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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1997

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

8000 AUTO DRIVE
RIVERSIDE, CA 92504

2b Employer Identification Number (EIN)
95-2132516

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

2d Business code (see instructions)
441110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2015	ALAN B SVEDLOW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

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

NADA RETIREMENT ADMINISTRATORS INC. DBA NADART

8400 WESTPARK DRIVE
MCLEAN, VA 22102

3b Administrator's EIN: 31-1255362

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

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	166
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)**	161
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	177
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	6
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	183
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	183
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	46
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2132516

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NADART

8400 WESTPARK DRIVE
MCLEAN, VA 22102

31-1255362

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

GLOBAL TRUST COMPANY

PO BOX 2069
WOBURN, MA 01888

90-0212136

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

STATE STREET GLOBAL ADVISORS

1 LINCOLN STREET
34TH FLOOR
BOSTON, MA 02111

04-1867445

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

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(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)

NADART

31-1255362

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 12 13 14 15 16 31 36 37 38 64 65	PLAN ADMINISTRATOR	1306	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
WARREN-ANDERSON FORD DBA FRITTS FORD 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
WARREN-ANDERSON FORD DBA FRITTS FORD

D Employer Identification Number (EIN)
95-2132516

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
56-2505985-020	C	33423

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
56-2505985-042	C	172

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
56-2505985-019	C	18426

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
56-2505985-041	C	43387

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
56-2505985-003	C	400449

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
56-2505985-008	C	22764

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
56-2505985-010	C	45992

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

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

c EIN-PN 56-2505985-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 555848

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

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

c EIN-PN 56-2505985-028	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47313

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

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

c EIN-PN 56-2505985-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5691

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

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

c EIN-PN 56-2505985-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59647

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

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

c EIN-PN 56-2505985-023	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106676

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

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

c EIN-PN 56-2505985-025	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 196328

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

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

c EIN-PN 56-2505985-021	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 228027

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 2010 STRATEGY FUND

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

c EIN-PN 56-2505985-029	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4557

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 2015 STRATEGY FUND

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

c EIN-PN 56-2505985-030	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10475

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 2025 STRATEGY FUND

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

c EIN-PN 56-2505985-032	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120954

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

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

c EIN-PN 56-2505985-040	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26874

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

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

c EIN-PN 56-2505985-014	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55505

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

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

c EIN-PN 56-2505985-038	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15382

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

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

c EIN-PN 56-2505985-024	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29667

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

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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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

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2132516

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	3719
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	10733	36573
(9) Value of interest in common/collective trusts	1c(9)	1862568	2027557
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1873301	2067849
	Liabilities			
g	Benefit claims payable	1g	5181	848
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	5181	848
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1868120	2067001

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)	1000	
	(B) Participants	2a(1)(B)	140369	
	(C) Others (including rollovers)	2a(1)(C)	4239	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		145608
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
	(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)	1102	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1103
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		99017
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		245728
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	44693	
(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)		44693
f Corrective distributions (see instructions)	2f		848
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)	1306	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1306
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		46847
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		198881
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: GYL DECAUWER, LLP **(2)** EIN: 33-0482495

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
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
WARREN-ANDERSON FORD DBA FRITTS FORD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2132516

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 90-0212136

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** 2

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GYL Decauwer LLP
Certified Public Accountants Business Consultants

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

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Warren-Anderson Ford dba Fritts Ford 401(k) Plan
Riverside, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Warren-Anderson Ford dba Fritts Ford 401(k) Plan (The "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 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.

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 4, which was certified by Global Trust Company (GTC), 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.

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The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2014 and 2013, 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

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

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

GYL Decauwer LLP
Ontario, California

September 25, 2015

WARREN-ANDERSON FORD
Dba Fritts Ford 401(k) Plan

FINANCIAL STATEMENTS

December 31, 2014

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

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GYL Decauwer LLP
Certified Public Accountants Business Consultants

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

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Warren-Anderson Ford dba Fritts Ford 401(k) Plan
Riverside, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Warren-Anderson Ford dba Fritts Ford 401(k) Plan (The "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 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.

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 4, which was certified by Global Trust Company (GTC), 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.

