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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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
NAPLETON AUTO WERKS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1990

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

6600 E. RIVERSIDE BOULEVARD
LOVES PARK, IL 61111-0000

2b Employer Identification Number (EIN)
36-4077925

2c Plan Sponsor's telephone number
815-636-6600

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.	07/15/2015	SUSAN ADKINS
	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	**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**	296
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	239
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	231
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	60
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	291
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	291
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	159
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 3D 2K 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
NAPLETON AUTO WERKS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NAPLETON AUTO WERKS

D Employer Identification Number (EIN)
36-4077925

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

SAGEPOINT FINANCIAL, INC
6675 S. CASS AVE.
UNIT 5C
WESTMONT, IL 60559

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

SAGEPOINT FINANCIAL
2800 NORTH CENTRAL AVE.
STE. 2100
PHOENIX, AZ 85004

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

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

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

ASCENSUS

11-3665754

(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?
37 99 15 60 50	NONE	3000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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 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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
NAPLETON AUTO WERKS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NAPLETON AUTO WERKS

D Employer Identification Number (EIN)
36-4077925

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)		
(2) Participant contributions	1b(2)	239	1250
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1010570	764305
(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)	121162	112447
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5636475	5653836
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6768446	6531838
	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	6768446	6531838

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)	176	
	(B) Participants	2a(1)(B)	416637	
	(C) Others (including rollovers)	2a(1)(C)	14011	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		430824
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	113	
	(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)	4045	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4158
	(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)	34313	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		34313
	(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)		
(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)		175110
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		644405
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	878013	
(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)		878013
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)	3000	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		881013
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-236608
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: BORHART, SPELLMEYER & COMPANY LLC **(2)** EIN: 36-3650395

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	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
NAPLETON AUTO WERKS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NAPLETON AUTO WERKS

D Employer Identification Number (EIN)
36-4077925

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): 45-0404698

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):

NAPLETON AUTO WERKS 401(k) PLAN

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2014 AND 2013

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BORHART
SPELLMEYER &
COMPANY, LLC

certified public accountants and consultants

INDEPENDENT AUDITORS' REPORT

Trustees and Administrator
Napleton Auto Werks 401(k) Plan
Loves Park, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Napleton Auto Werks 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, 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.

Auditors' 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 D, which was certified by Ascensus Trust Company and Frontier Trust Company, the trustees 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 trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustees as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustees 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 our opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of or for the year ended December 31,2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 schedule 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 schedule, other than that derived from the information certified by the trustees, 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.

Borhart Spellmeyer & Company, LLC

Elgin, Illinois
July 13, 2015

FINANCIAL STATEMENTS

NAPLETON AUTO WERKS 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2014	2013
ASSETS		
Investments at fair value		
Mutual funds	$ 6,418,141	$ 6,647,044
Notes receivable from participants	112,447	121,162
Participant contributions receivable	1,250	239
Total plan assets	6,531,838	6,768,445
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,531,838	$ 6,768,445

The accompanying notes are an integral part of these financial statements.

NAPLETON AUTO WERKS 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2014

Additions to net assets attributed to		
Investment income		
Interest and dividend income	$ 34,411	
Interest income, notes receivable	4,043	
Net appreciation in market value of investments	175,128	$ 213,582
Contributions		
Participant	416,637	
Rollover	14,011	
Employer	176	430,824
Total additions		644,406
Deductions from net assets attributed to		
Benefits paid to participants	878,013	
Administrative expenses	3,000	881,013
Net decrease		(236,607)
Net assets available for benefits at beginning of period		6,768,445
Net assets available for benefits at end of period		$ 6,531,838

The accompanying notes are an integral part of these financial statements.

NOTE A – PLAN DESCRIPTION

The following description of the Napleton Auto Werks 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan was adopted effective May 1, 1990. The Plan is a defined contribution plan covering all non-union employees of Napleton Auto Werks (the Company), who meet the minimum eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was restated in 2014 with an effective date of January 1, 2015.

2. Eligibility

Employees qualify for participation in the Plan after completing 1,000 hours of service within one year of service and attainment of age 21. Employees whose employment is governed by a collective bargaining agreement are not eligible.

3. Contributions

Participants may elect to contribute from 1% to 15% of their annual eligible compensation for the year, up to $17,500 or $23,000 if age 50 or older in 2014 and 2013. In addition, the Company may make matching 401(k) contributions equal to a discretionary percentage determined annually by the Company. No matching contributions were made in 2014 or 2013.

