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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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;
- [X] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1989

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

TAFEL MOTORS, INC

4156 SHELBYVILLE ROAD
LOUISVILLE, KY 40207

2b Employer Identification Number (EIN)
61-0644898

2c Sponsor's telephone number
502-896-4411

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.	10/08/2014	DAVID L. PETERSON
	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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	130
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**	106
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	10
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	117
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	117
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	68
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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 2K 2F 2G 3D 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)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAFEL MOTORS, INC

D Employer Identification Number (EIN)
61-0644898

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

1 Coverage Information:

(a) Name of insurance carrier

TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	801894-000	60	01/01/2013	12/31/2013

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4888	1180

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

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

STERNE AGEE & LEACH, INC.
2 PEREMETER PARK S, SUITE 100W
BIRMINGHAM, AL 35243-3298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4888	0	BROKER COMMISSION	3

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

BENEFITS ADMINISTRATORS, LLC
200 WEST VINE STREET, SUITE 415
LEXINGTON, KY 40507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1180	TPA FEES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	3051717

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	54202
c	Additions: (1) Contributions deposited during the year	**7c(1)**	11402		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	323		
	(4) Transferred from separate account	**7c(4)**	7045		
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	18770
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	72972
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	527		
	(2) Administration charge made by carrier	**7e(2)**	451		
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	978
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	71994

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAFEL MOTORS, INC

D Employer Identification Number (EIN)
61-0644898

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

TRANSAMERICA LIFE INSURANCE COMPANY
1150 S. OLIVE
LOS ANGELES, CA 90015-2211

39-0989781

(b) Enter name and EIN or address of person who provided you disclosure 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)

TRANSAMERICA LIFE INSURANCE COMPANY
1150 S. OLIVE
LOS ANGELES, CA 90015-2211

39-0989781

(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?
15 37 52 62 64 67	RECORDKEEPER	8684	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:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TAFEL MOTORS, INC

D Employer Identification Number (EIN)
61-0644898

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: GOLDMAN SACHS MID-CAP OPPORTUNITIES

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-147	P	44773

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025 RET

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-049	P	12690

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH R

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0987981-068	P	61216

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN REAL ESTATE SECURITIES RET O

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0987981-075	P	28918

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID CAP VALUE RET OPT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0987981-080	P	7191

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0987981-086	P	1253

a Name of MTIA, CCT, PSA, or 103-12 IE: MUNDER MID-CAP CORE GROWTH RET OPT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0987981-088	P	1320

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTERNATIONAL BOND RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-089	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1007
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTERNATIONAL GROWTH RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-116	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60091
a Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG INTERNATIONAL VALUE RET O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-131	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4217
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS BALANCED RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-231	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 356487
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY DIVIDEND RET OPT		
b Name of sponsor of entity listed in (a): TRANSMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-240	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71885
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF AMERI		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-250	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3869
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE SMALL CAP VAL		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-256	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-258	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY INFLATION-ADJUSTED		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-266	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21729
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-267	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28537

a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE & TECHNOLOGY RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-271	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34350
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON NATURAL RESOURC		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-272	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53891
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE PRECIOUS META		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-276	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15781
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR NEW INSIGHTS RET O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-290	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80985
a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST EAGLE OVERSEAS RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-291	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64188
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN HIGH YEILD RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-293	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39999
a Name of MTIA, CCT, PSA, or 103-12 IE: RIDGEWORTH MID-CAP VALUE EQUITY RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-302	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67271
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN GENESIS RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-311	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-312	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54983
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-313	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53067

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MARKETS RET

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

c EIN-PN 39-0989781-471	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73077

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER STRATEGIC INCOME RET OPT

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

c EIN-PN 39-0989781-474	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7595

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS TRITON RET OPT

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

c EIN-PN 39-0989781-583	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23005

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP INDEX RET OPT

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

c EIN-PN 39-0989781-107	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25771

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP VALUE INDEX RET

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

c EIN-PN 39-0989781-108	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23288

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040 RET

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

c EIN-PN 39-0989781-112	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE RET

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

c EIN-PN 39-0989781-259	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1131

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

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAFEL MOTORS, INC

D Employer Identification Number (EIN)
61-0644898

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)	62150	60208
(2) Participant contributions	1b(2)	0	23245
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2592094	3051717
(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)	508485	641195
(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	3162729	3776365
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3162729	3776365

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)	57569	
	(B) Participants	2a(1)(B)	188380	
	(C) Others (including rollovers)	2a(1)(C)	389	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		246338
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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		436527
(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		682865
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	69229	
(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)		69229
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		69229
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		613636
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: MATHER & CO. CPAS, LLC (2) EIN: 61-1210177

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		37102
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		400000
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			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAFEL MOTORS, INC

D Employer Identification Number (EIN)
61-0644898

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** 0

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): 39-0989781

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

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

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

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

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

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 00% 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):

TAFEL MOTORS, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND ADDITIONAL INFORMATION
YEARS ENDED DECEMBER 31, 2013 AND 2012
with
INDEPENDENT AUDITOR'S REPORT

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Schedules of loans or fixed income obligations in default or classified as uncollectible, leases in default or classified as uncollectible, assets (acquired and disposed of within year), nonexempt (prohibited) transactions, and reportable transactions have not been presented because there are no transactions applicable to reporting within these schedules.

MATHER & COMPANY
SOLUTION-DRIVEN CPAs and Business Advisors

Mather & Co. CPAs, LLC
Suite 200
9100 Shelbyville Rd
Louisville, KY 40222

INDEPENDENT AUDITOR'S REPORT

The Plan Administrator and Participants
Tafel Motors, Inc. 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tafel Motors, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years 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 audits 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 Transamerica Financial Life Insurance Company and Jackson National Life Insurance Company, the Plan's investment custodians, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the investment custodians hold the Plan's investment assets and execute investment transactions. The plan

administrator has obtained certifications from the investment custodians as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the investment custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2013, and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis, and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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 investment custodians, 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.

Mather & Co. CPAs, LLC

September 22, 2014

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

ASSETS

	2013	2012
Investments, at fair value		
Stable value option	**$ 71,995**	$ 54,203
Fixed account	**569,200**	508,485
Pooled separate accounts	**3,051,717**	2,537,891
Total investments, at fair value	**3,692,912**	3,100,579
Receivables		
Participant contributions	**23,245**	-
Employer contributions	**60,208**	62,150
Total receivables	**83,453**	62,150
Net assets available for benefits	**$ 3,776,365**	$ 3,162,729

See accompanying notes.

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2013 and 2012

	2013	2012
Additions		
Investment income:		
Net realized and unrealized appreciation in fair value of investments	**$ 430,007**	$ 321,122
Interest income on fixed account	**6,520**	5,286
Net investment income	**436,527**	326,408
Contributions:		
Participants	**188,380**	169,364
Employers	**57,569**	62,150
Rollovers	**389**	946
Total contributions	**246,338**	232,460
Total additions	**682,865**	558,868
Deductions		
Benefit and withdrawal payments	**69,229**	473,165
Total deductions	**69,229**	473,165
Net increase	**613,636**	85,703
Net assets available for benefits at beginning of year	**3,162,729**	3,077,026
Net assets available for benefits at end of year	**$ 3,776,365**	$ 3,162,729

See accompanying notes.

1. Plan description

The following brief description of the Tafel Motors, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more comprehensive description of the Plan's provisions. Copies of the Plan Agreement are available from Tafel Motors, Inc. (the Company).

General – The Plan is a contributory defined contribution profit sharing plan covering substantially all employees of the Company and Peterson Motor Cars, LLC d/b/a Mini of Louisville (collectively, the Companies) who have completed 90 days of service and are age 21 or older. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions – Participants may contribute up to the maximum salary deferral set by law. Participants may also contribute amounts representing rollover distributions from other qualified plans. The Plan allows participants to make after-tax contributions under a Roth elective deferral feature. Contributions made through the Roth elective deferral feature are accounted for separately from pre-tax contributions. The Companies may make annual discretionary matching and profit-sharing contributions which are determined by the Company's management. A participant must have completed one year of service, be employed by the Companies at plan year end, and have completed 1,000 or more service hours in a plan year to share in the allocation of any matching or profit-sharing contributions, excluding events of death, disability, or retirement. For the years ended December 31, 2013 and 2012, the Companies matched 200% of the deferral amount of each participant who contributed up to 1% of their annual compensation; or 2% of annual compensation for each participant who contributed amounts exceeding 1% of annual compensation. No profit-sharing contributions were made for the years ended December 31, 2013 and 2012.

Effective January 1, 2014, the Plan was amended to require automatic enrollment for all employees hired after December 31, 2013 who meet the age and service requirements. Those employees are automatically enrolled in the Plan unless they affirmatively elect not to participate. Automatically enrolled participants have 5% of their annual compensation withheld and contributed to the Plan, and have 90 days from their first contribution to elect not to participate in the Plan. If an election not to participate is made within the 90-day timeframe, an employee may elect to receive a distribution of any funds contributed to the Plan from their eligibility date through their election date.