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The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2014 and 2013, 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

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

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

GYL Decauwer LLP
Ontario, California

September 25, 2015

WARREN ANDERSON FORD
dba FRITTS FORD 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013

	2014	2013
ASSETS		
INVESTMENTS AT FAIR VALUE		
Participant-directed investments		
Collective Investment Trust	$ 2,027,557	$ 1,862,568
Total Investments	2,027,557	1,862,568
RECEIVABLES		
Participant contributions	3,719	
Notes receivable form participants	36,573	10,733
Total Receivables	40,292	10,733
Total Assets	2,067,849	1,873,301
LIABILITIES		
Excess contribution payable	848	5,181
Total Liabilities	848	5,181
Net assets reflecting investment at fair value	2,067,001	1,868,120
Adjustment to contract value for Income Fund CIT	(15,433)	(10,713)
Net Assets Available for Benefits	$ 2,051,568	$ 1,857,407

WARREN ANDERSON FORD
dba FRITTS FORD 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2014

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income	
Net appreciation (depreciation) in fair value of investments	$ 94,298
Plan Contributions	
Employer	1,000
Participant	140,369
Rollover	4,239
Interest income from notes receivable from participants	1,102
TOTAL ADDITIONS	241,008
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	44,693
Corrective distributions	848
Administrative fees	1,306
TOTAL DEDUCTIONS	46,847
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	194,161
NET ASSETS AVAILABLE FOR BENEFITS:	
Net Assets - Beginning	1,857,407
Net Assets - Ending	$ 2,051,568

NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

Note 1 Description of Plan

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

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

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

Contributions - Participant contributions consist of pre-tax elective deferrals and after-tax contributions. Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan and subject to limitations by the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

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

Note 1 Description of Plan (continued)

Participant Accounts and Vesting - Each participant's account is credited with the participant's contributions, the Employer's contributions and an allocation of the Plan's earnings, and charged with an allocation of investment expenses. The Plan's earnings and investment expenses (see Note 2) are allocated according to participants' relative account balances in the investment options. Certain participant and loan fees, if applicable, are also charged to participant accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

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

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

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

Payment of Benefits - On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annuities that are offered by the Plan. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts - Forfeitures are reallocated to participants in the same manner as Employer discretionary contributions. At December 31, 2014 and 2013, forfeited nonvested accounts totaled $0 and $0, respectively. In 2014, $0 was reallocated to participants

Note 1 Description of Plan (continued)

Excess Contributions - NADART distributes excess contributions in accordance with IRC sections 401(m) and 401(k).

Note 2 Summary of Accounting

Date of Management's Review - Subsequent events were evaluated through September 25, 2015, which is the date the financial statements were available to be issued.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles, requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Basis of Accounting - The accompanying financial statements have been prepared on the accrual method of accounting and include only assets, liabilities and changes in net assets of the Plan in conformity with accounting principles generally accepted in the United States of America. As described, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participant would receive if they were to initiate permitted transactions under the terms of the plan. As required, the Statement of Net Assets Available for Benefits presents the fair value of the investments. The Statement of Change in Net Assets Available for Benefits is prepared on a contract basis.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the plan document.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Note 2 Summary of Accounting (continued)

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits - A participant eligible for distribution may elect to have the amount paid in cash in one lump-sum. Any distribution to a participant who has a benefit which exceeds $5,000, shall require such participant's written (or in such other form as permitted by the Internal Revenue Service) consent if such distribution occurs prior to the time the benefit is "immediately distributable." A benefit is "immediately distributable" if any part of the benefit could be distributed to the participant (or surviving spouse) before the participant attains or would attain (or would have attained if not deceased) the later of normal retirement age or age 65.

Administrative Expenses - Investment management fees are charged to participants based on their investment elections. In addition, all collective trusts return a fee for recordkeeping services to NADART, calculated based on invested assets, as outlined in the service agreement between the Employer and NADART. These fees are reflected in the net appreciation in fair value of investments in the accompanying financial statements, and in Note 4.

All expenses of maintaining the Plan are paid by the Company.

Note 3 Related Party Transactions

Certain plan investments consist of investments managed by Global Trust Company. Global Trust Company is the discretionary trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transaction by the United States Department of Labor's (DOL) Rules and Regulations.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

Note 4 Investments Certified by Trustee

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

The Trustee has certified as to the completeness and accuracy of all investment balances and notes receivable from participants reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013, all of the investment activity and interest income from notes receivable from participants reflected on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014, and all investment information in the supplemental schedules.

