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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TAKUMI STAMPING TEXAS INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/2007

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

TAKUMI STAMPING TEXAS INC.

ONE LONE STAR PASS
SAN ANTONIO, TX 78264

2b Employer Identification Number (EIN)
75-3178507

2c Sponsor's telephone number
210-924-3110

2d Business code (see instructions)
336300

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.	10/15/2014	LINDA A. VILLARREAL
	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**	132
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**	99
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	55
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	154
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	154
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	85
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] 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)** [ ] 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
TAKUMI STAMPING TEXAS INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAKUMI STAMPING TEXAS INC.

D Employer Identification Number (EIN)
75-3178507

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

GREAT WEST LIFE AND ANNUITY

(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
84-0467907	68322	940010-01	85	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
2836	0

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

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

FINANCIAL TELESIS JHW FINANCIAL SVC
704 HAWICK CT
MURRELLS INLET, SC 29576

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2269			3

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

FINANCIAL TELESIS JHW FINANCIAL SVC
26340 WHISPERING WOODS CIR
PLAINFIELD, IL 60585

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
567			3

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

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

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

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

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

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

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

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

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

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

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	41649
5	Current value of plan's interest under this contract in separate accounts at year end	5	606394

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	21984
c	Additions: (1) Contributions deposited during the year	7c(1)	6822		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	397		
	(4) Transferred from separate account	7c(4)	19798		
	(5) Other (specify below)	7c(5)	2725		
	▶ LOAN PAYMENTS				
	(6)Total additions			7c(6)	29742
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	51726
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2515		
	(2) Administration charge made by carrier	7e(2)	451		
	(3) Transferred to separate account	7e(3)	7111		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	10077
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	41649

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	**B** Three-digit plan number (PN) ▶	
TAKUMI STAMPING TEXAS INC. 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
TAKUMI STAMPING TEXAS INC.	75-3178507	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE
8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	5459	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ADVISED ASSET GROUP
8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	2915	Yes [ ] No [X]	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
TAKUMI STAMPING TEXAS INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TAKUMI STAMPING TEXAS INC.

D Employer Identification Number (EIN)
75-3178507

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: FUTURE FUNDS SERIES ACCT II OF GWL

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INS. CO.

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)
84-0467907-003	P	606394

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
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
TAKUMI STAMPING TEXAS INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAKUMI STAMPING TEXAS INC.

D Employer Identification Number (EIN)
75-3178507

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	31958	30063
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	471744	606394
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	21984	41649
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	525686	678106
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	525686	678106

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)	25656	
(B) Participants	2a(1)(B)	57925	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		83581
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	988	
(F) Other	2b(1)(F)	397	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1385
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(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)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		120529
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		205495
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	44200	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		44200
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		501
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	8374	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8374
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		53075
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		152420
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: BRITTS & ASSOCIATES, LLP **(2)** EIN: 20-2039138

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		102976
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		100000
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
TAKUMI STAMPING TEXAS INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAKUMI STAMPING TEXAS INC.

D Employer Identification Number (EIN)
75-3178507

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): 20-3691708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

TAKUMI STAMPING TEXAS, INC. 401(k) PLAN

FINANCIAL STATEMENTS

Year Ended December 31, 2013

(See Independent Auditor's Report)

Britts &Associates L.L.P.
(A Registered Limited Liability Partnership)
Certified Public Accountants
San Antonio, Texas

Takumi Stamping Texas, Inc. 401(k) Plan

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Britts & Associates L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS
A Registered Limited Liability Partnership

INDEPENDENT AUDITOR'S REPORT

Board of Directors and Management
Takumi Stamping Texas, Inc. 401(k) Plan
1 Lone Star Pass, Building 40
San Antonio, Texas 78264

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Takumi Stamping Texas, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Great-West Life and Annuity Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the trustee 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 of Assets Held for Investment Purposes at End of Year, Schedule of Assets (Acquired and Disposed of Within the Year) and Schedule of Delinquent Participant Contributions 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Britts & Associates LLP