Also effective January 1, 2014, the Plan was amended to include an automatic deferral increase for those participants whose deferral percentage is less than 5% of their annual compensation. A participant's election to withdraw related contributions must be made no later than 30 days following the date of their first deferral contribution related to the automatic deferral increase. Participants whose deferral percentage is 5% or more of their annual compensation as of January 1, 2014 are not subject to the automatic deferral increase.

Participant accounts – Each participant's account is credited with the participant's contributions and allocations of the Companies' discretionary matching and profit-sharing contributions, and plan earnings, and charged with allocations of investment-related fees. Allocations are based on participant account balances or compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are immediately vested in their contributions and related earnings. Vesting in the Companies' discretionary matching and profit-sharing contribution portions of their accounts and related earnings are based on years of credited service. A participant is fully vested with regard to the Companies' contributions and related earnings after six years of credited service. Participant contributions from previous plans are fully vested. A participant becomes fully vested in the event of death or disability.

Payment of benefits – Any payment of a participant's plan benefits due to death, disability, retirement, termination, or attainment of age 59½, is to be distributed in accordance with specific provisions of the Plan Agreement. In the event of financial hardship, the Plan may allow a participant to withdraw all or part of the participant's pre-tax elective deferral account balance. A participant is prohibited from making an elective deferral or any other voluntary contribution to the Plan for the six-month period following a withdrawal for financial hardship.

Forfeitures – Nonvested portions of withdrawing employer matching accounts are applied to reduce the Companies' future contributions. Forfeitures total $7,039 and $2,641 as of December 31, 2013 and 2012, respectively, and were applied to reduce the Companies' matching contributions for the respective years.

Administration – Certain administrative functions are performed by the Company's officers and employees. No such officers or employees receive compensation from the Plan. Generally, accounting, legal, and other expenses to maintain the Plan's records are paid by the Companies and are therefore not reported as expenses in the accompanying statements of changes in net assets available for benefits.

Terminated participant benefits – Net assets available for benefits include vested amounts allocable to the accounts of persons who have withdrawn from plan participation. Terminated participant accounts total approximately $176,000 and $158,000 as of December 31, 2013 and 2012, respectively.

2. Summary of significant accounting policies

Basis of accounting – The Plan's financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

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

Contributions – Participant contributions are recorded when the Companies compute payroll deductions. Contributions by the Companies are recorded annually based on amounts actually received or committed to be paid for the year.

Investment valuation and income recognition – The Plan has a group annuity contract with Transamerica Financial Life Insurance Company (Transamerica), and variable annuity contracts with Jackson National Life Insurance Company (Jackson), the Plan's investment custodians, containing numerous fund options held in pooled separate accounts, a stable value option, and a fixed account. The pooled separate accounts represent units of underlying mutual funds which are valued at fair value based on quoted market prices on the last business day of the plan year as more fully described in Note 4.

The Plan's investment in the stable value option is considered to be a fully benefit-responsive investment contract under accounting principles generally accepted in the United States of America. Accordingly, the stable value option is 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 contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Accordingly, the accompanying statements of net assets available for benefits present the fair value of the investment in the stable value option. Because the stable value option's fair value approximates its contract value, as more fully described in Note 4, no adjustment of the stable value option from fair value to contract value is recorded as of December 31, 2013 and 2012, and the accompanying statements of changes in net assets available for benefits include the stable value option on a contract value basis.

The Plan's investment in the fixed account is not considered to be a fully benefit-responsive investment contract under accounting principles generally accepted in the United States of America because even though a contract value is promised for a benefit event (termination, death, disability, and retirement), the variable annuity contracts include withdrawal charges on access to the funds for defined time periods. Accordingly, the fixed account is valued at fair value, as more fully described in Note 4.

Realized gains and losses on investments are recognized upon the sale of the related investments, and unrealized appreciation or depreciation is recognized at period end when the carrying values of the related investments are adjusted to their estimated fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Investment-related fees charged to the Plan are deducted from income earned on investments, and are not separately reflected in the accompanying statements of changes in net assets available for benefits. Consequently, investment return is reflected net of investment-related fees in the accompanying statements of changes in net assets available for benefits.

Benefit and withdrawal payments – Benefits and withdrawals are recorded when paid.

Fair value measurements – The Plan applies the *Fair Value Measurement* topic of the Accounting Standards Codification (ASC) which requires determination of fair value based on the price that would be received to sell an asset or paid to transfer a liability to a market participant utilizing the highest and best use premise. The *Fair Value Measurement* topic emphasizes that fair value is a market-based measurement, not an entity-specific measurement, and it applies in conjunction with other ASC topics that require or permit fair value measurements and disclosures. The guidance requires impacted assets and liabilities to be measured and disclosed in one of three categories based on the significance and source of the inputs to their valuation. The hierarchy consists of three broad levels: Level 1, Level 2, and Level 3. Level 1 inputs have the highest priority and consist of observable unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. Level 2 inputs include a) quoted prices for similar assets or liabilities in active markets, b) quoted prices for identical or similar assets or liabilities in inactive markets, c) inputs other than quoted prices that are observable for the asset or liability, and d) inputs that are derived principally from or corroborated by observable market data by correlation or other means. Level 3 inputs have the lowest priority, are unobservable, and include judgments about the assumptions that market participants would use in pricing the asset or liability.

An asset's or liability's fair value measurement level within the hierarchy is based on the lowest level of any input that is significant to its fair value measurement. Valuation techniques used are to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan's management uses specific valuation techniques based on the available inputs to measure the fair value of the Plan's impacted assets and liabilities. When available, the Plan's management measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

These methods may produce a fair value calculation that may not be indicative of net realizable value, or reflective of future fair values. Furthermore, while the Plan's management believes the valuation methods utilized are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain assets and liabilities could result in different fair value measurements as of December 31, 2013 and 2012.

Subsequent events – The Plan's management has evaluated subsequent events through September 22, 2014, the date the financial statements were available for issue.

3. Investments and contracts with insurance companies

The Plan's investments are held under contract with Transamerica and Jackson. Transamerica maintains certain plan investments in pooled separate accounts and a stable value option. Jackson maintains certain plan investments in pooled separate accounts and a fixed account through unallocated variable annuity contracts with certain participants. The Plan's investments are credited with earnings on the underlying investments, and charged for plan withdrawals and investment-related fees.

Each participant's interest in each of the investment accounts is accounted for in three separate accounts, one each relating to the participant's pre-tax contributions, the participant's Roth contributions, and the Companies' contributions. These accounts are adjusted periodically for participant and employer contributions, benefit and withdrawal payments, and the participant's share of the gain or loss on the investment accounts, and investment-related fees. A participant's share of the gain or loss, and investment-related fees is determined based upon the value of their accounts in relation to the total value of the specific investment accounts.

The Plan's stable value option is pooled for investment purposes with Transamerica's general account and is an obligation of Transamerica. The stable value option seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U. S. Treasury bills. The stable value option has a portfolio investment rate design in which all deposits are credited with the same interest rate on a daily basis, and with no set maturity. The effective guaranteed credited interest rate is set on a semi-annual basis and does not change during the six-month period for which it is effective. The stable value option is not considered a guaranteed interest contract and there is no stated minimum or maximum interest rate. This type of investment is considered fairly valued at contract value in accordance with accounting principles generally accepted in the United States of America. Accordingly, the average yield earned by the Plan, 0.5% and 0.6% for the years ended December 31, 2013 and 2012, respectively, is equal to the average yield earned by the Plan adjusted to reflect the actual interest rate credited to plan participants. Other than participant-directed transfers to any competing fixed fund that may be maintained under the contract, the stable value investment requires all of its participant-initiated transactions to occur at contract value with no conditions, limits, or restrictions. Although plan participants generally may withdraw assets from the stable value option daily without restrictions, Transamerica may impose a hold period at the contract level in the event of a full contract discontinuance or partial contract discontinuance. Certain events may limit the Plan's ability to transact at contract value. Such events include: material amendments to the stable value option's structure and administration; changes to the Plan's competing investment options; complete or partial termination of the stable value option; the failure of the stable value option to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; the redemption of all or a portion of the interests in the stable value option held by the Plan at the direction of the Plan's sponsors, including withdrawals due to the removal of a specifically identifiable group of employees from coverage under the Plan (such as a group layoff or early retirement incentive program), the bankruptcy or insolvency of the Plan's sponsors, the merger of the Plan with another

plan, or the plan sponsors' establishment of another tax qualified defined contribution plan; any change in law, regulation, ruling, administrative or judicial position, or accounting requirement, applicable to the stable value option; and the delivery of any communication to plan participants designed to influence a participant not to invest in the stable value option. The Plan's trustee does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable. In addition, because the stable value option is an obligation of Transamerica, the occurrence of an event that limits the ability of the stable value option to transact at contract value between Transamerica and the plan participants is not probable.

