00.105	100	1.0		and anding		12/31/2018	
For calenda	r plan year 2018 or f	fiscal plan year beginning	01/01	/20	18		and ending lan (not multiemployer) (			
A This retu	ırn/report is for:	x a single-employer plan	list	of pa	rticipa	ing en	nployer information in ac	corda	nce with the for	n instructions.)
		a one-participant plan	a for	eign	plan					
B This retu	rn/report is	the first return/report	the fi	nal r	eturn/i	eport				
		an amended return/report	a sho	ort pl	an yea	r retu	rn/report (less than 12 m	onths)	)	
C Chack h	ox if filing under:	☐ Form 5558	☐ auto	mat	c exte	nsion		□ DF	VC program	
• CHECK I	ox it filling drider.	special extension (enter des		miac	o onto	101011				
D4 II	Desis Dlaw Inf	ormation—enter all requested i								
Part II  1a Name		ormation—enter an requested r	Homadon					1b	Three-digit	
		ET 401K PLAN							plan number (PN) ▶	001
								1c	Effective date	of plan
								01	01/01/200	9-15-15-15-15-15-15-15-15-15-15-15-15-15-
2a Plan s	Plan sponsor's name (employer, if for a single-employer plan)  Mailing address (include room, apt., suite no. and street, or P.O. Box)							26	(EIN) 20-13	tification Number 31751
City or	town, state or provin	nce, country, and ZIP or foreign po-	stal code (I	if for	eign, s	ee ins	tructions)	2c	Sponsor's tele	
Cham	pion Chevrol	et Pontiac Buick Inc							502-565-4	
502	S 1st St							2d	Business code	(see instructions)
Lagr	ange	KY 400	031						441110	
	1970	and address X Same as Plan Sp	onsor.					3b	Administrator's	EIN
						1 1	to a flad for	4h	EIN	
4 If the	name and/or EIN of	the plan sponsor or the plan name ponsor's name, EIN, the plan name	has change e and the p	jed s lan	since ti numbe	ie last r from	the last return/report.	10000		
	or's name							4d	PN	
c Plan	lame									
		nts at the beginning of the plan yea	or.					. :	5a	36
		nts at the end of the plan year							5b	40
c Numb	er of participants wi	th account balances as of the end	of the plan	yea	r (only	define	ed contribution plans	1	5c	19
		participants at the beginning of the							d(1)	35
d(1) To	tal number of active	participants at the beginning of the plan	year	•••••				-	1(2)	38
e Num	tal number of active ber of participants w	ho terminated employment during	the plan ye	ear v	vith ac	crued	benefits that were less		5e	(
41	4000/	te or incomplete filing of this ret								
Under per SB or Sch	alties of perjury and edule MB completed	I other penalties set forth in the insi d and signed by an enrolled actuar	tructions	don	ara the	at I hav	ve examined this fettill)	EDOIL.	including, if app	olicable, a Schedule my knowledge and
	true, correct, and co	Milliote.		6	14	19	THERESA D. TO	ORRE	S	
SIGN	Signature of pla	n administrator		Da	te	/_	Enter name of indiv	idual s	signing as plan a	administrator
	Signature of pla	III administrator		-	1141	19	THERESA D. T	-		
SIGN	2	nlavaralan anangar		Da	1					oyer or plan sponsor
	Signature of em	ployer plan sponsor	5500-SE	Da			Lintor Harris of Mari			Form 5500-SF (2018)

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COILL	3300-01	12010	,

b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot a second to the plan cannot are the plan cannot ar	n independ nd condition of use Forr	tent qualified public acons.) n 5500-SF and must i	nstead	nt (IQF	'A)  Form 55	∑ Yes  No
С	f the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	Surance pro	ogram (see ERISA sec	n year	21):	🔲 1	. (See instructions.)
		,, 200 p.c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Par	t III Financial Information	······································			Т		(b) End of Voor
	Plan Assets and Liabilities		(a) Beginning of	37,0	50		(b) End of Year 565, 353
	Total plan assets	7a		31,0	30		300,000
	Total plan liabilities	7b		37,0	50		565,353
	Net plan assets (subtract line 7b from line 7a)	7c			30		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		-		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		C1 C	20		
	(2) Participants	8a(2)		61,6	28		
	(3) Others (including rollovers)	8a(3)		20 0	0.0		
b	Other income (loss)	8b	-	-30,4	46		31,182
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					31,102
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2,8	379		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f			_		
g	Other expenses	8g			10		0.050
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2,879
i	Net income (loss) (subtract line 8h from line 8c)	8i					28,303
i	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension						
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan	Chara	cteris	ic Code	s in the instructions:
Pa	rt V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х	
-	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х	
	Was the plan covered by a fidelity bond?			10c	Х		500,000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	nd, that was caused	10d		Х	
-	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).				Х		3,208
	f Has the plan failed to provide any benefit when due under the plan?					Х	
	Did the plan have any participant loans? (If "Yes," enter amount	as of year-	end.)	10g		Х	
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require 01-3	d notice or one of the	10i			

	Form 5500-SF (2018)		Page 3-						
Part '	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum (Form 5500) and line 11a below)	funding requirements? (If	'Yes," see instructi	ions ar	nd complete S	Schedule S	B 	Yes	No No
11a	Enter the unpaid minimum required contribution	s for all years from Schedul	e SB (Form 5500)	line 4	0	11a			
12	Is this a defined contribution plan subject to the ERISA?	minimum funding requirem  2d, and 12e below, as appli	ents of section 41:	2 of th	e Code or sec	ction 302 of		Yes	
	If a waiver of the minimum funding standard for granting the waiver.	a prior year is being amorti.	zed in this plan yea		Month	and enter to Day	he date o	of the letter ru Year	uling
lf	you completed line 12a, complete lines 3, 9, a	nd 10 of Schedule MB (Fo	rm 5500), and ski	ip to li	ne 13.	T 401	Г		
b	Enter the minimum required contribution for this	plan year				12b			
	Enter the amount contributed by the employer to	the plan for this plan year				12c			
d	Subtract the amount in line 12c from the amount negative amount)	t in line 12b. Enter the resu	It (enter a minus si	ign to t	he left of a	12d			
e	Will the minimum funding amount reported on li	ne 12d be met by the fundir	ng deadline?				Yes	No [	N/A
Part									
	Has a resolution to terminate the plan been adopte						Yes	X No	
	If "Yes," enter the amount of any plan assets th								
b	and the second s							Yes X	No
С	ii i	were transferred from this	plan to another pla	ın(s), id	dentify the pla	an(s) to		1011	
	13c(1) Name of plan(s):	130(2)						13c(3) F	PN(s)
		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.							