Britts & Associates, LLP

San Antonio, TX 78230
September 25, 2014 (except Supplemental Information: Schedule of Delinquent Participant Contributions which is as of October 15, 2014

Takumi Stamping Texas, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits
(Modified Cash Basis)
As of December 31, 2013 and 2012

Plan Sponsor EIN: 75-3178507
Plan Number: 940010-01
IRS Plan Number: 001

	2013	2012
ASSETS:		
Participant directed investments:		
Pooled separate accounts - **Note C**	$ 606,394	$ 471,743
Key guaranteed portfolio - **Note C**	39,258	21,603
Total investments at fair value	645,652	493,346
Other assets:		
Forfeiture account	2,391	382
Contributions receivable - **Note A**	14,699	-
Notes receivable-participant loans-net of allowance for uncollectible loans of $3,544 in 2013 and $2,250 in 2012 - **Note A**	26,519	29,708
Total other assets	43,609	30,090
Total assets at fair value	689,261	523,436
LIABILITIES:	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 689,261	$ 523,436

See independent auditor's report and accompanying notes to financial statements.

Takumi Stamping Texas, Inc. 401(k) Plan
Statement of Changes in Net Assets
Available for Benefits
(Modified Cash Basis)
For the Year Ended December 31, 2013

Plan Sponsor EIN: 75-3178507
Plan Number: 940010-01
IRS Plan Number: 001

	2013
ADDITIONS:	
Investment Income:	
Interest income	$ 397
Participant loan interest income	988
Net investment return (loss) - **Note C**	120,529
	121,914
Contributions and Deposits:	
Participant deferrals	67,835
Participant rollovers	-
Participant forfeitures	1,995
Employer match - **Note A**	30,445
Employer match paid by forfeitures - **Note A**	-
Payments received-uncollectible notes receivable-participant loan - **Note A**	-
	100,275
TOTAL ADDITIONS	222,189
DEDUCTIONS:	
Benefits paid to participants	44,200
Participant forfeitures	1,995
Participant loan deemed distributions	501
Provision for uncollectible notes receivable-participant loan	1,294
Administrative expenses - **Note F**	8,374
TOTAL DEDUCTIONS	56,364
NET INCREASE	165,824
Net assets available for benefits - beginning of year	523,436
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 689,261

See independent auditor's report and accompanying notes to financial statements.

NOTE A – DESCRIPTION OF PLAN

Takumi Stamping Texas, Inc. (Plan Sponsor) formed the Takumi Stamping Texas, Inc. 401 (k) Plan (the Plan) on February 1, 2007. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Eligible employees are those that are 21 years of age and have completed one year of service.

Employee Contributions

Each year, participants may contribute up to the lesser of the statutory maximum amount of compensation of 100% of pre-tax annual compensation, as defined by the Plan. Employees over the age of 50 are entitled to make additional catch up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers approximately 30 mutual funds and one money market account as investment options for participants. The Plan is tested on an annual basis for compliance with the discrimination regulations and corrective distributions are made, as necessary. The corrective distributions, if any, are included in the benefit payments to participants.

Rollover Contributions

Participants may contribute amounts representing distributions from other pre-tax retirement benefit plans.

Employer Contributions

The Plan Sponsor may make discretionary matching contribution equal to a uniform percentage or dollar amount of a participant's elective deferrals each payroll period. For 2013, the employer's matching is in an amount of 50% of elected deferral up to 5% of the gross wages per payroll period. For the year ended December 31, 2013, the Plan Sponsor contributed $30,445 of which $25,656 was transmitted to the Plan Sponsor during the Plan year and $4,789 was accrued and transmitted after the Plan year end.