The Plan's fixed account is pooled for investment purposes with Jackson's general account. Contributions to the fixed account are made through transfers from pooled separate accounts maintained under certain variable annuity contracts based on a contractual formula. The fixed account is considered nonparticipant-directed because plan participants do not contribute directly to the fixed account. The fixed account is credited with a fixed minimum interest rate determined annually by Jackson in accordance with the related variable annuity contracts. The rate was 1% for the years ended December 31, 2013 and 2012. Under certain situations, Jackson may defer payments from the fixed account for a period not to exceed six months.

The following table presents the fair value of the investments held by the Plan as of December 31, 2013 and 2012. Investments that represent five percent or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012 are separately identified. The Plan's administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica and Jackson, the Plan's investment custodians, have certified to the accuracy and completeness of the financial information related to the Plan's investments.

Description of investments	**2013**	2012
Stable value option	**$ 71,995**	$ 54,203
Fixed account	**569,200**	508,485
Pooled separate accounts:		
Janus Balanced	**356,487**	290,870
Mellon Capital International Index	**334,806**	301,012
Mellon Capital S&P 500 Index	**324,044**	270,711
Mellon Capital S&P 400 Mid Cap Index	**227,294**	188,540
PIMCO Real Return	**144,360**	169,709
Others	**1,664,726**	1,317,049
Total pooled separate accounts	**3,051,717**	2,537,891
Total investments, at fair value	**$ 3,692,912**	$ 3,100,579

During the years ended December 31, 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2013	2012
Stable value option	**$ (128)**	$ (71)
Pooled separate accounts	**430,135**	321,193
Net realized and unrealized appreciation in fair value of investments	**$ 430,007**	$ 321,122

4. Fair value measurements

The Plan's stable value option's contract value and approximate fair value on any business day is the beginning balance of the stable value option, plus any deposits and credited interest, less any withdrawals, charges, and expenses (Level 2). There are no unfunded commitments applicable to the stable value option.

The Plan's fixed account fair value is the sum of all amounts transferred to the fixed account under the variable annuity contacts, plus credited interest, less withdrawals (including any applicable charges and adjustments for such withdrawals), transfers, and charges (Level 2).

Pooled separate accounts contain observable Level 1 quoted pricing inputs in active markets. While the pooled separate accounts have publicly quoted Level 1 pricing inputs, the account values of the pooled separate accounts are not publicly traded and are therefore classified as Level 2 investments. Amounts allocated within a pooled separate account are credited to a participant's account in the form of accumulation units. The fair value of an accumulation unit of any investment account is determined and published at the close of each business day, and is directly related to the fair value per share of the underlying investments adjusted for any contributions and withdrawals made on that day, and the daily equivalent of any fee charged pursuant to the contract. Pooled separate accounts can be redeemed on a daily basis. Unfunded commitments are not applicable to pooled separate accounts.

There have been no changes in the valuation methodologies used to value the Plan's investments as of December 31, 2013 and 2012.

The categories and significant investment strategies related to the Plan's pooled separate accounts are as follows:

Target – Seek a blend of capital growth and current income with higher concentrations on current income as specified target retirement dates approach

Growth – Seek to provide long-term growth of capital through investments in domestic and/or international equity securities

Blended – Seek either a high level of current income with a lesser consideration for long-term growth of capital, or a high level of long-term growth of capital with a lesser consideration for current income

Value – Seek long-term growth of capital through return premiums on securities meeting specified investment parameters

Index – Seek to replicate the movements of an index of a specific financial market or a set of rules of ownership that are held constant, regardless of market conditions

Money market – Seek to preserve capital through investment in near cash equivalent investments with minimal credit risk

Fixed-income – Seek to maximize total return consistent with the preservation of capital while investing in securities with lower credit risk and limited exposure to price volatility

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2013 and 2012:

	Level 1	Level 2	Level 3	Total
		2013		
Stable value option	**$ -**	**$ 71,995**	**$ -**	**$ 71,995**
Fixed account	**-**	**569,200**	**-**	**569,200**
Pooled separate accounts:				
Target	**-**	**12,690**	**-**	**12,690**
Growth	**-**	**1,171,921**	**-**	**1,171,921**
Blended	**-**	**206,535**	**-**	**206,535**
Value	**-**	**167,693**	**-**	**167,693**
Index	**-**	**1,090,615**	**-**	**1,090,615**
Money market	**-**	**4,105**	**-**	**4,105**
Fixed-income	**-**	**398,158**	**-**	**398,158**
Total pooled separate accounts	**-**	**3,051,717**	**-**	**3,051,717**
Total investments, at fair value	**$ -**	**$ 3,692,912**	**$ -**	**$ 3,692,912**

	Level 1	Level 2	Level 3	Total
		2012		
Stable value option	$ -	$ 54,203	$ -	$ 54,203
Fixed account	-	508,485	-	508,485
Pooled separate accounts:				
Target	-	8,191	-	8,191
Growth	-	943,935	-	943,935
Blended	-	186,600	-	186,600
Value	-	112,987	-	112,987
Index	-	884,089	-	884,089
Money market	-	5,124	-	5,124
Fixed-income	-	396,965	-	396,965
Total pooled separate accounts	-	2,537,891	-	2,537,891
Total investments, at fair value	$ -	$ 3,100,579	$ -	$ 3,100,579

5. Plan termination

Although it has not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions and at any time to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become fully vested in their accounts.

6. Income tax status

The Plan operates under a non-standard prototype plan sponsored by Benefit Administrators, LLC. The Internal Revenue Service (IRS) ruled in an opinion letter dated March 31, 2008 that the prototype plan qualified under applicable sections of the Internal Revenue Code (IRC). The Plan has not applied for a determination letter from the IRS, and has been amended since the date of the IRS opinion letter. However, the Plan's trustee, sponsors, and administrator are not aware of any occurrences that would adversely affect the Plan's qualified status, and believe the Plan is currently designed and operating in compliance with the applicable IRC requirements, is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions 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, 2013 and 2012, there are no uncertain positions taken, or expected to be taken, that would require recognition of a tax liability, or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress. The Plans' administrator believes the Plan is no longer subject to income tax examinations for years prior to the year ended December 31, 2010.

7. Party-in-interest assets and transactions

The Plan's investments are managed by Transamerica and Jackson, the Plan's investment custodians. Therefore, the Plan's investments qualify as party-in-interest assets. Also, transactions conducted by Transamerica and Jackson, and employer contributions qualify as party-in-interest transactions. These transactions are permitted under the plan provisions and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

8. Delinquent participant contributions

During the years ended December 31, 2013 and 2012, the Companies failed to remit certain participant contributions totaling $37,102 and $21,921, respectively, to the Plan on a timely basis. As a result, the Companies engaged in prohibited transactions as defined by DOL Reg. 2510.3-102. These transactions did not have a significant impact on the Plan's net assets available for benefits as of December 31, 2013 and 2012, or changes thereto for the years then ended.

9. Risks and uncertainties

The Plan invests in various marketable securities. Investment securities, in general, are exposed to various risks, such as interest rate and credit risks, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that reductions in the values of the Plan's investment securities reported as of December 31, 2013 will occur in the near term and that such reductions would materially affect participant account balances and amounts reported in the accompanying December 31, 2013 statement of net assets available for benefits.

The Plan's exposure to concentrations risk is limited by diversification of investments across all fund elections. In addition, the investments within each fund election are further diversified into various financial investments.

ADDITIONAL INFORMATION

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
EIN: 61-0644898
PN: 001
Year ended December 31, 2013

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 37,102	$ -	$ 37,102	$ -	$ -

See independent auditor's report.

