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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		Identification Information						
For c	alendar plan year 2016 or fi	scal plan year beginning 01/01/2	2016 and ending 0	5/31/2016				
A T	his return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)					
a one-participant plan a foreign plan						,		
B Th	nis return/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return/report (less than 12 m	nonths)				
C 0	check box if filing under:	Form 5558	automatic extension	X DFVC	program			
Do	ut II Decis Dien Infe	special extension (enter descr	. ,					
Pai	•	ormation—enter all requested in	formation	41				
	Name of plan	PROFIT SHARING PLAN & TRUS	T		ree-digit In number			
KAIND	SOW AUTOMOTIVE 401(K)	PROFIT SHARING PLAN & TRUS			N) ▶	001		
					ective date of	nlan		
				I C L		/2007		
2a	Plan sponsor's name (emplo	oyer, if for a single-employer plan)		2b Em	ployer Identif	ication Number		
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)			(EIN) 32-0161466					
	OW CHRYSLER, DODGE,		ai code (ii loreign, see instructions)	2c Sponsor's telephone number				
2300 DELAWARE AVE MCCOMB. MS 39649			601-684-7020					
			2d Business code (see instructions)					
			541990					
3a	Plan administrator's name a	nd address X Same as Plan Spor	nsor.	3b Ad	ministrator's E	EIN		
				3c Ad	ministrator's t	elephone number		
4	If the common of the FINL of the		the last action has all Clarks and a section the	41				
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b EII	V			
	a Sponsor's name		4c PN	l				
5a	a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year		5a					
b			5b					
	• •		the plan year (only defined contribution plans	5c				
d(1	1) Total number of active pa	articipants at the beginning of the pl	an year	5d(1)		!		
d(2	2) Total number of active pa	articipants at the end of the plan yea	ar	5d(2)				
e			plan year with accrued benefits that were less	5e				
0	ion. A noneltu for the lete	ar incomplete filing of this return	-/	una in ant				

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

<u>belief, it is t</u>	true, correct, and complete.					
SIGN HERE	Filed with authorized/valid electronic signature.	10/22/2019	MICHAEL B. BEEBE			
	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			
Preparer's name (including firm name, if applicable) and address (include room or suite number)				Preparer's telephone number		

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	Were all of the plan's assets during the plan year invested in eligib		•						X	'es No
	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X	'es No	
	If the plan is a defined benefit plan, is it covered under the PBGC in						-	No	☐ Not d	letermined
Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	l of Year	
а	Total plan assets	7a		135680				<u> ,</u>		0
b	Total plan liabilities	7b								0
С	Net plan assets (subtract line 7b from line 7a)	7c		135680)					0
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b)	Total	
	Contributions received or receivable from:									
	(1) Employers	8a(1)		1.400						
	(2) Participants	8a(2)		1490						
	(3) Others (including rollovers)	8a(3)		-8854						
	Other income (loss)	8b		-0034					7/	264
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-73	364
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		128091						
-	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		225						
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1283	316
	Net income (loss) (subtract line 8h from line 8c)				-135680			680		
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	, ,								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 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 f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he inst	ructions:	
Part	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					300000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		ner person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
h	2520.101-3.)	· ••••••		10h		X				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	er ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		he 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	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- ILI ,		n-based arbor	d [] "Prior y test	ear" ADP
				"Curre	ent year est	<u>"</u>	N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:				entage		verage enefit test	□ N/A	
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determ	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	art I Annual Report	Identification Information							
For	calendar plan year 2016 or fis	scal plan year beginning	01/01/2016	and ending	05/31/201	6			
A	This return/report is for:	a single-employer plan	a list of participating employer information in accordance with the form instructions.)						
B	This return/report is:	the first return/report	the final return/report						
		an amended return/report	Ξ	rn/report (less than 12	months)				
		_		opera (lede allali 12	_				
C	Check box if filing under:	Form 5558 special extension (enter descri	automatic extension		x DFVC pr	ogram			
		ormation enter all requested i	nformation		4h Three digit				
ıa	Name of plan				1b Three-digit plan number	er			
	Rainbow Automotive	401(k) Profit Sharing B	Plan & Trust		(PN) ▶	001			
_					1c Effective da 01/01/20				
2a	Mailing Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		ructions)		dentification Number -0161466			
		Dodge, Jeep of McComb, I	, •	,	2c Sponsor's t (601) 6	elephone number 84-7020			
	2300 Delaware Ave 2d Business code (see instruction 541990								
	US McComb MS 39649	let a			01				
3a	3a Plan administrator's name and address X Same as Plan Sponsor					3b Administrator's EIN			
	3c Administrator's telephone number								
4		e plan sponsor has changed since to mber from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN				
a	Sponsor's name				4c PN				
5a	Total number of participants	at the beginning of the plan year .		•••••	. 5a	9			
b	Total number of participants	at the end of the plan year	••••••	••••••	. 5b	0			
С	· · · · · · · · · · · · · · · · · · ·	account balances as of the end of the		·	5c	0			
d(1) Total number of active par	ticipants at the beginning of the plan	n year		. 5d(1)	9			
d(2) Total number of active par	ticipants at the end of the plan year			. 5d(2)	0			
е		terminated employment during the p			. 5e				
Ca	ution: A penalty for the late	or incomplete filing of this return	n/report will be assessed	uniess reasonable ca	ause is established	l.			
Under penalties of perjury and other penalties set forth In the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.									
S	IGN Nomen	Swe	10/22/19	Michael B. Beel	be				
6.6734	ERE Signature of plan adm	inistrator	Date	Enter name of individu	ual signing as plan a	dministrator			
SI	SIGN								
	ERE Signature of employe	r/plan sponsor	Date	Enter name of individu	ual signing as emplo	yer or plan sponsor			
	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								

