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 6047(e), 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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [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
WARREN-ANDERSON FORD DBA FRITTS FORD 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1997

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

WARREN-ANDERSON FORD DBA FRITTS FORD

8000 AUTO DRIVE
RIVERSIDE, CA 92504

2b Employer Identification Number (EIN) 95-2132516

2c Sponsor's telephone number 951-687-2121

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.	10/09/2013	ALAN B. SVEDLOW
	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. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

NADA RETIREMENT ADMINISTRATORS INC

8400 WESTPARK DRIVE
MCLEAN, VA 22102

3b Administrator's EIN
31-1255362

3c Administrator's telephone number
800-462-3278

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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	158
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	144
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	2
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	147
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	147
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	47
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 2J 3D 2K 2F 2G 2T

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)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	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)	☒	**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)	☒	**H** (Financial Information)
(2)	☐	**I** (Financial Information – Small Plan)
(3)	☐	**A** (Insurance Information)
(4)	☒	**C** (Service Provider Information)
(5)	☒	**D** (DFE/Participating Plan Information)
(6)	☐	**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider 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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
WARREN-ANDERSON FORD DBA FRITTS FORD 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WARREN-ANDERSON FORD DBA FRITTS FORD

D Employer Identification Number (EIN)
95-2132516

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).. . . . . [X] 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

NADART

8400 WESTPARK DRIVE
MCLEAN, VA 22102

31-1255362

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

CARDINAL BANK

8270 GREENSBORO DRIVE
SUITE 500
MCLEAN, VA 22102

54-1896003

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

STATE STREET GLOBAL ADVISORS

1 LINCOLN STREET
34TH FLOOR
BOSTON, MA 02111

04-1867445

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

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

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

NADART

31-1255362

(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?
10 12 13 14 15 31 37 38 64 65	PLAN ADMINISTRATOR	1230	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: MICHAEL L. COX AND ASSOCIATES	**b** EIN: 33-0662679	
c Position: ACCOUNTANT		
d Address: 5541 ARROW HIGHWAY, SUITE A MONTCLAIR, CA 91763-6600	**e** Telephone: 909-946-7207	

Explanation: MERGER

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
WARREN-ANDERSON FORD DBA FRITTS FORD 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WARREN-ANDERSON FORD DBA FRITTS FORD

D Employer Identification Number (EIN)
95-2132516

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: NADART FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

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)
56-2505985-002	C	551491

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

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

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)
56-2505985-003	C	280076

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

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

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)
56-2505985-008	C	32968

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS MID CAP GROWTH FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

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)
56-2505985-010	C	34405

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO ALL ASSET FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

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)
56-2505985-012	C	9142

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

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)
56-2505985-013	C	104930

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE EQUITY INCOME FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

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)
56-2505985-014	C	32748

a Name of MTIA, CCT, PSA, or 103-12 IE: TURNER MID CAP GROWTH FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

c EIN-PN 56-2505985-015	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12918

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN HIGH YIELD FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

c EIN-PN 56-2505985-019	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3904

a Name of MTIA, CCT, PSA, or 103-12 IE: TCW SMALL CAP GROWTH FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

c EIN-PN 56-2505985-020	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 194

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SELECTED VALUE FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

c EIN-PN 56-2505985-021	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 261

a Name of MTIA, CCT, PSA, or 103-12 IE: WADDELL & REED CORE EQUITY FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

c EIN-PN 56-2505985-022	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15768

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN LC GROWTH FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

c EIN-PN 56-2505985-023	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44783

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND INDEX FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

c EIN-PN 56-2505985-024	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2830

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 SM CAP FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

c EIN-PN 56-2505985-025	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79256

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 400 MID CAP FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

c EIN-PN 56-2505985-026	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125561

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 LARGE CAP FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

c EIN-PN 56-2505985-027	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109617