The Company may make discretionary profit sharing contribution to the Plan at the discretion of the Company's Board of Directors. The Company did not elect to make a profit sharing contribution for the years ended December 31, 2014 and 2013.

4. Participant Accounts

Separate accounts are maintained for all participants to reflect their interest in each investment fund. Each participant's account is credited with the participant's contributions, the Company's matching contributions, and allocations, as defined, of (a) the Company's profit sharing contribution, if any, and (b) investment earnings or losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE A – PLAN DESCRIPTION – Continued

5. Vesting

Participants are immediately 100% vested in their elective deferred contributions and the actual earnings thereon. The participants are vested in the Company's matching 401(k) contributions and the discretionary contributions according to the following:

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

6. Participant Loans

A participant may borrow up to the lesser of $50,000 or 50% of his or her vested account balance, with a minimum loan amount of $1,000. In general, the maximum loan term is five years. The loans are secured by the balance in the participant's account and bear interest at prime. The interest rate on outstanding loans at December 31, 2014 is 3.25%.

7. Benefits

Benefit payments are made to participants or their beneficiaries upon death, disability, retirement, or severance of service in the form of a lump-sum distribution. Hardship withdrawals are also available to participants for immediate and severe financial need. Certain penalties may be assigned by the Internal Revenue Service for early withdrawal. In-service distributions are available to participants who have not incurred a severance form service if the participant has reached age 59 ½. The benefits owed to terminated participants who had requested distributions and not been paid amounted to zero at December 31, 2014 and 2013.

8. Forfeitures

Forfeitures will be allocated to qualified plan participants for the plan year based on the ratio of each participant's qualifying compensation to the total qualifying compensation for all eligible participants. Nonvested forfeitures totaled $26 and $93 at December 31, 2014 and 2013, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's management, which is responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

1. Basis of Accounting

The financial statements have been prepared using the accrual method of accounting.

2. Estimates

The presentation 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. Actual results could differ from those estimates.

3. Investment Valuation and Income Recognition

Investments in the accompanying statements of net assets available for benefits are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds are valued at quoted market prices based on the number of shares held by the Plan at period-end.

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

Net earnings on investments are allocated to participants on a daily basis.

4. Notes Receivable from Participants

In accordance with FASB ASU 2010-25, *Plan Accounting-Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans,* the Company has classified participant loans as notes receivable from participants. These notes are measured at their unpaid principal balance plus any accrued and unpaid interest. Interest income from notes receivable from participants is recognized when accrued based on individual agreements.

5. Payment of Benefits

Benefits are recorded when paid or segregated for payment.

6. Administrative Costs

Certain custodial, loan fees, distribution fees, and Plan expenses are paid by those participants who are in those types of investments as a direct charge against their account. Expenses relating to the management of Plan assets, recordkeeping, and administrative agents are paid by the Company.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

7. Plan Termination

Although management has not expressed any intent to do so, it has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, employee accounts will become 100% vested and nonforfeitable. The investments will be held under the Plan, continue to accrue investment earnings, and be used to provide a benefit upon retirement, termination or death. The Plan is not insured by the Pension Benefit Guaranty Corporation (PBGC).

9. Subsequent Events

Management has evaluated subsequent events through July 13, 2015. This date represents the date the financial statements are available to be issued.

NOTE C – INVESTMENTS

Investments at December 31, 2014 and 2013 are summarized below. Investments that represent five percent or more of the Plan's assets are separately identified.

	2014	2013
Investments at fair value:		
Mutual funds		
Oppenheimer Capital Appreciation Fund A	$ 856,111	$ 775,701
Oppenheimer Cash Reserves Fund A	764,305	1,010,570
Oppenheimer Main Street Fund A	751,067	655,368
Oppenheimer Discovery Fund A	686,513	863,348
Oppenheimer Global Fund A	592,529	683,828
Oppenheimer Global Opportunities Fund A	573,212	597,788
Oppenheimer Developing Markets Fund A	219,362	399,373
Other	1,975,042	1,661,068
	$ 6,418,141	$ 6,647,044

During 2014, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $175,128, as follows:

Investments at fair value:	
Mutual funds	$ 175,128

NOTE C – INVESTMENTS - Continued

The Plan provides for various investment options including professionally managed funds that purchase stocks and bonds of publicly traded companies, United States and foreign government obligations, as well as money market funds. Such investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

The following is the major category of assets measured at fair value on a recurring basis during the years ended December 31, 2014 and 2013, using quoted prices in active markets for identical assets (Level 1); significant other observable inputs (Level 2); and significant unobservable inputs (Level 3).