NOTE A – DESCRIPTION OF PLAN (continued)

Contributions Receivable: Delinquent and Untransmitted Contributions and Matches

During 2013, the Plan was not timely in transmitting to Great-West certain participant contributions and participant loan repayments within the time period described in 29 CFR 2510.3-102. These contributions for Plan Year 2013 were brought current during the Plan year and after December 31, 2013. As of December 31, 2013, the untransmitted participant contributions were $9,910 and the untransmitted employer matches were $4,393 amounting to $14,699 in total. Untransmitted participant loan repayments of $2,679 were also transmited after the Plan year end. The lost earnings calculation due to the 2013 delinquencies was reimbursed to the Plan in 2014 by the Plan Sponsor and is not considered material. The amount was derived by using the DOL VFCP (Department of Labor Voluntary Fiduciary Correction Program) calculator which is based on IRS interest factors, amount of delinquency, loss date, recovery date and final payment date.

Investment Options

Participants have the privilege and responsibility to direct the investment of their account balance. The Plan offers participants approximately 30 investment options to choose from. Participants may change their investment options at any time by contacting the Trustee directly or by going online and managing their individual account. The Plan has been designed to meet the ERISA Section 404(c) requirements, which means the participants and not the Plan fiduciaries are responsible for the investment decisions relating to the assets in a participant's individual account.

Notes Receivable-Participant Loans and Allowance for Uncollectible Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the vested balance in the participant's account and bear an interest rate of 4.25% which is commensurate with local prevailing rates as determined quarterly by the Plan administrator.

As of December 31, 2013, two loans were determined to be in default and an allowance for uncollectible loans has been recorded in the amount of $3,544. The Plan allows for suspension of loan repayments due to leave of absence, however, the suspension period cannot exceed 12 months. The participants have not met the minimum quarterly loan repayment requirements. All other participant loans outstanding as of December 31, 2013 were considered in current status and are within the Plan requirements for repayment.

As of December 31, 2012, one loan was determined to be in default and an allowance for uncollectible loans has been recorded in the amount of $2,250. The Plan allows for suspension of loan repayments due to leave of absence, however, the suspension period cannot exceed 12 months. The participant has not met the minimum quarterly loan

NOTE A – DESCRIPTION OF PLAN (continued)

Notes Receivable-Participant Loans and Allowance for Uncollectible Loans (continued)

repayment requirements. All other participant loans outstanding as of December 31, 2012 were considered in current status and are within the Plan requirements for repayment.

Participant Accounts

Each participant account is credited with the participant contribution and allocations of (a) the Plan Sponsor contribution and (b) the Plan earnings, and charged with certain administrative expenses. Allocation of Plan earnings depends on account balances and the investment options selected by the participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants vested in the Plan Sponsor's contribution portion of their account plus actual earnings thereon are based on the following vesting schedule:

Years of Service	Vested Percentage
0	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Forfeitures

The Plan provides that if a participant terminates employment before being fully vested in the employer contribution portion of his account, the participant forfeits the unvested amount and it remains in the Plan. Forfeitures may be used to pay administrative expenses and reduce matching employer contributions. During the year ended December 31, 2013, the Plan did not allocate the forfeiture funds to reduce required matching employer contributions. The forfeiture account balance as of December 31, 2013 and 2012 was $2,391 and $382, respectively. The December 31, 2012 match account balance of $382 was allocated to participant accounts after the Plan year end December 31, 2013.

NOTE A – DESCRIPTION OF PLAN (continued)

Payment of Benefits

The Plan generally provides that upon termination of employment, a participant will be required to take a lump-sum distribution if his or her vested account balance is less than $1,000, regardless of consent. The Plan Administrator may direct the Trustee to make an automatic rollover of a terminated participant account if the participant has not returned the required distribution authorizations and the account balance is between $1,001 and $5,000. Terminated participants with account balances in excess of $5,000 will only receive distributions with distribution authorizations. As required by law, participants over the age of 70 ½ must receive minimum required distributions. Accordingly, participants over the age of 70 ½ must complete the appropriate documentation in order that the Trustee can make the required distributions.