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 2010 STRATEGY FUND			
b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA			
c EIN-PN 56-2505985-028	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37537
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 2015 STRATEGY FUND			
b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA			
c EIN-PN 56-2505985-029	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3131
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 2020 STRATEGY FUND			
b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA			
c EIN-PN 56-2505985-030	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	89
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 2025 STRATEGY FUND			
b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA			
c EIN-PN 56-2505985-031	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	104587
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 2035 STRATEGY FUND			
b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA			
c EIN-PN 56-2505985-033	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	50
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 2040 STRATEGY FUND			
b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA			
c EIN-PN 56-2505985-034	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4838
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 2045 STRATEGY FUND			
b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA			
c EIN-PN 56-2505985-035	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	50
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 2050 STRATEGY FUND			
b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA			
c EIN-PN 56-2505985-036	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	50
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RETIREMENT INCOME STRATEGY FUN			
b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA			
c EIN-PN 56-2505985-037	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25049
a Name of MTIA, CCT, PSA, or 103-12 IE: TIPS INDEX FUND			
b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA			
c EIN-PN 56-2505985-038	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3120

a Name of MTIA, CCT, PSA, or 103-12 IE: ACWI EX-US INTERNATIONAL INDEX FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

c EIN-PN 56-2505985-039	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46592

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS SC VALUE FUND

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIA

c EIN-PN 56-2505985-040	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26056

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

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

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)

Department of the Treasury
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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
WARREN-ANDERSON FORD DBA FRITTS FORD 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WARREN-ANDERSON FORD DBA FRITTS FORD

D Employer Identification Number (EIN)
95-2132516

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)	0	0
(2) Participant contributions	1b(2)	4504	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	
(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)	34302	17910
(9) Value of interest in common/collective trusts	1c(9)	1535172	1692001
(10) Value of interest in pooled separate accounts	1c(10)		
(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)		
(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	1573978	1709911
	Liabilities			
g	Benefit claims payable	1g	6188	18555
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	6188	18555
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1567790	1691356

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)		
	(B) Participants	2a(1)(B)	126834	
	(C) Others (including rollovers)	2a(1)(C)	97419	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		224253
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)	1271	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1271
	(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)		0
	(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)		0
	(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		172727
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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		398251
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	254900	
(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)		254900
f Corrective distributions (see instructions)	2f		18555
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1230	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1230
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		274685
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		123566
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: GYL DECAUWER LLP **(2)** EIN: 33-0482495

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		2368
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		500000
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		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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)

Part V Trust Information (optional)

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

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 section 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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
WARREN-ANDERSON FORD DBA FRITTS FORD 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WARREN-ANDERSON FORD DBA FRITTS FORD

D Employer Identification Number (EIN)
95-2132516

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): 51-0210613

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** 6

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):

GYL Decauwer LLP
Certified Public Accountants | Business Consultants

JOHN LERIAS, CPA
STEPHEN C. WILLIAMS, CPA
JOSEPH O. ROMERO, CPA

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Warren-Anderson Ford DBA Fritts Ford 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Warren-Anderson Ford dba Fritts Ford 401(k) Plan, (Formerly Warren-Anderson Ford dba Fritts Ford NADART Salary Deferral 401(k) Profit Sharing Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, 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

Plan 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Cardinal Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

4120 Concours
Suite 100
Ontario, CA 91764

909.948.9990
800.644.0696
FAX 909.948.9633

gyld@gyldecauwer.com
www.gyldecauwer.com

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CPAMERICA INTERNATIONAL
Crowe Horwath International

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i-Schedule of Assets (Held at End of Year) and the Schedule H Line 4a-Schedule of Delinquent Participant Contributions, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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.