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (Se	e instructions.)					X Yes No
	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							XYes No
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Form	5500-SF and must ins	tead (use F	orm 5	500.	
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	ram (see ERISA section	n 402	1)?		Yes	No ☐ Not determined
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r	Ī	(t) End of Year
a	Total plan assets	. 7a		35,6				0
b	Total plan liabilities	. 7b						0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	13	35,6	80			0
8	Income, Expenses, and Transfers for this Plan Year	Gr. Aglina	(a) Amount					(b) Total
а	Contributions received or receivable from:	2.40				100		
	(1) Employers	. 8a(1)		1 4		100		
_	(2) Participants	. 8a(2)		1,4	90	1 300		
<u> </u>	(3) Others (including rollovers)				4.	200		
	Other income (loss)	i	(8)	8,85	4)	197.0		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Terminal Control	21100	El attori	ration and	(7,364)
u	to provide benefits)	. 8d	12	28,0	91	- FOR		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e				-	THE REAL	
f	Administrative service providers (salaries, fees, commissions)	. 8f		2	25	112		
g	Other expenses	. 8g				183		Name of the Name
-	Total expenses (add lines 8d, 8e, 8f, and 8g)			17-4	11 15			128,316
i	Net income (loss) (subtract line 8h from line 8c)	. 8i	AT THE PARTY	mic a	DESCRIPTION OF THE PERSON OF T			(135,680)
i	Transfers to (from) the plan (see instructions)	. 8j				77.00		
Pa	rt IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension fe	eature codes	from the List of Plan Ch	naract	eristic	Code	es in the ir	nstructions:
	2E 2G 2J 2T 3D							
ь	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes fr	om the List of Plan Cha	aracte	ristic	Codes	in the ins	tructions:
-	in the plant provided wonard benefits, office the applicable wonard loc	Attar C 00000 11	om the List of Fluir one	araoto	110110	00000	,	a dolloris.
Pa	rrt V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
a		tions within th	e time period				-040	rinount
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo						200	
	Program)	•••••		10a		х		
b	Were there any nonexempt transactions with any party-in-interest	? (Do not incl	ude transactions				THE	
_	reported on line 10a.)			10b		Х	2000	
-	Was the plan covered by a fidelity bond?			10c	X		ART .	300,000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of the	benefits under	10e		х	18:	
f	Has the plan failed to provide any benefit when due under the plan	n?	•••••	10f		х	3000	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end.	.)	10g		х		
h		(See instruction	ons and 29 CFR	10h		х	35	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.103	ne required no		10i				

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Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)						
	11a					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code o ERISA?	r section 30	2 of Yes X No				
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction	one and on	tor the date of the letter ruling				
granting the waiver		DayYear				
If 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					
C Enter the amount contributed by the employer to the plan for the 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 negative amount)	1 124					
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No N/A				
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?		X Yes No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	0				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un control of the PBGC?		. X Yes No				
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to					
13c(1) Name of plan(s): 13	c(2) EIN(s)	13c(3) PN(s)				
Part VIII Trust Information - Skip These Questions						
14a Name of trust	14	b Trust's EIN				
14c Name of trustee or custodian	14	14d Trustee or custodian's telephone number				
Part IX IRS Compliance Questions - Skip These Questions						
15a Is the plan a 401(k) plan? If "No," skip b	Yes	□ No				
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	Design safe ha	rbor test				
	☐ "Currer ADP te					
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio percentest	tage Average N/A				
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?						
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opini the letter/	on letter or	advisory letter, enter the date of				
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter/	ne date of th	ne most recent determination				
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated service?		Yes No				
40		Yes No				