Administrative Expenses at the Plan Level

During 2013, the Plan Sponsor has paid $375 on a quarterly basis to Great West Retirement Services for the general administration and maintenance of the Plan for a total of $1,500 for the year. These are fees paid directly by the Plan Sponsor to Great-West and are not a part of the Plan financial transactions.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan Administrator has elected to prepare the Plan's financial statements on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under the modified cash basis of accounting, contributions and investment earnings are recorded as they are received and Plan expenses are recorded as they are paid, except for material untransmitted contributions and matches which are recorded as contributions receivable. Also, a provision for uncollectible loans is recorded and interest accrued on participant loans is recorded which are also departures from the unmodified cash basis accounting. The modified cash basis of accounting is an acceptable method of accounting for employee benefit plans in accordance with Internal Revenue Service and Department of Labor regulations.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

The Plan investments are stated at fair value based on Level 2 quoted market prices for similar assets in active markets and have a contractual term which represent the net asset value of shares held by the Plan at year end. Participant loans are based on Level 2 and are valued at amortized, contract cost, which approximates fair value.

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

Investments at Fair Value as of December 31, 2013

	Level 1	Level 2	Level 3	TOTAL
Key Guaranteed Portfolio Fund	$ -	$ 39,258	$ -	$ 39,258
Forfeitures Account	$ -	$ 2,391	$ -	$ 2,391
Pooled Separate Accounts:	$ -	$606,394	$ -	$606,394
TOTAL	$ -	$648,043	$ -	$648,043

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation (continued)

	Investments at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	TOTAL
Key Guaranteed Portfolio Fund	$ -	$ 21,603	$ -	$ 21,603
Forfeitures Account	$ -	$ 382	$ -	$ 382
Pooled Separate Accounts:	$ -	$471,742	$ -	$471,742
TOTAL	$ -	$493,728	$ -	$493,728

Estimates

The preparation of financial statements requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Subsequent Events

For the year ended December 31, 2013, the Plan Sponsor has evaluated subsequent events and determined that there were none for the potential recognition and disclosure through September 25, 2014, the date of financial statement issuance. This is the issuance date of the financial statements.

NOTE C – INVESTMENTS

As of December 31, 2013, the Plan held total investments at fair value of $648,043. The investments are in pooled separate accounts mutual funds with a fair market value of $606,394, an unallocated key guaranteed portfolio with a fair market value of $39,258 and a forfeitures account with a fair market value of $2,391. Realized gains total $36,767 and unrealized gains total $83,762. Total net investments gains are $120,529.

The following presents investments at December 31, 2013 that represent 5% or more of the Plan's net assets:

NOTE C – INVESTMENTS (continued)

Investment	Number of Shares Held	Fair Market Value
Key Guaranteed Portfolio Fund		$41,648.69
International Index Fund I	4,714.2424	$53,771.56
Oppenheimer Global A	2,570.4135	$47,090.74
Royce Total Return K	2489.3827	$35,633.90
Columbia Diversified Equity Income A	3,440.2336	$44,991.29
Maxim T. Rowe Price Equity Income	1,862.6398	$33,634.82
Invesco Van Kampen Comstock R	2,572.8875	$37,394.89
PIMCO Total Return Admin	2,504.2910	$41,486.58

The following presents investments at December 31, 2012 that represent 5% or more of the Plan's net assets:

Investment	Number of Shares Held	Fair Market Value
International Index Fund I	6,748.9102	$64,508.40
Ariel Appreciation	1,910.3832	$28,957.39
Oppenheimer Global A	2,318.0588	$34,004.79
S&P Mid-Cap 400 Index Fund I	3,102.4698	$32,071.79
Maxim T. Rowe Price Equity Income	2,110.2802	$30,100.38
Maxim S&P 500 Index	3,920.6092	$54,602.35

During the year ended December 31, 2013 the Plan investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $120,529 (all level 2 valuation). The funds offered are diversified in accordance with Department of Labor regulations.