GYL Decauwer LLP

GYL Decauwer LLP
Ontario, California

September 26, 2013

Warren-Anderson Ford dba Fritts Ford 401(k) Plan
(Formerly Warren-Anderson Ford dba Fritts Ford NADART Salary Deferral 401(k) Plan)
EIN 95-2132516 Plan ID 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor Or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value	(f) Shares
*	International Investors Fund CIT	Collective Investment Trust	N/R	$ 32,968	1,107
*	Goldman Sachs SC Value CIT	Collective Investment Trust	N/R	26,056	2,393
*	Income Fund CIT	Collective Investment Trust	N/R	280,076	17,543
*	Janus Enterprise CIT	Collective Investment Trust	N/R	34,405	519
*	NADART Fund CIT	Collective Investment Trust	N/R	551,491	28,344
*	PIMCO All Asset Fund CIT	Collective Investment Trust	N/R	9,142	549
*	PIMCO Total Return Fund CIT	Collective Investment Trust	N/R	104,930	7,466
*	Russell 2000 Sm Cap Fund CIT	Collective Investment Trust	N/R	79,256	2,688
*	S&P 400 Mid Cap Fund CIT	Collective Investment Trust	N/R	125,561	2,504
*	S&P 500 Large Cap Fund CIT	Collective Investment Trust	N/R	109,617	4,009
*	SSgA Retirement Inc Strategy CIT	Collective Investment Trust	N/R	25,049	1,754
*	SSgA 2010 Strategy CIT	Collective Investment Trust	N/R	37,537	2,554
*	SSgA 2015 Strategy CIT	Collective Investment Trust	N/R	3,131	246
*	SSgA 2020 Strategy CIT	Collective Investment Trust	N/R	89	6
*	SSgA 2025 Strategy CIT	Collective Investment Trust	N/R	104,587	8,595
*	SSgA 2035 Strategy CIT	Collective Investment Trust	N/R	50	4
*	SSgA 2040 Strategy CIT	Collective Investment Trust	N/R	4,838	330
*	SSgA 2045 Strategy CIT	Collective Investment Trust	N/R	50	4
*	SSgA 2050 Strategy CIT	Collective Investment Trust	N/R	50	4
*	Turner Midcap Growth CIT	Collective Investment Trust	N/R	12,918	391
*	T. Rowe Price Equity Income CIT	Collective Investment Trust	N/R	32,748	1,171
*	ACWI ex-US International Index CIT	Collective Investment Trust	N/R	46,592	3,420
*	Core Bond Index Fund CIT	Collective Investment Trust	N/R	2,830	107
*	Franklin High Yield CIT	Collective Investment Trust	N/R	3,904	1,724
*	Neuberger Berman LC Growth CIT	Collective Investment Trust	N/R	44,783	3,789
*	TCW Small Cap Growth CIT	Collective Investment Trust	N/R	194	11
*	TIPS Index Fund CIT	Collective Investment Trust	N/R	3,120	125
*	Vanguard Selected Value CIT	Collective Investment Trust	N/R	261	12
*	Waddell & Reed Core Equity CIT	Collective Investment Trust	N/R	15,768	2,214
	Total investments			$ 1,692,001	
*	Participant loans		$ -	$ 17,910	
	(All notes initiated at prime rate plus 1% with an interest rate range of 4.25% to 6.25%)				

* A party-in-interest as defined by ERISA

N/R Historical cost is not required to be presented for participant-directed investments



WARREN-ANDERSON FORD
DBA FRITTS FORD 401(k) PLAN

(FORMERLY WARREN-ANDERSON FORD DBA FRITTS FORD NADART SALARY DEFERRAL 401(k) PROFIT SHARING PLAN)

FINANCIAL STATEMENTS
DECEMBER 31, 2012 and 2011

WARREN-ANDERSON FORD
DBA FRITTS FORD
401(k) PLAN

(FORMERLY WARREN-ANDERSON FORD DBA FRITTS FORD
NADART SALARY DEFERRAL 401(k) PROFIT SHARING PLAN)

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GYL Decauwer LLP
Certified Public Accountants Business Consultants

JOHN LERIAS, CPA
STEPHEN C. WILLIAMS, CPA
JOSEPH O. ROMERO, CPA

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Warren-Anderson Ford DBA Fritts Ford 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Warren-Anderson Ford dba Fritts Ford 401(k) Plan, (Formerly Warren-Anderson Ford dba Fritts Ford NADART Salary Deferral 401(k) Profit Sharing Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, 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

Plan 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Cardinal Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

4120 Concours
Suite 100
Ontario, CA 91764

909.948.9990
800.644.0696
FAX 909.948.9633

gyld@gyldecauwer.com
www.gyldecauwer.com

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Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i-Schedule of Assets (Held at End of Year) and the Schedule H Line 4a-Schedule of Delinquent Participant Contributions, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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.