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Transamerica Financial Life Insurance Company	Stable Value Compass	**	$ 71,995
*	Jackson National Life Insurance Company	GMWB Fixed Account	$ 569,200	569,200
	Pooled separate accounts:			
*	Transamerica Financial Life Insurance Company	Goldman Sachs Mid-Cap Opportunities	**	44,773
*	Transamerica Financial Life Insurance Company	Vanguard Target Retirement 2025	**	12,690
*	Transamerica Financial Life Insurance Company	Loomis Sayles Investment Grade Bond	**	1,253
*	Transamerica Financial Life Insurance Company	Goldman Sachs Mid Cap Value	**	7,191
*	Transamerica Financial Life Insurance Company	Munder Mid-Cap Core Growth	**	1,320
*	Transamerica Financial Life Insurance Company	American Funds EuroPacific Growth	**	61,216
*	Transamerica Financial Life Insurance Company	Oppenheimer International Growth	**	60,091
*	Transamerica Financial Life Insurance Company	Nuveen Real Estate Securities	**	28,918

(continued)

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Transamerica Financial Life Insurance Company	Thornburg International Value	**	$ 4,217
*	Transamerica Financial Life Insurance Company	JPMorgan High Yield	**	39,999
*	Transamerica Financial Life Insurance Company	Janus Balanced	**	356,487
*	Transamerica Financial Life Insurance Company	BlackRock Equity Dividend	**	71,885
*	Transamerica Financial Life Insurance Company	RidgeWorth Mid-Cap Value Equity	**	67,271
*	Transamerica Financial Life Insurance Company	American Funds Growth Fund of America	**	3,869
*	Transamerica Financial Life Insurance Company	Fidelity Advisor New Insights	**	80,985
*	Transamerica Financial Life Insurance Company	First Eagle Overseas	**	64,188
*	Transamerica Financial Life Insurance Company	American Century Inflation-Adjusted Bond	**	21,729
*	Transamerica Financial Life Insurance Company	Wells Fargo Advantage Precious Metals	**	15,781
*	Transamerica Financial Life Insurance Company	Franklin Utilities	**	28,537

(continued)

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Transamerica Financial Life Insurance Company	Ivy Science & Technology	**	$ 34,350
*	Transamerica Financial Life Insurance Company	Prudential Jennison Natural Resources	**	53,891
*	Transamerica Financial Life Insurance Company	PIMCO Total Return	**	54,983
*	Transamerica Financial Life Insurance Company	Templeton Global Bond	**	53,067
*	Transamerica Financial Life Insurance Company	Oppenheimer Developing Markets	**	73,077
*	Transamerica Financial Life Insurance Company	Pioneer Strategic Income	**	7,595
*	Transamerica Financial Life Insurance Company	Oppenheimer International Bond	**	1,007
*	Jackson National Life Insurance Company	Lazard Emerging Markets	**	67,586
*	Jackson National Life Insurance Company	PIMCO Total Return Bond	**	74,165
*	Jackson National Life Insurance Company	Mellon Capital International Index	**	334,806

(continued)

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Jackson National Life Insurance Company	Mellon Capital S&P 500 Index	**	$ 324,044
*	Jackson National Life Insurance Company	Mellon Capital Small Cap Index	**	155,413
*	Jackson National Life Insurance Company	Mellon Capital S&P 400 Mid Cap Index	**	227,294
*	Jackson National Life Insurance Company	PIMCO Real Return	**	144,360
*	Jackson National Life Insurance Company	BlackRock Commodity Securities Strategy	**	70,752
*	Jackson National Life Insurance Company	Mellon Capital Oil & Gas Sector	**	82,745
*	Jackson National Life Insurance Company	Mellon Capital Technology Sector	**	87,682
*	Jackson National Life Insurance Company	Money Market	**	4,105
*	Transamerica Financial Life Insurance Company	Vanguard Small Cap Value Index	**	23,288
*	Transamerica Financial Life Insurance Company	Vanguard Small Cap Index	**	25,771

(continued)

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Transamerica Financial Life Insurance Company	American Funds New Perspective	**	$ 1,131
*	Transamerica Financial Life Insurance Company	Janus Triton	**	23,005
*	Jackson National Life Insurance Company	BlackRock Large Capital Select	**	155,200

The above information has been certified by Transamerica Financial Life Insurance Company and Jackson National Life Insurance Company, the Plan's investment custodians, as complete and accurate.

* Asset held by party-in-interest.

** Cost omitted for participant-directed investments.

See independent auditor's report.

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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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;
- [X] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1989

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

4156 SHELBYVILLE ROAD

LOUISVILLE KY 40207

2b Employer Identification Number (EIN) 61-0644898

2c Sponsor's telephone number 502-896-4411

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	David L. Peterson	10-2-14	David L. Peterson
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	David L. Peterson	10-2-14	David L. Peterson
	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 [X] Same as Plan Sponsor Name [X] Same as Plan Sponsor Address	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	130
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**	106
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	10
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	117
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	117
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	68
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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 2K 2F 2G 3D 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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) — 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAFEL MOTORS, INC

D Employer Identification Number (EIN)
61-0644898

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

1 Coverage Information:

(a) Name of insurance carrier
Transamerica Life Insurance Company

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
39-0989781	86231	801894-000	60	01/01/2013	12/31/2013

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4888	1180

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
Sterne Agee & Leach, Inc.
2 Peremeter Park S, Suite 100W

Birmingham AL 35243-3298

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
4888	0	Broker Commission	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
Benefits Administrators, LLC
200 West Vine Street, Suite 415

Lexington KY 40507

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
0	1180	TPA Fees	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	3051717

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	54202
c	Additions: (1) Contributions deposited during the year	**7c(1)**	11402		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	323		
	(4) Transferred from separate account	**7c(4)**	7045		
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	18770
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	72972
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	527		
	(2) Administration charge made by carrier	**7e(2)**	451		
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	978
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	71994

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAFEL MOTORS, INC

D Employer Identification Number (EIN)
61-0644898

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

Transamerica Life Insurance Company 39-0989781
1150 S. Olive

Los Angeles CA 90015-2211

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

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

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

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

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

Transamerica Life Insurance Company 39-0989781
1150 S. Olive

Los Angeles CA 90015-2211

(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?
15 67 37						
52 62 64	Recordkeeper	8684	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:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TAFEL MOTORS, INC

D Employer Identification Number (EIN)
61-0644898

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: Goldman Sachs Mid-Cap Opportunities

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781 147	P	44773

a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Target Retirement 2025 Ret

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781 049	P	12690

a Name of MTIA, CCT, PSA, or 103-12 IE: American Funds EuroPacific Growth R

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0987981 068	P	61216

a Name of MTIA, CCT, PSA, or 103-12 IE: Nuveen Real Estate Securities Ret O

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0987981 075	P	28918

a Name of MTIA, CCT, PSA, or 103-12 IE: Goldman Sachs Mid Cap Value Ret Opt

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0987981 080	P	7191

a Name of MTIA, CCT, PSA, or 103-12 IE: Loomis Sayles Investment Grade Bond

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0987981 086	P	1253

a Name of MTIA, CCT, PSA, or 103-12 IE: Munder Mid-Cap Core Growth Ret Opt

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0987981 088	P	1320

a Name of MTIA, CCT, PSA, or 103-12 IE: Oppenheimer International Bond Ret			
b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company			
c EIN-PN 39-0987981 089	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1007
a Name of MTIA, CCT, PSA, or 103-12 IE: Oppenheimer International Growth Re			
b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company			
c EIN-PN 39-0987981 116	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	60091
a Name of MTIA, CCT, PSA, or 103-12 IE: Thornburg International Value Ret O			
b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company			
c EIN-PN 39-0987981 131	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4217
a Name of MTIA, CCT, PSA, or 103-12 IE: Janus Balanced Ret Opt			
b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company			
c EIN-PN 39-0987981 231	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	356487
a Name of MTIA, CCT, PSA, or 103-12 IE: BlackRock Equity Dividend Ret Opt			
b Name of sponsor of entity listed in (a): Transmerica Life Insurance Company			
c EIN-PN 39-0987981 240	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	71885
a Name of MTIA, CCT, PSA, or 103-12 IE: American Funds Growth Fund of Ameri			
b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company			
c EIN-PN 39-0987981 250	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3869
a Name of MTIA, CCT, PSA, or 103-12 IE: Wells Fargo Advantage Small Cap Val			
b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company			
c EIN-PN 39-0987981 256	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: Fidelity Advisor Small Cap Ret Opt			
b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company			
c EIN-PN 39-0987981 258	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: American Century Inflation-Adjusted			
b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company			
c EIN-PN 39-0987981 266	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21729
a Name of MTIA, CCT, PSA, or 103-12 IE: Franklin Utilities Ret Opt			
b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company			
c EIN-PN 39-0987981 267	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28537

a Name of MTIA, CCT, PSA, or 103-12 IE: Ivy Science & Technology Ret Opt

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN 39-0989781 271	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	34350

a Name of MTIA, CCT, PSA, or 103-12 IE: Prudential Jennison Natural Resourc

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN 39-0989781 272	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	53891

a Name of MTIA, CCT, PSA, or 103-12 IE: Wells Fargo Advantage Precious Meta

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN 39-0989781 276	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15781

a Name of MTIA, CCT, PSA, or 103-12 IE: Fidelity Advisor New Insights Ret O

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN 39-0989781 290	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	80985

a Name of MTIA, CCT, PSA, or 103-12 IE: First Eagle Overseas Ret Opt

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN 39-0989781 291	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	64188

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMorgan High Yeild Ret Opt

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN 39-0989781 293	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	39999

a Name of MTIA, CCT, PSA, or 103-12 IE: Ridgeworth Mid-Cap Value Equity Ret

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN 39-0989781 302	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	67271

a Name of MTIA, CCT, PSA, or 103-12 IE: Neuberger Berman Genesis Ret Opt

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN 39-0989781 311	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO Total Return Ret Opt