During the year ended December 31, 2012 the Plan investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $56,500 (all level 2 valuation). The funds offered are diversified in accordance with Department of Labor regulations.

The investment transactions are recorded on the trade date.

NOTE D – FULLY-BENEFIT RESPONSIVE INVESTMENT CONTRACT

The Plan holds a fully-benefit responsive group annuity contract for participant initiated transactions. The Key Guaranteed Portfolio Fund Investment choice in Takumi Stamping Texas, Inc. 401(k) Plan Group Annuity Contract is a general, unallocated account and complies with the FASB fully-responsive requirements, and thus is reportable at contract value in the financial statements. This is not a guaranteed investment contract.

Since contract value is fair value according to FASB standards, the average yield earned by the Plan is equal to the average yield earned by the Plan adjusted to reflect the actual interest rate credited to the Plan participants.

The contract operates as follows:

The contract may be modified at any time as necessary to conform to changes in tax or other law. The contract is non-participating. Existing account offerings may be altered with a 60 day advance written notice. The interest crediting rate is reset quarterly.

The average yield for 2013 and 2012 are as noted:

	2013	2012
Based on annualized earnings:	1.26%	1.45%
Based on actual interest rate credited to participants:	1.26%	1.45%

These values are derived by averaging the quarterly gross interest rates for the funds over the year.

NOTE E – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Trustee as of and for the year ended December 31, 2013 and 2012. Contract value is fair market value.

	2013	2012
Pooled Separate Investment Accounts (contract value)	$606,394	$471,743
Key Guaranteed Portfolio Account (contract value)	$ 39,358	$ 21,603
Forfeiture Account	$ 2,391	$ 382
Interest Income	$ 397	$ 200
Net Investment Return (Loss)	$120,529	$ 56,500
Participant Loans (net of estimate of uncollectible loans)	$ 26,519	$ 29,708

NOTE F – RELATED PARTY (PARTY-IN-INTEREST) TRANSACTIONS AND FEES CHARGED TO INDIVIDUAL PARTICIPANT ACCOUNTS

Great-West Life & Annuity Insurance Company, a party-in interest and Plan Service Provider, charges annual fees for each participant account maintained by the Trustee, which is charged directly to the individual participant accounts. In addition, Great-West Retirement Services, Plan Investment Advisor, a party-in-interest, also charges certain transaction fees which are charged directly to the individual participant accounts. Orchard Trust Company is the Trustee as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions.

The Trustee charges individual participant accounts for certain transaction fees relating to the maintenance of the participant accounts. For the Plan year ended December 31, 2013, the fees were:

Managed Account Fees	$2,915
Quarterly Group Annuity Contract Charges	5,009
Plan Withdrawal-Disbursement Backend Load Penalties	450
Total Fees	$8,374

The Trustee also deducts loan origination fees and disbursement fees from the net loan proceeds for participant loans. For the Plan year ended December 31, 2013, these fees were:

Loan Disbursement Fees (withheld directly from participant disbursements)	$115
Loan Origination Fees	$300

Other parties-in-interest are the Plan Sponsor, Takumi Stamping Texas, Inc., and the owners, directors, officers and employees of Takumi Stamping Texas, Inc.

NOTE G – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested on all amounts credited to their accounts.

NOTE H – TAX STATUS

The Prototype Non-standard Profit Sharing Plan with CODA (cash or deferred arrangement) obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable

NOTE H – TAX STATUS (continued)

requirements of the Internal Revenue Code (IRC), and that any employee benefit plans adopting such prototype plan, will be similarly qualified.

The Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Since the Takumi Stamping Texas, Inc. 401(k) Plan is such a plan; the Plan and Trust are also designed in accordance with the applicable sections of the IRC.

The Plan Administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. As of December 31, 2013 the tax years that remain subject to examination by taxing authorities begin with 2010.