GYL Decauwer LLP

GYL Decauwer LLP
Ontario, California

September 26, 2013

WARREN ANDERSON FORD
DBA FRITTS FORD
401(k) PLAN

(FORMERLY WARREN-ANDERSON FORD DBA FRITTS FORD NADART SALARY DEFERRAL 401(k) PROFIT SHARING PLAN)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2012 and 2011

ASSETS

	2012	2011
Investments, at fair value		
Particpant-directed investments		
Common/collective trust	$ 1,692,001	$ 1,535,172
Total Investments	1,692,001	1,535,172
Receivables		
Participants contributions		4,504
Notes receivable form participants	17,910	34,302
Total Receivables	17,910	38,806
Total Assets	1,709,911	1,573,978

LIABILITIES

Excess contribution payable	18,555	6,188
Total Liabilities	18,555	6,188
Net assets reflecting investment at fair value	1,691,356	1,567,790
Adjustment to contract value for Income Fund CIT	(21,609)	(14,723)
Net Assets Available for Benefits	$ 1,669,747	$ 1,553,067

WARREN ANDERSON FORD
DBA FRITTS FORD
401(k) PLAN

(FORMERLY WARREN-ANDERSON FOR DBA FRITTS FORD NADART SALARY DEFERRAL 401(k) PROFIT SHARING PLAN)

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2012

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Net appreciation (depreciation) in fair value of investments	$	165,841
Plan Contributions		
Participants'		126,834
Rollovers		97,419
Interest income from notes receivable from participants		1,271
TOTAL ADDITIONS		391,365
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		254,900
Refund of excess contribution		18,555
Administrative expenses		1,230
TOTAL DEDUCTIONS		274,685
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		116,680
NET ASSETS AVAILABLE FOR BENEFITS:		
Net Assets - Beginning		1,553,067
Net Assets - Ending	$	1,669,747

WARREN-ANDERSON FORD
DBA FRITTS FORD
401(k) PLAN
(FORMERLY WARREN-ANDERSON FORD DBA FRITTS FORD
NADART SALARY DEFERRAL 401(k) PROFIT SHARING PLAN)

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

NOTE 1 – DESCRIPTION OF PLAN

General

The following description of the Warren-Anderson Ford dba Fritts Ford 401(K) Plan (formerly Warren-Anderson Ford dba Fritts Ford NADART Salary Deferral 401(k) Profit Sharing Plan) (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

The National Automobile Dealers Association (NADA) represents more than 16,000 new car and truck dealers; both import and domestic, with more than 29,000 separate franchises. NADA membership is open to any new-automobile or new-truck dealership holding a new automobile or truck sales and service franchise. NADA Retirement Administrators Inc., dba NADART, an affiliate of NADA, provides and administers 401(k), pension and profit sharing plans for NADA members, non-members and their employees. NADART sponsors a Master Plan, consisting of the basic plan document and the adoption agreement, which outlines the rules and provisions of the retirement plan adopted by the Employer. Employers establish the Plan by executing an Adoption Agreement (Plan Agreement).

The Warren-Anderson Ford dba Fritts Ford 401(K) Plan (formerly Warren-Anderson Ford dba Fritts Ford NADART Salary Deferral 401(k) Profit Sharing Plan) was established to provide retirement benefits for employees of Warren-Anderson Ford dba Fritts Ford (the "Employer"). Employees become eligible to participate in the Plan following six months of service and attainment of age 21, as defined in the Plan agreement. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 (the "ERISA").

Contributions

Participant contributions consist of pre-tax elective deferrals, after-tax contributions. Participants may contribute pre-tax elective deferrals up to the dollar limitation contained in section 402(g) of the Internal Revenue Code ("IRC") in effect at the beginning of the year. Employer contributions include discretionary contributions, and discretionary matching contribution. Contributions are subject to certain limitations.

Employer discretionary contributions are allocated to participants employed on the last day of the Plan year in the same ratio as each participant's eligible compensation bears to the total eligible compensation of all participants. Employer discretionary matching contributions made to the Plan are allocated as of the last day of the Plan year to the account of each participant who elects to have deferred cash contributions made under the Plan, and who is employed with the employer on the last day of the Plan year.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts and Vesting

Each participant's account is credited with the participant's contributions, the employer's contributions and an allocation of the Plan's earnings, and charged with an allocation of investment expenses. The Plan's earnings and investment expenses are allocated according to participant's relative account balances in the investment options. Certain participant and loan fees, if applicable, are also charged to participant accounts.