	2014			
Description	Level 1: Quoted Prices in Active Markets for Identical Assets	Level 2: Significant Other Observable Inputs	Level 3: Significant Unobservable Inputs	Total at December 31, 2014
Mutual funds:				
Equity funds				
International stock	$ 1,805,963	$ -	$ -	$ 1,805,963
Large cap U.S. stock	2,180,037	-	-	2,180,037
Mid cap U.S. stock	346,513	-	-	346,513
Small cap U.S. stock	686,513	-	-	686,513
Bond funds				
Diversified bond	174,031	-	-	174,031
Government bond	18,914	-	-	18,914
High Yield Fund	279	-	-	279
Alternative funds				
Alternative	72,293	-	-	72,293
Commodities	22,778	-	-	22,778
Specialty U.S. stock	16,202	-	-	16,202
Balanced funds	330,314	-	-	330,314
Capital preservation	764,304	-	-	764,304
Total	$ 6,418,141	$ -	$ -	$ 6,418,141

NOTE C – INVESTMENTS – Continued

	2013			
Description	Level 1: Quoted Prices in Active Markets for Identical Assets	Level 2: Significant Other Observable Inputs	Level 3: Significant Unobservable Inputs	Total at December 31, 2013
Mutual funds:				
Equity funds				
International stock	$ 2,089,335	$ -	$ -	$ 2,089,335
Large cap U.S. stock	1,693,639	-	-	1,693,639
Mid cap U.S. stock	315,491	-	-	315,491
Small cap U.S. stock	863,348	-	-	863,348
Bond funds				
Diversified bond	210,925	-	-	210,925
Government bond	164,227	-	-	164,227
Alternative funds				
Alternative	24,882	-	-	24,882
Commodities	27,510	-	-	27,510
Specialty U.S. stock	20,912	-	-	20,912
Balanced funds	226,205	-	-	226,205
Capital preservation	1,010,570	-	-	1,010,570
Total	$ 6,647,044	$ -	$ -	$ 6,647,044

NOTE D – INFORMATION CERTIFIED BY PLAN TRUSTEES

The following unaudited information has been certified by Frontier Trust Company for the year ended December 31, 2013 and Ascensus Trust Company for the year ended December 31, 2014, to be complete and accurate:

1. Plan assets

	2014	2013
Investments at fair value:		
Mutual funds:		
Oppenheimer Capital Appreciation Fund A	$ 856,111	$ 775,701
Oppenheimer Cash Reserves Fund A	764,305	1,010,570
Oppenheimer Main Street Fund A	751,067	655,368
Oppenheimer Discovery Fund A	686,513	863,348
Oppenheimer Global Fund A	592,529	683,828
Oppenheimer Global Opportunities Fund A	573,212	597,788
Oppenheimer International Small Company Fund A	223,499	219,019
Oppenheimer Developing Markets Fund A	219,362	399,373

NOTE D – INFORMATION CERTIFIED BY PLAN TRUSTEES – Continued

	2014	2013
Oppenheimer Small & Mid Cap Value Fund A	$ 211,550	$ 210,239
Oppenheimer Main Street Select Fund A	181,219	165,225
Oppenheimer Equity Income Fund A	164,668	38,082
Oppenheimer Rising Dividends Fund A	163,319	17,122
Oppenheimer Port Series: Active Allocation A	146,059	115,844
Oppenheimer Port Series: Moderate Investor A	118,514	445
Oppenheimer Global Strategic Income Fund A	116,156	74,184
Oppenheimer Discovery Mid Cap Growth Fund A	84,002	68,932
Oppenheimer Port Series: Equity Investor A	71,359	67,468
Oppenheimer International Growth Fund A	68,250	71,720
Oppenheimer Flexible Strategies Fund A	64,956	107,089
Oppenheimer Capital Income Fund A	64,378	2,335
Oppenheimer Main Street Small & Mid Cap Fund A	50,961	36,320
Oppenheimer Global Value Fund A	33,765	31,604
Oppenheimer Value Fund A	33,184	19,180
Oppenheimer Corporate Bond Fund A	31,384	-
Oppenheimer Equity Fund A	29,868	22,862
Oppenheimer Commodity Strat Total Return Fund A	22,778	27,510
Oppenheimer International Bond Fund A	22,322	19,349
Oppenheimer Limited Term Government Fund A	18,914	164,227
Oppenheimer Real Estate Fund A	16,202	20,912
Oppenheimer International Diversified Fund A	14,929	12,259
Oppenheimer International Value Fund A	9,057	6,276
Oppenheimer Gold & Special Minerals Fund A	7,337	24,882
Oppenheimer Core Bond Fund A	4,148	117,392
Oppenheimer Global Allocation Fund A	1,002	396
Oppenheimer Dividend Opportunity Fund A	602	99
Oppenheimer Port Series: Conservative Investor A	361	96
Oppenheimer Global High Yield A	279	-
Oppenheimer Limited-Term Bond A	12	-
Oppenheimer Senior Floating Rate Fund A	8	-
	$ 6,418,141	$ 6,647,044
Notes receivable from participants	$ 112,447	$ 121,162