NOTE I – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2013 and 2012, to Schedule H of Form 5500 (reconciles to beginning net assets available for benefits for current year):

	2013	2012
Net assets available for benefits per Schedule H of Form 5500	$678,106	$525,686
Accrued Participant Contributions and Employer Match	14,699	-
Allowance for Uncollectible Loans	(3,544)	(2,250)
Net assets available for benefits per Financial Statements	$689,261	$523,436

See **Note A** for Contributions Receivable: Delinquent and Untransmitted Contributions and Matches and Notes Receivable-Participant Loans and Allowance for Uncollectible Loans.

NOTE J – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities and there are no significant concentrations of credit risk. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTAL SCHEDULES

Takumi Stamping Texas, Inc. 401(K) Plan
Plan Sponsor's Employer Identification Number: 75-3178507
Plan Number: 940010-01, IRS Plan Number: 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

December 31, 2013

	Column (a)	Column (b) Identity of issue, borrower lessor or similar party	Fund ID	Column (c) Identity of issue, borrower, lessor, or similar party	Column (d) Description of investment including maturity date, rate of interest, collateral, par or maturity value		Column (e) Cost / Participant Directed	Column (f) Current value
					2013 Interest Rate	2013 Unit value		
*		Great-West Life & Annuity Insurance Co.	IKGPF	Total Key Guaranteed Portfolio Fund	1.300%	N/A	N/A	$ 39,257.70
					Units			
*		Great-West Life & Annuity Insurance Co.	IPBAXCP	Maxim Conservative Profile II	1260.2642	16.0977	N/A	20,287.37
*		Great-West Life & Annuity Insurance Co.	IPBAXMP	Maxim Moderate Profile II	343.0682	16.7804	N/A	5,756.82
*		Great-West Life & Annuity Insurance Co.	IPBAXAP	Maxim Aggressive Profile II	1710.0609	16.7647	N/A	28,668.72
*		Great-West Life & Annuity Insurance Co.	192AFEP	American Funds Europacific Growth R3	990.9927	23.5848	N/A	23,372.32
*		Great-West Life & Annuity Insurance Co.	1296MI	International Index Fund I	4714.2424	11.4062	N/A	53,771.56
*		Great-West Life & Annuity Insurance Co.	1288MIM	MFS International Value R2	1386.1560	16.0926	N/A	22,306.91
*		Great-West Life & Annuity Insurance Co.	186OGA	Oppenheimer Global A	2570.4135	18.3203	N/A	47,090.74
*		Great-West Life & Annuity Insurance Co.	1241PIO	Putnam Int'l Capital Opportunities R	0.0000	-	N/A	-
*		Great-West Life & Annuity Insurance Co.	193MX6	Maxim Index 600	978.3356	26.8763	N/A	26,294.05
*		Great-West Life & Annuity Insurance Co	1125SS	Ridgeworth Small Cap Growth Fund I	45.5876	19.2383	N/A	877.03
*		Great-West Life & Annuity Insurance Co.	1245RTK	Royce Total Return K	2489.3827	14.3144	N/A	35,633.90
*		Great-West Life & Annuity Insurance Co.	175AA	Ariel Appreciation	916.1688	21.8328	N/A	20,002.55
*		Great-West Life & Annuity Insurance Co.	1295MM	S&P Mid Cap 400 Index Fund I	2346.4981	13.5150	N/A	31,713.01
*		Great-West Life & Annuity Insurance Co.	IMGRXTM	Maxim T. Rowe Price Mid-Cap Growth	373.7937	42.4873	N/A	15,881.50
*		Great-West Life & Annuity Insurance Co.	1284LVP	Lord Abbett Value Opportunities A	760.4377	18.9590	N/A	14,417.17
*		Great-West Life & Annuity Insurance Co.	1292RQ	Ridgeworth Mid-Cap Value Equity A	1365.5869	13.4060	N/A	18,307.09
*		Great-West Life & Annuity Insurance Co.	195AFGF	American Funds Growth Fund of Amer R3	1472.0678	20.9596	N/A	30,853.91
*		Great-West Life & Annuity Insurance Co.	1294CD	Columbia Diversified Equity Income A	3440.2336	13.0780	N/A	44,991.29
*		Great-West Life & Annuity Insurance Co.	146NY	Davis NY Venture R	0.0000	-	N/A	-
*		Great-West Life & Annuity Insurance Co.	189DA	Dreyfus Appreciation	517.3323	12.2992	N/A	6,362.76
*		Great-West Life & Annuity Insurance Co.	1293MA	Maxim American Century Growth Portfolio	138.1028	13.4049	N/A	1,851.25
*		Great-West Life & Annuity Insurance Co.	194MX5	Maxim S & P 500 Index	1862.6398	18.0576	N/A	33,634.82
*		Great-West Life & Annuity Insurance Co.	180TEIX	Maxim T. Rowe Price Equity Income	1262.6170	18.2672	N/A	23,064.47
*		Great-West Life & Annuity Insurance Co.	1147VS	Invesco Van Kampen Comstock R	2572.8875	14.5342	N/A	37,394.89
*		Great-West Life & Annuity Insurance Co.	ILGRMAR	Marsico Focus	246.9639	15.8220	N/A	3,907.47
*		Great-West Life & Annuity Insurance Co.	IBIMXBI	Maxim Bond Index	274.2993	46.8736	N/A	12,857.39
*		Great-West Life & Annuity Insurance Co.	IBMSXLC	Maxim Loomis Sayles Bond Portfolio	115.9765	44.2483	N/A	5,131.76
*		Great-West Life & Annuity Insurance Co.	IBIMXUS	Great-West US Gov't Mortgage Secure Fund IBFID	20.4220	23.3351	N/A	476.55
*		Great-West Life & Annuity Insurance Co.	IBIMPTR	PIMCO Total Return Admin	2504.2910	16.5662	N/A	41,486.58
				Total Mutual Funds				606,393.88
*		Forfeitures	IKGPF	Total Key Guaranteed Portfolio Fund	1.300%	N/A	N/A	2,390.99
*		Participant Loans-net of allowance for uncollectible loans of $3,544	16 Participant Loans		4.25% rate of interest, maturity 12-60 months		-0-	26,519.00
				Total				$ 674,561.57