Participants are immediately vested in their contributions plus actual earnings thereon. The portion of the participant's account attributable to employer matching contributions is fully vested immediately upon enrollment in the Plan and employer discretionary contributions is fully vested after completion of six years of service. Vesting is accrued as outlined in the Plan Adoption Agreement. Participants' become fully vested upon attainment of the normal retirement age of 65, or in the event of death or total disability.

Net assets available for benefits include the accounts of active participants, as well as certain separated, vested and retired participants who have elected to receive their benefits in installment payments or elected to defer receipt of their benefits to a later date. The accounts of these separated, vested and retired participants, which were previously referred to as Installment/Deferred accounts, are now referred to as Encore accounts in 2012. These participants share in the earnings and investment expense of the investments.

Distributions to Participants

Benefits are recorded when paid. Amounts credited to an individual participant's account are distributed at termination of employment as a lump sum, in installments, or, if qualified, as an annuity. Distributions may be deferred until the participant reaches the age of 70½ if the value of the distribution is not less than $5,000. However, the Plan Agreement stipulates that distributions must commence no later than April 1 of the year following the year in which the participant reaches the age of 70½.

In certain hardship situations, as described in the Plan Agreement, participants may withdraw part of their account balances while actively employed, but such withdrawals are limited to the amount dictated by the hardship. Participants' withdrawals are limited to pre-tax elective deferred and may not include any earned thereon. Participants can elect to withdraw after-tax contribution at any time.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Forfeitures

Forfeitures are reallocated to participants in the same manner as employer discretionary contributions. At December 31, 2012 and 2011, forfeited non-vested accounts totaled $0, respectively. In 2012, $0 was reallocated to participants.

Excess Contributions Payable

NADART distributes excess contributions in accordance with Internal Revenue Code 401(m) and 401(k).

Notes Receivable from Participants

Participants may borrow the lesser of one-half of their vested account balance or $50,000 reduced by the participant's highest outstanding loan balance during the last twelve months. The minimum loan available is $1,000. Loan terms range from one to five years. Participant loans are secured by a lien on the participant's interest in the Plan and are repaid through payroll deductions. Interest rates on the participant loans are set at the prime rate in effect on the first day of the quarter in which the loan is made plus one percent (4.25% at December 31, 2012 and at December 31, 2011). The notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Master Plan.

Plan Termination

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of plan termination, each respective participant interest, net of any termination fees, will become fully vested, and will be distributed to each participant in accordance with the Master Plan.

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NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting, Investments

The accompanying financial statements are prepared under the accrual method of accounting. Prior to June 30, 2012, participants could invest in any of 31 bank common/collective trusts. On June 30, 2012, all existing fund names were changed by the Trustee by adding "CIT" to the fund name and the trusts are now referred to as collective investment trusts (CIT). Also on this day, the Plan assets in the Gabelli Small Cap Growth Fund were liquidated and the proceeds invested in Goldman Sachs Small Cap Value CIT. Also, the Plan assets in the Longleaf Partner Fund were liquidated and the proceeds were invested in the Wadell & Reed Core Equity CIT. All funds consist of institutional share accounts and are collective investment trusts. As of December 31, 2012, the investment option available to Plan participants consisted of 30 collective investment trusts.

Investment Valuation and Income Recognition

Investments 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 common/collective trusts are valued using the net asset value (NAV) provided by Cardinal Bank, the Trustee of the Plan. The NAV for most CITs is quoted on a private market that is not active; however, the unit price is based on quoted market prices of the underlying investments which are traded on an active market.

The Income Fund CIT is the only CIT that contains synthetic guaranteed investment contracts (GIC). The fair value of a synthetic GIC is calculated by valuing each component of the structure separately. The fixed income securities component in the underlying account is valued at quoted market prices. The value of the wrapper contract component is determined by the issuer using a standard discounted replacement cost methodology, using the duration and period end yields of the issuer's comparable sector credit curve as valuation inputs.

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NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

The preceding methods described may produce a fair value calculation that may be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with the other market participants, the use of different methodologies or assumptions to determine a fair value of certain financial instruments could result in a different fair measurement at the reporting date.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on the investments bought and sold as well as held during the year.