2. Additions to the Plan during 2014

Investment income	
Interest and dividend income	$ 34,411
Interest income from notes receivable	4,043
Net appreciation in market value of investments	175,128
	$ 213,582

3. Supplemental Information

Schedule of Assets (Held at End of Year)

NOTE E – TAX STATUS

The Plan obtained its latest determination letter dated March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. 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 Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor. The Plan is subject to routine audits by tax jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

NOTE F – REPORTABLE TRANSACTIONS

The value of the plan assets at the beginning of the plan period was $6,768,445. All individual transactions or series of similar transactions greater than $338,422 (5% of beginning plan assets) are considered to be reportable transactions. There were no reportable transactions in the year ending December 31, 2014.

SUPPLEMENTAL INFORMATION

NAPLETON AUTO WERKS 401(k) PLAN
EIN 36-4077925
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER 001
December 31, 2014

Issuer (b)	Description of investment (c)	Current Value of Investment (e)
Oppenheimer Funds	Oppenheimer Capital Appreciation Fund A	$ 856,111
Oppenheimer Funds	Oppenheimer Cash Reserves Fund A	764,305
Oppenheimer Funds	Oppenheimer Main Street Fund A	751,067
Oppenheimer Funds	Oppenheimer Discovery Fund A	686,513
Oppenheimer Funds	Oppenheimer Global Fund A	592,529
Oppenheimer Funds	Oppenheimer Global Opportunities Fund A	573,212
Oppenheimer Funds	Oppenheimer International Small Company Fund A	223,499
Oppenheimer Funds	Oppenheimer Developing Markets Fund A	219,362
Oppenheimer Funds	Oppenheimer Small & Mid Cap Value Fund A	211,550
Oppenheimer Funds	Oppenheimer Main Street Select Fund A	181,219
Oppenheimer Funds	Oppenheimer Equity Income Fund A	164,668
Oppenheimer Funds	Oppenheimer Rising Dividends Fund A	163,319
Oppenheimer Funds	Oppenheimer Port Series: Active Allocation A	146,059
Oppenheimer Funds	Oppenheimer Port Series: Moderate Investor A	118,514
Oppenheimer Funds	Oppenheimer Global Strategic Income Fund A	116,156
Oppenheimer Funds	Oppenheimer Discovery Mid Cap Growth Fund A	84,002
Oppenheimer Funds	Oppenheimer Port Series: Equity Investor A	71,359
Oppenheimer Funds	Oppenheimer International Growth Fund A	68,250
Oppenheimer Funds	Oppenheimer Flexible Strategies Fund A	64,956
Oppenheimer Funds	Oppenheimer Capital Income Fund A	64,378
Oppenheimer Funds	Oppenheimer Main Street Small & Mid Cap Fund A	50,961
Oppenheimer Funds	Oppenheimer Global Value Fund A	33,765
Oppenheimer Funds	Oppenheimer Value Fund A	33,184
Oppenheimer Funds	Oppenheimer Corporate Bond Fund A	31,384
Oppenheimer Funds	Oppenheimer Equity Fund A	29,868
Oppenheimer Funds	Oppenheimer Commodity Strat Total Return Fund A	22,778
Oppenheimer Funds	Oppenheimer International Bond Fund A	22,322
Oppenheimer Funds	Oppenheimer Limited Term Government Fund A	18,914
Oppenheimer Funds	Oppenheimer Real Estate Fund A	16,202
Oppenheimer Funds	Oppenheimer International Diversified Fund A	14,929
Oppenheimer Funds	Oppenheimer International Value A	9,057
Oppenheimer Funds	Oppenheimer Gold & Special Minerals Fund A	7,337
Oppenheimer Funds	Oppenheimer Core Bond Fund A	4,148
Oppenheimer Funds	Oppenheimer Global Allocation Fund A	1,002
Oppenheimer Funds	Oppenheimer Dividend Opportunity Fund A	602
Oppenheimer Funds	Oppenheimer Port Series: Conservative Investor A	361
Oppenheimer Funds	Oppenheimer Global High Yield A	279
Oppenheimer Funds	Oppenheimer Limited-Term Bond A	12
Oppenheimer Funds	Oppenheimer Senior Floating Rate Fund A	8
Participant loans	Interest rate - 3.25%	112,447
		$ 6,530,588

* - There are no party-in-interest transaction

(d) - Cost information is omitted due to all transactions being participant-directed.