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN 39-0989781 312	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	54983

a Name of MTIA, CCT, PSA, or 103-12 IE: Templeton Global Bond Ret Opt

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN 39-0989781 313	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	53067

a Name of MTIA, CCT, PSA, or 103-12 IE: Oppenheimer Developing Markets Ret

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781 471	P	73077

a Name of MTIA, CCT, PSA, or 103-12 IE: Pioneer Strategic Income Ret Opt

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781 474	P	7595

a Name of MTIA, CCT, PSA, or 103-12 IE: Janus Triton Ret Opt

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781 583	P	23005

a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Small-Cap Index Ret Opt

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781 107	P	25771

a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Small-Cap Value Index Ret

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781 108	P	23288

a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Target Retirement 2040 Ret

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781 112	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: American Funds New Perspective Ret

b Name of sponsor of entity listed in (a): Transamerica Life Insurance Company

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781 259	P	1131

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

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAFEL MOTORS, INC

D Employer Identification Number (EIN)
61-0644898

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)	62150	60208
(2) Participant contributions	1b(2)	0	23245
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2592094	3051717
(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)	508485	641195
(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	3162729	3776365
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3162729	3776365

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)	57569	
	(B) Participants	2a(1)(B)	188380	
	(C) Others (including rollovers)	2a(1)(C)	389	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		246338
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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		436527
(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		682865
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	69229	
(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)		69229
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		69229
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		613636
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)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: Mather & Co. CPAS, LLC **(2)** EIN: 61-1210177

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		37102
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		400000
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**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? **.....** ☐ Yes ☐ No ☐ Not determined

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAFEL MOTORS, INC

D Employer Identification Number (EIN)
61-0644898

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** 0

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): 39-0989781 _____

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

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

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

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

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

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.00% 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):

TAFEL MOTORS, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND ADDITIONAL INFORMATION
YEARS ENDED DECEMBER 31, 2013 AND 2012
with
INDEPENDENT AUDITOR'S REPORT

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as of December 31, 2013 16

Schedules of loans or fixed income obligations in default or classified as uncollectible, leases in default or classified as uncollectible, assets (acquired and disposed of within year), nonexempt (prohibited) transactions, and reportable transactions have not been presented because there are no transactions applicable to reporting within these schedules.

MATHER & COMPANY
SOLUTION-DRIVEN CPAs and Business Advisors

Mather & Co. CPAs, LLC
Suite 200
9100 Shelbyville Rd
Louisville, KY 40222

INDEPENDENT AUDITOR'S REPORT

The Plan Administrator and Participants
Tafel Motors, Inc. 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tafel Motors, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years 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 audits 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 Transamerica Financial Life Insurance Company and Jackson National Life Insurance Company, the Plan's investment custodians, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the investment custodians hold the Plan's investment assets and execute investment transactions. The plan

administrator has obtained certifications from the investment custodians as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the investment custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2013, and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis, and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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 investment custodians, 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.

Mather & Co. CPAs, LLC

September 22, 2014

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

ASSETS

	2013	2012
Investments, at fair value		
Stable value option	**$ 71,995**	$ 54,203
Fixed account	**569,200**	508,485
Pooled separate accounts	**3,051,717**	2,537,891
Total investments, at fair value	**3,692,912**	3,100,579
Receivables		
Participant contributions	**23,245**	-
Employer contributions	**60,208**	62,150
Total receivables	**83,453**	62,150
Net assets available for benefits	**$ 3,776,365**	$ 3,162,729

See accompanying notes.

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2013 and 2012

	2013	2012
Additions		
Investment income:		
Net realized and unrealized appreciation in fair value of investments	**$ 430,007**	$ 321,122
Interest income on fixed account	**6,520**	5,286
Net investment income	**436,527**	326,408
Contributions:		
Participants	**188,380**	169,364
Employers	**57,569**	62,150
Rollovers	**389**	946
Total contributions	**246,338**	232,460
Total additions	**682,865**	558,868
Deductions		
Benefit and withdrawal payments	**69,229**	473,165
Total deductions	**69,229**	473,165
Net increase	**613,636**	85,703
Net assets available for benefits at beginning of year	**3,162,729**	3,077,026
Net assets available for benefits at end of year	**$ 3,776,365**	$ 3,162,729

See accompanying notes.

1. Plan description

The following brief description of the Tafel Motors, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more comprehensive description of the Plan's provisions. Copies of the Plan Agreement are available from Tafel Motors, Inc. (the Company).

General – The Plan is a contributory defined contribution profit sharing plan covering substantially all employees of the Company and Peterson Motor Cars, LLC d/b/a Mini of Louisville (collectively, the Companies) who have completed 90 days of service and are age 21 or older. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions – Participants may contribute up to the maximum salary deferral set by law. Participants may also contribute amounts representing rollover distributions from other qualified plans. The Plan allows participants to make after-tax contributions under a Roth elective deferral feature. Contributions made through the Roth elective deferral feature are accounted for separately from pre-tax contributions. The Companies may make annual discretionary matching and profit-sharing contributions which are determined by the Company's management. A participant must have completed one year of service, be employed by the Companies at plan year end, and have completed 1,000 or more service hours in a plan year to share in the allocation of any matching or profit-sharing contributions, excluding events of death, disability, or retirement. For the years ended December 31, 2013 and 2012, the Companies matched 200% of the deferral amount of each participant who contributed up to 1% of their annual compensation; or 2% of annual compensation for each participant who contributed amounts exceeding 1% of annual compensation. No profit-sharing contributions were made for the years ended December 31, 2013 and 2012.

Effective January 1, 2014, the Plan was amended to require automatic enrollment for all employees hired after December 31, 2013 who meet the age and service requirements. Those employees are automatically enrolled in the Plan unless they affirmatively elect not to participate. Automatically enrolled participants have 5% of their annual compensation withheld and contributed to the Plan, and have 90 days from their first contribution to elect not to participate in the Plan. If an election not to participate is made within the 90-day timeframe, an employee may elect to receive a distribution of any funds contributed to the Plan from their eligibility date through their election date.

Also effective January 1, 2014, the Plan was amended to include an automatic deferral increase for those participants whose deferral percentage is less than 5% of their annual compensation. A participant's election to withdraw related contributions must be made no later than 30 days following the date of their first deferral contribution related to the automatic deferral increase. Participants whose deferral percentage is 5% or more of their annual compensation as of January 1, 2014 are not subject to the automatic deferral increase.

Participant accounts – Each participant's account is credited with the participant's contributions and allocations of the Companies' discretionary matching and profit-sharing contributions, and plan earnings, and charged with allocations of investment-related fees. Allocations are based on participant account balances or compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are immediately vested in their contributions and related earnings. Vesting in the Companies' discretionary matching and profit-sharing contribution portions of their accounts and related earnings are based on years of credited service. A participant is fully vested with regard to the Companies' contributions and related earnings after six years of credited service. Participant contributions from previous plans are fully vested. A participant becomes fully vested in the event of death or disability.

Payment of benefits – Any payment of a participant's plan benefits due to death, disability, retirement, termination, or attainment of age 59½, is to be distributed in accordance with specific provisions of the Plan Agreement. In the event of financial hardship, the Plan may allow a participant to withdraw all or part of the participant's pre-tax elective deferral account balance. A participant is prohibited from making an elective deferral or any other voluntary contribution to the Plan for the six-month period following a withdrawal for financial hardship.

Forfeitures – Nonvested portions of withdrawing employer matching accounts are applied to reduce the Companies' future contributions. Forfeitures total $7,039 and $2,641 as of December 31, 2013 and 2012, respectively, and were applied to reduce the Companies' matching contributions for the respective years.

Administration – Certain administrative functions are performed by the Company's officers and employees. No such officers or employees receive compensation from the Plan. Generally, accounting, legal, and other expenses to maintain the Plan's records are paid by the Companies and are therefore not reported as expenses in the accompanying statements of changes in net assets available for benefits.

Terminated participant benefits – Net assets available for benefits include vested amounts allocable to the accounts of persons who have withdrawn from plan participation. Terminated participant accounts total approximately $176,000 and $158,000 as of December 31, 2013 and 2012, respectively.

2. Summary of significant accounting policies

Basis of accounting – The Plan's financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

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

Contributions – Participant contributions are recorded when the Companies compute payroll deductions. Contributions by the Companies are recorded annually based on amounts actually received or committed to be paid for the year.

Investment valuation and income recognition – The Plan has a group annuity contract with Transamerica Financial Life Insurance Company (Transamerica), and variable annuity contracts with Jackson National Life Insurance Company (Jackson), the Plan's investment custodians, containing numerous fund options held in pooled separate accounts, a stable value option, and a fixed account. The pooled separate accounts represent units of underlying mutual funds which are valued at fair value based on quoted market prices on the last business day of the plan year as more fully described in Note 4.