Accounting Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

NOTE 3 – INVESTMENTS CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the following information certified by Cardinal Bank, the Plan trustee, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedules

NOTE 3 – INVESTMENTS CERTIFIED BY THE TRUSTEE (CONTINUED)

The Trustee has certified as to the completeness and accuracy of all investment balances and notes receivable from participants reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2012 and 2011, all of the investment activity and interest income from notes receivable from participants reflected on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2012, and all investment information in the supplemental schedules.

Common/collective trust:	2012	2011
NADART Fund	$ 551,491	$ 535,763
Income Fund at contract value	258,467	218,539
SSgA 2025 Strategy	104,587	128,650
PIMCO Total Return Fund	104,930	121,740
S & P 500 Large Cap Fund	109,617	116,654
S & P 400 Mid Cap Fund	125,561	96,657
Other*	437,348	317,169
	$1,692,001	$ 1,535,172

*Individually, balances are less than 5% of net assets available for benefits.

Cardinal Bank also certified the completeness and accuracy of $165,841 of net appreciation in fair value of investments for the year ended December 31, 2012. The Plan's investments (including gains and losses on investment bought and sold, as well as held during the year) appreciated or depreciated as follows:

Investment at Fair Value as Determined by Quoted Market Price:

Common/collective trust:	165,841
Net appreciation (depreciation) in Fair Value of Investment	$ 165,841

NOTE 4 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification 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 FASB ASC 820 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.

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's 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.

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, with the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012:

	Assets at Fair Value as of December 31, 2012				
	Fair Value	Level 1	Level 2	Level 3	Total
Collective Investment Trusts					
Balance funds	$ 560,633		$ 560,633		$ 560,633
Bond funds	114,784		114,784		114,784
International funds	79,560		79,560		79,560
Large cap funds	202,916		202,916		202,916
Mid cap stock funds	173,145		173,145		173,145
Small cap stock funds	105,506		105,506		105,506
Target date funds	175,381		175,381		175,381
Capital preservation	280,076		280,076		280,076
	$1,692,001		$1,692,001		$1,692,001

The following table sets forth by level, with the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Assets at Fair Value as of December 31, 2011				
	Fair Value	Level 1	Level 2	Level 3	Total
Collective Investment Trusts					
Balance funds	$ 540,556		$ 540,556		$ 540,556
Bond funds	121,740		121,740		121,740
International funds	62,514		62,514		62,514
Large cap funds	180,204		180,204		180,204
Mid cap stock funds	130,889		130,889		130,889
Small cap stock funds	80,272		80,272		80,272
Target date funds	185,735		185,735		185,735
Capital preservation	233,262		233,262		233,262
	$1,535,172		$1,535,172		$1,535,172

NOTE 5 – ADJUSTMENT TO CONTRACT VALUE FOR INCOME FUND

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Income Fund CIT investment held by the Plan contains underlying investment contracts. The Statements of Net Assets Available for Benefits as of December 31, 2012 and 2011 presents the fair value of the Income Fund CIT as well as the adjustment of the Income Fund CIT from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2012 and 2011 to Form 5500:

	2012	2011
Net assets available for benefits per audited financial statements	$ 1,669,747	$ 1,553,067
Adjustment to fair value for Income Fund	21,609	14,723
Net assets per Form 5500	$ 1,691,356	$ 1,567,790

The following is a reconciliation of investment income per the financial statements to the Form 5500:

	2012
Total investment gain (loss) per the financial statements	$ 165,841
Adjustment to fair value for Income Fund 2012	21,609
Adjustment to fair value for Income Fund 2011	(14,723)
Total investment income (loss) per Form 5500	$ 172,727

NOTE 6 - TAX STATUS

The NADART master prototype documents were amended to comply with the statutory requirements of the Economic Growth and Tax Relief Reconciliation Act (EGTRRA) of 2001 and received favorable opinion letters from the IRS on March 31, 2008. Each plan adopting a NADART master prototype plan document has been restated to reflect the EGTRRA plan changes. In accordance with Revenue Procedure 2002-6, the Plan administrator has chosen to rely on the current opinion letter that has been issued to the prototype. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2012 and 2011, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

NOTE 7– PARTY - IN - INTEREST TRANSACTIONS

Certain Plan investments are pooled separate accounts consisting of shares of mutual funds managed by Cardinal Bank. Cardinal Bank is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions by the United States Department of Labor's (DOL) Rules and Regulations.