* - Party of interest
N/A - Cost information is omitted for participant-directed individual accounts.

Takumi Stamping Texas, Inc. 401(K) Plan
Plan Sponsor's Employer Identification Number: 75-3178507
Plan Number: 940010-01, IRS Plan Number: 001
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN THE YEAR)
December 31, 2013

Column (a) Identity of issue, borrower lessor or similar party	Fund ID	Column (b) Description of investment including maturity date, rate of interest, collateral, par or maturity value-Note 2	Column (c) Cost of Acquisition	Column (d) Proceeds from Dispositions-Note 1
Great-West Life & Annuity Insurance Co.	1KGPF	Key Guaranteed Portfolio Fund, 1.250% interest rate	$ 1,682.61	$ 5,102.96
Great-West Life & Annuity Insurance Co.	1KGPF	Key Guaranteed Portfolio Fund, 1.250% interest rate	$ 25,666.46	$ 4,974.15

Note 1: Amounts distributed from the investment option within the plan year

Note 2: Labor regulations Section 2520.103-11(b)(2) excludes participation in insurance company pooled separate accounts from definition of "Assets Held for Investment Purposes" if the assets were not held on the last day of the year. Therefore, all variable funds are excluded from this report.

Takumi Stamping Texas, Inc. 401(K) Plan
Plan Sponsor's Employer Identification Number: 75-3178507
Plan Number: 940010-01, IRS Plan Number: 001
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2013

	Participant Contributions Transferred Late to the Plan	Total that Constitute Non-Exempt Prohibited Transactions			
	Check here if Late Participant Loan Repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Employee Contributions	$ 60,005.50	$ 9,910.00		$ 50,095.50	$ -
Employee Loan Repayments	$ 26,566.68	$ 4,393.00		$ 22,173.68	$ -
Employer Match	$ 16,403.93	$ 2,679.00		$ 13,724.93	$ -
TOTAL	$ 102,976.11	$ 16,982.00		$ 85,994.11	$ -

See independent auditor's report.