The Plan's investment in the stable value option is considered to be a fully benefit-responsive investment contract under accounting principles generally accepted in the United States of America. Accordingly, the stable value option is 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 contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Accordingly, the accompanying statements of net assets available for benefits present the fair value of the investment in the stable value option. Because the stable value option's fair value approximates its contract value, as more fully described in Note 4, no adjustment of the stable value option from fair value to contract value is recorded as of December 31, 2013 and 2012, and the accompanying statements of changes in net assets available for benefits include the stable value option on a contract value basis.

The Plan's investment in the fixed account is not considered to be a fully benefit-responsive investment contract under accounting principles generally accepted in the United States of America because even though a contract value is promised for a benefit event (termination, death, disability, and retirement), the variable annuity contracts include withdrawal charges on access to the funds for defined time periods. Accordingly, the fixed account is valued at fair value, as more fully described in Note 4.

Realized gains and losses on investments are recognized upon the sale of the related investments, and unrealized appreciation or depreciation is recognized at period end when the carrying values of the related investments are adjusted to their estimated fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Investment-related fees charged to the Plan are deducted from income earned on investments, and are not separately reflected in the accompanying statements of changes in net assets available for benefits. Consequently, investment return is reflected net of investment-related fees in the accompanying statements of changes in net assets available for benefits.

Benefit and withdrawal payments – Benefits and withdrawals are recorded when paid.

Fair value measurements – The Plan applies the *Fair Value Measurement* topic of the Accounting Standards Codification (ASC) which requires determination of fair value based on the price that would be received to sell an asset or paid to transfer a liability to a market participant utilizing the highest and best use premise. The *Fair Value Measurement* topic emphasizes that fair value is a market-based measurement, not an entity-specific measurement, and it applies in conjunction with other ASC topics that require or permit fair value measurements and disclosures. The guidance requires impacted assets and liabilities to be measured and disclosed in one of three categories based on the significance and source of the inputs to their valuation. The hierarchy consists of three broad levels: Level 1, Level 2, and Level 3. Level 1 inputs have the highest priority and consist of observable unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. Level 2 inputs include a) quoted prices for similar assets or liabilities in active markets, b) quoted prices for identical or similar assets or liabilities in inactive markets, c) inputs other than quoted prices that are observable for the asset or liability, and d) inputs that are derived principally from or corroborated by observable market data by correlation or other means. Level 3 inputs have the lowest priority, are unobservable, and include judgments about the assumptions that market participants would use in pricing the asset or liability.

An asset's or liability's fair value measurement level within the hierarchy is based on the lowest level of any input that is significant to its fair value measurement. Valuation techniques used are to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan's management uses specific valuation techniques based on the available inputs to measure the fair value of the Plan's impacted assets and liabilities. When available, the Plan's management measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

These methods may produce a fair value calculation that may not be indicative of net realizable value, or reflective of future fair values. Furthermore, while the Plan's management believes the valuation methods utilized are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain assets and liabilities could result in different fair value measurements as of December 31, 2013 and 2012.

Subsequent events – The Plan's management has evaluated subsequent events through September 22, 2014, the date the financial statements were available for issue.

3. Investments and contracts with insurance companies

The Plan's investments are held under contract with Transamerica and Jackson. Transamerica maintains certain plan investments in pooled separate accounts and a stable value option. Jackson maintains certain plan investments in pooled separate accounts and a fixed account through unallocated variable annuity contracts with certain participants. The Plan's investments are credited with earnings on the underlying investments, and charged for plan withdrawals and investment-related fees.

Each participant's interest in each of the investment accounts is accounted for in three separate accounts, one each relating to the participant's pre-tax contributions, the participant's Roth contributions, and the Companies' contributions. These accounts are adjusted periodically for participant and employer contributions, benefit and withdrawal payments, and the participant's share of the gain or loss on the investment accounts, and investment-related fees. A participant's share of the gain or loss, and investment-related fees is determined based upon the value of their accounts in relation to the total value of the specific investment accounts.

The Plan's stable value option is pooled for investment purposes with Transamerica's general account and is an obligation of Transamerica. The stable value option seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U. S. Treasury bills. The stable value option has a portfolio investment rate design in which all deposits are credited with the same interest rate on a daily basis, and with no set maturity. The effective guaranteed credited interest rate is set on a semi-annual basis and does not change during the six-month period for which it is effective. The stable value option is not considered a guaranteed interest contract and there is no stated minimum or maximum interest rate. This type of investment is considered fairly valued at contract value in accordance with accounting principles generally accepted in the United States of America. Accordingly, the average yield earned by the Plan, 0.5% and 0.6% for the years ended December 31, 2013 and 2012, respectively, is equal to the average yield earned by the Plan adjusted to reflect the actual interest rate credited to plan participants. Other than participant-directed transfers to any competing fixed fund that may be maintained under the contract, the stable value investment requires all of its participant-initiated transactions to occur at contract value with no conditions, limits, or restrictions. Although plan participants generally may withdraw assets from the stable value option daily without restrictions, Transamerica may impose a hold period at the contract level in the event of a full contract discontinuance or partial contract discontinuance. Certain events may limit the Plan's ability to transact at contract value. Such events include: material amendments to the stable value option's structure and administration; changes to the Plan's competing investment options; complete or partial termination of the stable value option; the failure of the stable value option to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; the redemption of all or a portion of the interests in the stable value option held by the Plan at the direction of the Plan's sponsors, including withdrawals due to the removal of a specifically identifiable group of employees from coverage under the Plan (such as a group layoff or early retirement incentive program), the bankruptcy or insolvency of the Plan's sponsors, the merger of the Plan with another

plan, or the plan sponsors' establishment of another tax qualified defined contribution plan; any change in law, regulation, ruling, administrative or judicial position, or accounting requirement, applicable to the stable value option; and the delivery of any communication to plan participants designed to influence a participant not to invest in the stable value option. The Plan's trustee does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable. In addition, because the stable value option is an obligation of Transamerica, the occurrence of an event that limits the ability of the stable value option to transact at contract value between Transamerica and the plan participants is not probable.

The Plan's fixed account is pooled for investment purposes with Jackson's general account. Contributions to the fixed account are made through transfers from pooled separate accounts maintained under certain variable annuity contracts based on a contractual formula. The fixed account is considered nonparticipant-directed because plan participants do not contribute directly to the fixed account. The fixed account is credited with a fixed minimum interest rate determined annually by Jackson in accordance with the related variable annuity contracts. The rate was 1% for the years ended December 31, 2013 and 2012. Under certain situations, Jackson may defer payments from the fixed account for a period not to exceed six months.

The following table presents the fair value of the investments held by the Plan as of December 31, 2013 and 2012. Investments that represent five percent or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012 are separately identified. The Plan's administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica and Jackson, the Plan's investment custodians, have certified to the accuracy and completeness of the financial information related to the Plan's investments.

Description of investments	**2013**	2012
Stable value option	**$ 71,995**	$ 54,203
Fixed account	**569,200**	508,485
Pooled separate accounts:		
Janus Balanced	**356,487**	290,870
Mellon Capital International Index	**334,806**	301,012
Mellon Capital S&P 500 Index	**324,044**	270,711
Mellon Capital S&P 400 Mid Cap Index	**227,294**	188,540
PIMCO Real Return	**144,360**	169,709
Others	**1,664,726**	1,317,049
Total pooled separate accounts	**3,051,717**	2,537,891
Total investments, at fair value	**$ 3,692,912**	$ 3,100,579

During the years ended December 31, 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2013	2012
Stable value option	**$ (128)**	$ (71)
Pooled separate accounts	**430,135**	321,193
Net realized and unrealized appreciation in fair value of investments	**$ 430,007**	$ 321,122

4. Fair value measurements

The Plan's stable value option's contract value and approximate fair value on any business day is the beginning balance of the stable value option, plus any deposits and credited interest, less any withdrawals, charges, and expenses (Level 2). There are no unfunded commitments applicable to the stable value option.

The Plan's fixed account fair value is the sum of all amounts transferred to the fixed account under the variable annuity contacts, plus credited interest, less withdrawals (including any applicable charges and adjustments for such withdrawals), transfers, and charges (Level 2).

Pooled separate accounts contain observable Level 1 quoted pricing inputs in active markets. While the pooled separate accounts have publicly quoted Level 1 pricing inputs, the account values of the pooled separate accounts are not publicly traded and are therefore classified as Level 2 investments. Amounts allocated within a pooled separate account are credited to a participant's account in the form of accumulation units. The fair value of an accumulation unit of any investment account is determined and published at the close of each business day, and is directly related to the fair value per share of the underlying investments adjusted for any contributions and withdrawals made on that day, and the daily equivalent of any fee charged pursuant to the contract. Pooled separate accounts can be redeemed on a daily basis. Unfunded commitments are not applicable to pooled separate accounts.

There have been no changes in the valuation methodologies used to value the Plan's investments as of December 31, 2013 and 2012.