NOTE 8 – INVESTMENT AND ADMINISTRATIVE FEES

Investment management fees are charged to participants based on their investment elections. In addition, all bank common/collective trusts return to NADART, a fee for recordkeeping services, calculated based on invested assets, as outlined in the service agreement between the Employer and NADART. These fees are reflected in the net depreciation in fair value of investments in the accompanying financial statements.

Certain administrative fees including a base rate per plan, a charge per participant, service fees, and audit fees are paid by the Company. The Company paid approximately $15,431 for these administrative expenses on behalf of the Plan for the year ended December 31, 2012.

NOTE 9 – RISK AND UNCERTAINTIES

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

NOTE 10 – DATE OF MANAGEMENT REVIEW

Management has evaluated the subsequent events for disclosure in these financial statements through September 26, 2013, which is the date the financial statements were available to be issued.

WARREN ANDERSON FORD
DBA FRITTS FORD
401(k) PLAN
(FORMERLY WARREN-ANDERSON FOR DBA FRITTS FORD NADART SALARY DEFERRAL 401(k) PROFIT SHARING PLAN)

EIN # 95-2132516
Contract # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2012

(a)	(b) Identity of issue borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Costs	(e) Current Value
*	International Investors Fund CIT	Collective Investment Trust	**	$ 32,968
*	Goldman Sachs Small Cap Value CIT	Collective Investment Trust	**	26,056
*	Income Fund CIT	Collective Investment Trust	**	280,076
*	Janus Mid Cap Growth CIT	Collective Investment Trust	**	34,405
*	NADART Fund CIT	Collective Investment Trust	**	551,491
*	P1MCO All Asset Fund CIT	Collective Investment Trust	**	9,142
*	PIMCO Total Return Fund CIT	Collective Investment Trust	**	104,930
*	Russell 2000 Small Cap Fund CIT	Collective Investment Trust	**	79,256
*	S&P 400 Mid Cap Fund CIT	Collective Investment Trust	**	125,561
*	S&P 500 Large Cap Fund CIT	Collective Investment Trust	**	109,617
*	SSgA Retirement Income Strategy CIT	Collective Investment Trust	**	25,049
*	SSgA 2010 Strategy CIT	Collective Investment Trust	**	37,537
*	SSgA 2015 Strategy CIT	Collective Investment Trust	**	3,131
*	SSgA 2020 Strategy CIT	Collective Investment Trust	**	89
*	SSgA 2025 Strategy CIT	Collective Investment Trust	**	104,587
*	SSgA 2035 Strategy CIT	Collective Investment Trust	**	50
*	SSgA 2040 Strategy CIT	Collective Investment Trust	**	4,838
*	SSgA 2045 Strategy CIT	Collective Investment Trust	**	50
*	SSgA 2050 Strategy CIT	Collective Investment Trust	**	50
*	Turner Midcap Growth CIT	Collective Investment Trust	**	12,918
*	T Rowc Price Fquily Income CIT.	Collective Investment Trust	**	32,748
*	ACWI ex-US International Index CIT	Collective Investment Trust	**	46,592
*	Core Bond Index Fund CIT	Collective Investment Trust	**	2,830
*	Franklin High Yield CIT	Collective Investment Trust	**	3,904
*	Ncubergcr Herman LC Growth CIT	Collective Investment Trust	**	44,783
*	TCW Small Cap Growth CIT	Collective Investment Trust	**	194
*	TIPS Index Fund CIT	Collective Investment Trust	**	3,120
*	Vanguard Selected Value CIT	Collective Investment Trust	**	261
*	Waddell & Reed Core Fquity CIT	Collective Investment Trust	**	15,768
	Total Collective Investment Trust			1,692,001
*	Participants Loans	Interest Rates (4.25% to 6.25%)		17,910
	Total Investments			$ 1,709,911

* A party-in-interest as defined by ERSIA
** Cost omitted for participant directed investments

WARREN ANDERSON FORD
DBA FRITTS FORD
401(k) PLAN
(FORMERLY WARREN-ANDERSON FORD DBA FRITTS FORD NADART SALARY DEFERRAL 401(k) PROFIT SHARING PLAN)
EIN # 95-2132516
PLAN # 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2012

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
		$ 2,368		$2,368

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