Schedule H/I, Line 4a
Schedule of Delinquent Participant Contributions

Name of Plan: Takumi Stamping Texas, Inc. 401(k) Plan

►

Employer Identification No.: ► 75-3178507

Plan year (beginning/ending):► 1/1/2013 to 12/31/2013 Plan number:► 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	16982		85994	

ASSETS HELD FOR INVESTMENT PURPOSES

Takumi Stamping Texas Inc. 401(k) Plan
01-JAN-13 to 31-DEC-13

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1PBAXCP			16,983.83	20,287.37
1PBAXMP			4,501.92	5,756.82
1PBAXAP			19,477.04	28,668.72
192AFEP			20,318.59	23,372.32
1296MI			45,777.30	53,771.56
1288MIM			17,639.56	22,306.91
186OGA			38,694.81	47,090.74
193MX6			16,589.98	26,294.05
1125SS			388.84	877.03
1245RTK			30,049.60	35,633.90
175AA			14,035.88	20,002.55
1295MM			25,972.54	31,713.01
1MGRXTM			10,502.93	15,881.50
1284LVP			9,401.33	14,417.17
1292RQ			12,314.22	18,307.09
195AFGF			27,603.34	30,853.91
1294CD			39,089.19	44,991.29
189DA			5,568.49	6,362.76
1293MA			1,327.56	1,851.25
194MX5			27,821.06	33,634.82
180TEIX			18,949.40	23,064.47
1147VS			32,289.17	37,394.89
1LGRMAR			3,018.72	3,907.47
1BIMXBI			13,133.19	12,857.39
1BMSXLC			4,820.24	5,131.76
1BIMXUS			481.62	476.55
1BIMPTR			42,105.31	41,486.58
1KGPF		1.300	38,600.50	39,257.70
			537,456.16	**645,651.58**
PARTICIPANT LOANS	VARIOUS	4.250-4.250	29,773.64	30,062.52
FORFEITURES			2,207.08	2,390.99

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 75-3178507

ASSETS HELD FOR INVESTMENT PURPOSES

Takumi Stamping Texas Inc. 401(k) Plan
01-JAN-13 to 31-DEC-13

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1PBAXCP	Great-West Conserv Profile II Fund I
1PBAXAP	Great-West Aggressive Profile II Fund I
1296MI	Great-West International Index Fund I
186OGA	Oppenheimer Global A
1125SS	RidgeWorth Small Cap Growth Fund I
175AA	Ariel Appreciation
1MGRXTM	Great-West T Rowe Price MidCap Gr Fund I
1292RQ	RidgeWorth Mid-Cap Value Equity A
1294CD	Columbia Diversified Equity Income A
1293MA	Great-West American Century Gr Fund I
180TEIX	Great-West T. Rowe Price Eq Inc Fund I
1LGRMAR	Marsico Focus
1BMSXLC	Great-West Loomis Sayles Bond Fund I
1BIMPTR	PIMCO Total Return Admin
1PBAXMP	Great-West Moderate Profile II Fund I
192AFEP	American Funds EuroPacific Growth R3
1288MIM	MFS International Value R2
193MX6	Great-West S&P SmallCap 600 Index Fund I
1245RTK	Royce Total Return K
1295MM	Great-West S&P Mid Cap 400 Index Fund I
1284LVP	Lord Abbett Value Opportunities A
195AFGF	American Funds Growth Fund of Amer R3
189DA	Dreyfus Appreciation
194MX5	Great-West S&P 500 Index Fund I
1147VS	Invesco Comstock R
1BIMXBI	Great-West Bond Index Fund I
1BIMXUS	Great-West US Govt Mortgage Secur Fund I
1KGPF	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year