The categories and significant investment strategies related to the Plan's pooled separate accounts are as follows:

Target – Seek a blend of capital growth and current income with higher concentrations on current income as specified target retirement dates approach

Growth – Seek to provide long-term growth of capital through investments in domestic and/or international equity securities

Blended – Seek either a high level of current income with a lesser consideration for long-term growth of capital, or a high level of long-term growth of capital with a lesser consideration for current income

Value – Seek long-term growth of capital through return premiums on securities meeting specified investment parameters

Index – Seek to replicate the movements of an index of a specific financial market or a set of rules of ownership that are held constant, regardless of market conditions

Money market – Seek to preserve capital through investment in near cash equivalent investments with minimal credit risk

Fixed-income – Seek to maximize total return consistent with the preservation of capital while investing in securities with lower credit risk and limited exposure to price volatility

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2013 and 2012:

	Level 1	Level 2	Level 3	Total
		2013		
Stable value option	**$ -**	**$ 71,995**	**$ -**	**$ 71,995**
Fixed account	**-**	**569,200**	**-**	**569,200**
Pooled separate accounts:				
Target	**-**	**12,690**	**-**	**12,690**
Growth	**-**	**1,171,921**	**-**	**1,171,921**
Blended	**-**	**206,535**	**-**	**206,535**
Value	**-**	**167,693**	**-**	**167,693**
Index	**-**	**1,090,615**	**-**	**1,090,615**
Money market	**-**	**4,105**	**-**	**4,105**
Fixed-income	**-**	**398,158**	**-**	**398,158**
Total pooled separate accounts	**-**	**3,051,717**	**-**	**3,051,717**
Total investments, at fair value	**$ -**	**$ 3,692,912**	**$ -**	**$ 3,692,912**

	Level 1	Level 2	Level 3	Total
		2012		
Stable value option	$ -	$ 54,203	$ -	$ 54,203
Fixed account	-	508,485	-	508,485
Pooled separate accounts:				
Target	-	8,191	-	8,191
Growth	-	943,935	-	943,935
Blended	-	186,600	-	186,600
Value	-	112,987	-	112,987
Index	-	884,089	-	884,089
Money market	-	5,124	-	5,124
Fixed-income	-	396,965	-	396,965
Total pooled separate accounts	-	2,537,891	-	2,537,891
Total investments, at fair value	$ -	$ 3,100,579	$ -	$ 3,100,579

5. Plan termination

Although it has not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions and at any time to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become fully vested in their accounts.

6. Income tax status

The Plan operates under a non-standard prototype plan sponsored by Benefit Administrators, LLC. The Internal Revenue Service (IRS) ruled in an opinion letter dated March 31, 2008 that the prototype plan qualified under applicable sections of the Internal Revenue Code (IRC). The Plan has not applied for a determination letter from the IRS, and has been amended since the date of the IRS opinion letter. However, the Plan's trustee, sponsors, and administrator are not aware of any occurrences that would adversely affect the Plan's qualified status, and believe the Plan is currently designed and operating in compliance with the applicable IRC requirements, is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions 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, 2013 and 2012, there are no uncertain positions taken, or expected to be taken, that would require recognition of a tax liability, or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress. The Plans' administrator believes the Plan is no longer subject to income tax examinations for years prior to the year ended December 31, 2010.

7. Party-in-interest assets and transactions

The Plan's investments are managed by Transamerica and Jackson, the Plan's investment custodians. Therefore, the Plan's investments qualify as party-in-interest assets. Also, transactions conducted by Transamerica and Jackson, and employer contributions qualify as party-in-interest transactions. These transactions are permitted under the plan provisions and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

8. Delinquent participant contributions

During the years ended December 31, 2013 and 2012, the Companies failed to remit certain participant contributions totaling $37,102 and $21,921, respectively, to the Plan on a timely basis. As a result, the Companies engaged in prohibited transactions as defined by DOL Reg. 2510.3-102. These transactions did not have a significant impact on the Plan's net assets available for benefits as of December 31, 2013 and 2012, or changes thereto for the years then ended.

9. Risks and uncertainties

The Plan invests in various marketable securities. Investment securities, in general, are exposed to various risks, such as interest rate and credit risks, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that reductions in the values of the Plan's investment securities reported as of December 31, 2013 will occur in the near term and that such reductions would materially affect participant account balances and amounts reported in the accompanying December 31, 2013 statement of net assets available for benefits.

The Plan's exposure to concentrations risk is limited by diversification of investments across all fund elections. In addition, the investments within each fund election are further diversified into various financial investments.

ADDITIONAL INFORMATION

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
EIN: 61-0644898
PN: 001
Year ended December 31, 2013

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 37,102	$ -	$ 37,102	$ -	$ -

See independent auditor's report.

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Transamerica Financial Life Insurance Company	Stable Value Compass	**	$ 71,995
*	Jackson National Life Insurance Company	GMWB Fixed Account	$ 569,200	569,200
	Pooled separate accounts:			
*	Transamerica Financial Life Insurance Company	Goldman Sachs Mid-Cap Opportunities	**	44,773
*	Transamerica Financial Life Insurance Company	Vanguard Target Retirement 2025	**	12,690
*	Transamerica Financial Life Insurance Company	Loomis Sayles Investment Grade Bond	**	1,253
*	Transamerica Financial Life Insurance Company	Goldman Sachs Mid Cap Value	**	7,191
*	Transamerica Financial Life Insurance Company	Munder Mid-Cap Core Growth	**	1,320
*	Transamerica Financial Life Insurance Company	American Funds EuroPacific Growth	**	61,216
*	Transamerica Financial Life Insurance Company	Oppenheimer International Growth	**	60,091
*	Transamerica Financial Life Insurance Company	Nuveen Real Estate Securities	**	28,918

(continued)

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Transamerica Financial Life Insurance Company	Thornburg International Value	**	$ 4,217
*	Transamerica Financial Life Insurance Company	JPMorgan High Yield	**	39,999
*	Transamerica Financial Life Insurance Company	Janus Balanced	**	356,487
*	Transamerica Financial Life Insurance Company	BlackRock Equity Dividend	**	71,885
*	Transamerica Financial Life Insurance Company	RidgeWorth Mid-Cap Value Equity	**	67,271
*	Transamerica Financial Life Insurance Company	American Funds Growth Fund of America	**	3,869
*	Transamerica Financial Life Insurance Company	Fidelity Advisor New Insights	**	80,985
*	Transamerica Financial Life Insurance Company	First Eagle Overseas	**	64,188
*	Transamerica Financial Life Insurance Company	American Century Inflation-Adjusted Bond	**	21,729
*	Transamerica Financial Life Insurance Company	Wells Fargo Advantage Precious Metals	**	15,781
*	Transamerica Financial Life Insurance Company	Franklin Utilities	**	28,537

(continued)

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Transamerica Financial Life Insurance Company	Ivy Science & Technology	**	$ 34,350
*	Transamerica Financial Life Insurance Company	Prudential Jennison Natural Resources	**	53,891
*	Transamerica Financial Life Insurance Company	PIMCO Total Return	**	54,983
*	Transamerica Financial Life Insurance Company	Templeton Global Bond	**	53,067
*	Transamerica Financial Life Insurance Company	Oppenheimer Developing Markets	**	73,077
*	Transamerica Financial Life Insurance Company	Pioneer Strategic Income	**	7,595
*	Transamerica Financial Life Insurance Company	Oppenheimer International Bond	**	1,007
*	Jackson National Life Insurance Company	Lazard Emerging Markets	**	67,586
*	Jackson National Life Insurance Company	PIMCO Total Return Bond	**	74,165
*	Jackson National Life Insurance Company	Mellon Capital International Index	**	334,806

(continued)

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Jackson National Life Insurance Company	Mellon Capital S&P 500 Index	**	$ 324,044
*	Jackson National Life Insurance Company	Mellon Capital Small Cap Index	**	155,413
*	Jackson National Life Insurance Company	Mellon Capital S&P 400 Mid Cap Index	**	227,294
*	Jackson National Life Insurance Company	PIMCO Real Return	**	144,360
*	Jackson National Life Insurance Company	BlackRock Commodity Securities Strategy	**	70,752
*	Jackson National Life Insurance Company	Mellon Capital Oil & Gas Sector	**	82,745
*	Jackson National Life Insurance Company	Mellon Capital Technology Sector	**	87,682
*	Jackson National Life Insurance Company	Money Market	**	4,105
*	Transamerica Financial Life Insurance Company	Vanguard Small Cap Value Index	**	23,288
*	Transamerica Financial Life Insurance Company	Vanguard Small Cap Index	**	25,771

(continued)

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Transamerica Financial Life Insurance Company	American Funds New Perspective	**	$ 1,131
*	Transamerica Financial Life Insurance Company	Janus Triton	**	23,005
*	Jackson National Life Insurance Company	BlackRock Large Capital Select	**	155,200

The above information has been certified by Transamerica Financial Life Insurance Company and Jackson National Life Insurance Company, the Plan's investment custodians, as complete and accurate.