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NAPLETON AUTO WERKS 401(K) PLAN **EIN:** 36-4077925
Plan Sponsor's Name NAPLETON AUTO WERKS **PN:** 001

(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
	Oppenheimer	Oppenheimer Global Opportunities A	0	573,212
	Oppenheimer	Oppenheimer Global Strategic Inc A	0	116,156
	Oppenheimer	Oppenheimer Capital Appreciation A	0	856,111
	Oppenheimer	Oppenheimer Global A	0	592,529
	Oppenheimer	Oppenheimer Discovery Fund A	0	686,513
	Oppenheimer	Oppenheimer Cash Reserves A	0	764,305
	Oppenheimer	Oppenheimer Developing Markets Fund A	0	219,362

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NAPLETON AUTO WERKS 401(K) PLAN **EIN:** 36-4077925
Plan Sponsor's Name NAPLETON AUTO WERKS **PN:** 001

(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
	Oppenheimer	Oppenheimer International Growth A	0	68,250
	Oppenheimer	Oppenheimer Main Street Select A	0	181,219
	Oppenheimer	Oppenheimer Intl Small Company A	0	223,499
	Oppenheimer	Oppenheimer Small & Mid Cap Value A	0	211,550
	Oppenheimer	Oppenheimer Commodity Strat Total Ret A	0	22,778
	Oppenheimer	Oppenheimer Flexible Strategies A	0	64,956
	Oppenheimer	Oppenheimer Main Street A	0	751,067

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NAPLETON AUTO WERKS 401(K) PLAN **EIN:** 36-4077925
Plan Sponsor's Name NAPLETON AUTO WERKS **PN:** 001

(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
	Oppenheimer	Oppenheimer Limited-Term Government A	0	18,914
	Oppenheimer	Oppenheimer Equity A	0	29,868
	Oppenheimer	Oppenheimer Discovery Mid Cap Growth A	0	84,002
	Oppenheimer	Oppenheimer International Diversified A	0	14,929
	Oppenheimer	Oppenheimer Gold And Spec Minerals A	0	7,337
	Oppenheimer	Oppenheimer Conservative Inv A	0	361
	Oppenheimer	Oppenheimer Moderate Inv A	0	118,514

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NAPLETON AUTO WERKS 401(K) PLAN **EIN:** 36-4077925
Plan Sponsor's Name NAPLETON AUTO WERKS **PN:** 001

(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
	Oppenheimer	Oppenheimer Active Allc A	0	146,059
	Oppenheimer	Oppenheimer Equity Inv A	0	71,359
	Oppenheimer	Oppenheimer International Value A	0	9,057
	Oppenheimer	Oppenheimer Main Street Mid Cap A	0	50,960
	Oppenheimer	Oppenheimer Rising Dividends A	0	163,319
	Oppenheimer	Oppenheimer Dividend Opportunity A	0	602
	Oppenheimer	Oppenheimer Value A	0	33,184

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NAPLETON AUTO WERKS 401(K) PLAN **EIN:** 36-4077925
Plan Sponsor's Name NAPLETON AUTO WERKS **PN:** 001

(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
	Oppenheimer	Oppenheimer Capital Income A	0	64,378
	Oppenheimer	Oppenheimer Real Estate A	0	16,202
	Oppenheimer	Oppenheimer International Bond A	0	22,323
	Oppenheimer	Oppenheimer Equity Income A	0	164,668
	Oppenheimer	Oppenheimer Core Bond A	0	4,148
	Oppenheimer	Oppenheimer Global Allocation A	0	1,002
	Oppenheimer	Oppenheimer Global Value Fund A	0	33,765

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NAPLETON AUTO WERKS 401(K) PLAN **EIN:** 36-4077925
Plan Sponsor's Name NAPLETON AUTO WERKS **PN:** 001

(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
	Oppenheimer	Oppenheimer Corporate Bond Fund A	0	31,384
	Oppenheimer	Oppenheimer Limited-Term Bond A	0	12
	Oppenheimer	Oppenheimer Senior Floating Rate Fund A	0	8
	Oppenheimer	Oppenheimer Global High Yield A	0	279
	Participant's Loan Account	Various Rates and Maturities	0	112,447