* Asset held by party-in-interest.

** Cost omitted for participant-directed investments.

See independent auditor's report.

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Transamerica Financial Life Insurance Company	Stable Value Compass	**	$ 71,995
*	Jackson National Life Insurance Company	GMWB Fixed Account	$ 569,200	569,200
	Pooled separate accounts:			
*	Transamerica Financial Life Insurance Company	Goldman Sachs Mid-Cap Opportunities	**	44,773
*	Transamerica Financial Life Insurance Company	Vanguard Target Retirement 2025	**	12,690
*	Transamerica Financial Life Insurance Company	Loomis Sayles Investment Grade Bond	**	1,253
*	Transamerica Financial Life Insurance Company	Goldman Sachs Mid Cap Value	**	7,191
*	Transamerica Financial Life Insurance Company	Munder Mid-Cap Core Growth	**	1,320
*	Transamerica Financial Life Insurance Company	American Funds EuroPacific Growth	**	61,216
*	Transamerica Financial Life Insurance Company	Oppenheimer International Growth	**	60,091
*	Transamerica Financial Life Insurance Company	Nuveen Real Estate Securities	**	28,918

(continued)

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Transamerica Financial Life Insurance Company	Thornburg International Value	**	$ 4,217
*	Transamerica Financial Life Insurance Company	JPMorgan High Yield	**	39,999
*	Transamerica Financial Life Insurance Company	Janus Balanced	**	356,487
*	Transamerica Financial Life Insurance Company	BlackRock Equity Dividend	**	71,885
*	Transamerica Financial Life Insurance Company	RidgeWorth Mid-Cap Value Equity	**	67,271
*	Transamerica Financial Life Insurance Company	American Funds Growth Fund of America	**	3,869
*	Transamerica Financial Life Insurance Company	Fidelity Advisor New Insights	**	80,985
*	Transamerica Financial Life Insurance Company	First Eagle Overseas	**	64,188
*	Transamerica Financial Life Insurance Company	American Century Inflation-Adjusted Bond	**	21,729
*	Transamerica Financial Life Insurance Company	Wells Fargo Advantage Precious Metals	**	15,781
*	Transamerica Financial Life Insurance Company	Franklin Utilities	**	28,537

(continued)

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
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*	Transamerica Financial Life Insurance Company	Prudential Jennison Natural Resources	**	53,891
*	Transamerica Financial Life Insurance Company	PIMCO Total Return	**	54,983
*	Transamerica Financial Life Insurance Company	Templeton Global Bond	**	53,067
*	Transamerica Financial Life Insurance Company	Oppenheimer Developing Markets	**	73,077
*	Transamerica Financial Life Insurance Company	Pioneer Strategic Income	**	7,595
*	Transamerica Financial Life Insurance Company	Oppenheimer International Bond	**	1,007
*	Jackson National Life Insurance Company	Lazard Emerging Markets	**	67,586
*	Jackson National Life Insurance Company	PIMCO Total Return Bond	**	74,165
*	Jackson National Life Insurance Company	Mellon Capital International Index	**	334,806

(continued)

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Jackson National Life Insurance Company	Mellon Capital S&P 500 Index	**	$ 324,044
*	Jackson National Life Insurance Company	Mellon Capital Small Cap Index	**	155,413
*	Jackson National Life Insurance Company	Mellon Capital S&P 400 Mid Cap Index	**	227,294
*	Jackson National Life Insurance Company	PIMCO Real Return	**	144,360
*	Jackson National Life Insurance Company	BlackRock Commodity Securities Strategy	**	70,752
*	Jackson National Life Insurance Company	Mellon Capital Oil & Gas Sector	**	82,745
*	Jackson National Life Insurance Company	Mellon Capital Technology Sector	**	87,682
*	Jackson National Life Insurance Company	Money Market	**	4,105
*	Transamerica Financial Life Insurance Company	Vanguard Small Cap Value Index	**	23,288
*	Transamerica Financial Life Insurance Company	Vanguard Small Cap Index	**	25,771

(continued)

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
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*	Transamerica Financial Life Insurance Company	Janus Triton	**	23,005
*	Jackson National Life Insurance Company	BlackRock Large Capital Select	**	155,200

The above information has been certified by Transamerica Financial Life Insurance Company and Jackson National Life Insurance Company, the Plan's investment custodians, as complete and accurate.

* Asset held by party-in-interest.

** Cost omitted for participant-directed investments.

See independent auditor's report.

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 61-0644898
PN: 001
December 31, 2013

(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
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*	Jackson National Life Insurance Company	GMWB Fixed Account	$ 569,200	569,200
	Pooled separate accounts:			
*	Transamerica Financial Life Insurance Company	Goldman Sachs Mid-Cap Opportunities	**	44,773
*	Transamerica Financial Life Insurance Company	Vanguard Target Retirement 2025	**	12,690
*	Transamerica Financial Life Insurance Company	Loomis Sayles Investment Grade Bond	**	1,253
*	Transamerica Financial Life Insurance Company	Goldman Sachs Mid Cap Value	**	7,191
*	Transamerica Financial Life Insurance Company	Munder Mid-Cap Core Growth	**	1,320
*	Transamerica Financial Life Insurance Company	American Funds EuroPacific Growth	**	61,216
*	Transamerica Financial Life Insurance Company	Oppenheimer International Growth	**	60,091
*	Transamerica Financial Life Insurance Company	Nuveen Real Estate Securities	**	28,918

(continued)

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Transamerica Financial Life Insurance Company	Thornburg International Value	**	$ 4,217
*	Transamerica Financial Life Insurance Company	JPMorgan High Yield	**	39,999
*	Transamerica Financial Life Insurance Company	Janus Balanced	**	356,487
*	Transamerica Financial Life Insurance Company	BlackRock Equity Dividend	**	71,885
*	Transamerica Financial Life Insurance Company	RidgeWorth Mid-Cap Value Equity	**	67,271
*	Transamerica Financial Life Insurance Company	American Funds Growth Fund of America	**	3,869
*	Transamerica Financial Life Insurance Company	Fidelity Advisor New Insights	**	80,985
*	Transamerica Financial Life Insurance Company	First Eagle Overseas	**	64,188
*	Transamerica Financial Life Insurance Company	American Century Inflation-Adjusted Bond	**	21,729
*	Transamerica Financial Life Insurance Company	Wells Fargo Advantage Precious Metals	**	15,781
*	Transamerica Financial Life Insurance Company	Franklin Utilities	**	28,537

(continued)

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Transamerica Financial Life Insurance Company	Ivy Science & Technology	**	$ 34,350
*	Transamerica Financial Life Insurance Company	Prudential Jennison Natural Resources	**	53,891
*	Transamerica Financial Life Insurance Company	PIMCO Total Return	**	54,983
*	Transamerica Financial Life Insurance Company	Templeton Global Bond	**	53,067
*	Transamerica Financial Life Insurance Company	Oppenheimer Developing Markets	**	73,077
*	Transamerica Financial Life Insurance Company	Pioneer Strategic Income	**	7,595
*	Transamerica Financial Life Insurance Company	Oppenheimer International Bond	**	1,007
*	Jackson National Life Insurance Company	Lazard Emerging Markets	**	67,586
*	Jackson National Life Insurance Company	PIMCO Total Return Bond	**	74,165
*	Jackson National Life Insurance Company	Mellon Capital International Index	**	334,806

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TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Jackson National Life Insurance Company	Mellon Capital S&P 500 Index	**	$ 324,044
*	Jackson National Life Insurance Company	Mellon Capital Small Cap Index	**	155,413
*	Jackson National Life Insurance Company	Mellon Capital S&P 400 Mid Cap Index	**	227,294
*	Jackson National Life Insurance Company	PIMCO Real Return	**	144,360
*	Jackson National Life Insurance Company	BlackRock Commodity Securities Strategy	**	70,752
*	Jackson National Life Insurance Company	Mellon Capital Oil & Gas Sector	**	82,745
*	Jackson National Life Insurance Company	Mellon Capital Technology Sector	**	87,682
*	Jackson National Life Insurance Company	Money Market	**	4,105
*	Transamerica Financial Life Insurance Company	Vanguard Small Cap Value Index	**	23,288
*	Transamerica Financial Life Insurance Company	Vanguard Small Cap Index	**	25,771

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TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
EIN: 61-0644898
PN: 001
December 31, 2013

(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
*	Transamerica Financial Life Insurance Company	American Funds New Perspective	**	$ 1,131
*	Transamerica Financial Life Insurance Company	Janus Triton	**	23,005
*	Jackson National Life Insurance Company	BlackRock Large Capital Select	**	155,200

The above information has been certified by Transamerica Financial Life Insurance Company and Jackson National Life Insurance Company, the Plan's investment custodians, as complete and accurate.

* Asset held by party-in-interest.

** Cost omitted for participant-directed investments.

See independent auditor's report.