	2014	2013
Collective Investment Trust:		
NADART Fund CIT	$ 555,848	$ 529,008
Income Fund CIT, at contract value	400,449	267,388
SSgA 2025 Strategy CIT	120,954	111,281
S & P 500 Large Cap Fund CIT	228,027	174,010
S & P 400 Mid Cap Fund CIT	196,328	193,130
Russell 2000 Small Cap Fund CIT	106,676	122,735
Other*	419,275	465,016
	$ 2,027,557	$ 1,862,568

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

The Trustee has certified the completeness and accuracy of $94,298 of net appreciation in fair value of investments. For the year ended December 31, 2014, the Plan's investments (including investments bought, sold and held during the year) appreciated in value as follows:

Fair value as determined by the Trustee:	
Collective Investment Trusts	$ 94,298
Net appreciation (depreciation) in fair value of investments	$ 94,298

Note 5 Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the input 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 input (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

LEVEL 2 Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Note 5 Fair Value Measurements (continued)

The following table sets forth by level, with the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Collective Investment Trust:				
Balance funds	$	$ 561,539	$	$ 561,539
Bond funds		78,073		78,073
International funds		56,187		56,187
Large cap funds		360,512		360,512
Mid cap stock funds		257,702		257,702
Small cap stock funds		150,235		150,235
Target date funds		162,860		162,860
Capital preservation funds			400,449	400,449
	$	$ 1,627,108	$ 400,449	$ 2,027,557

The following table sets forth by level, with the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Collective Investment Trust:				
Balance funds	$	$ 534,688	$	$ 534,688
Bond funds		55,656		55,656
International funds		57,265		57,265
Large cap funds		327,264		327,264
Mid cap stock funds		269,065		269,065
Small cap stock funds		182,675		182,675
Target date funds		157,854		157,854
Capital preservation funds			278,101	278,101
	$	$ 1,584,467	$ 278,101	$ 1,862,568

Note 5 Fair Value Measurements (continued)

The following table provides further details of the Level 3 fair value measurements:

	Income Fund
December 31, 2014	
Beginning balance	$ 278,101
Total gains or losses (realized or unrealized) included in changes in net assets available for benefits	5,055
Purchases, sales, issuances, and settlements	117,293
Ending balance	$ 400,449
December 31, 2013	
Beginning balance	$ 280,076
Total gains or losses (realized or unrealized) included in changes in net assets available for benefits	4,738
Purchases, sales, issuances, and settlements	(6,713)
Ending balance	$ 278,101

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2014 are reported in net appreciation (depreciation) in fair value of investments.

Note 6 Adjustment to Contract Value for Income Fund

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Income Fund CIT investment held by the Plan contains underlying fully benefit-responsive investment contracts. The Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013 present the fair value of the Income Fund CIT as well as the adjustment of the Income Fund CIT from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Note 7 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, 2014 to Schedule H of Form 5500:

	2014	2013
Net assets available for benefits per the financial statements	$ 2,051,568	$ 1,857,407
Adjustment for fair value for Income Fund CIT	15,433	10,713
Net assets available for benefits per Schedule H to Form 5500	$ 2,067,001	$ 1,868,120

The following is a reconciliation of investment income per the financial statements at December 31, 2014 to Schedule H of Form 5500:

	2014
Total investment income per the financial statements	$ 94,298
Adjustment to fair value for Income Fund 2014	15,433
Adjustment to fair value for Income Fund 2013	(10,713)
Interest income from notes receivable from participants	1,102
Total investment income (loss) per Form 5500	$ 100,120

Note 8 Plan Termination

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

Note 9 Tax Status

The Company has adopted a Prototype 401(k) plan and related trust. The Internal Revenue Service (IRS) has determined that the Plan and related trust are designed in accordance with applicable sections of the IRC.

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 10 Risk and Uncertainties

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

Note 11 Subsequent Events

Effective October 9, 2015, the record keeping and custodial functions of the Plan Administrator, NADA Retirement Administrators Inc. dba NADART, an affiliate of NADA, will be transferred to Empower Retirement/Great-West Life & Annuity Insurance Company (Empower), formerly known as Great-West Financial. Empower has engaged Great-West Trust Company, LLC as the directed trustee. All plan assets will be liquidated and transferred to Empower on October 9, 2015.

WARREN ANDERSON FORD
dba FRITTS FORD 401(k) PLAN
EIN # 95-2132516
Plan # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2014

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Costs	(e) Current Value
*	International Investors Fund CIT	Collective Investment Trust	**	$ 22,764
*	ClearBridge Small Cap Growth CIT	Collective Investment Trust	**	172
*	Goldman Sachs Small Cap Value CIT	Collective Investment Trust	**	43,387
*	Income Fund CIT	Collective Investment Trust	**	400,449
*	Janus Mid Cap Growth CIT	Collective Investment Trust	**	45,992
*	NADART Fund CIT	Collective Investment Trust	**	555,848
*	PIMCO All Asset Fund CIT	Collective Investment Trust	**	5,691
*	PIMCO Total Authority Fund CIT	Collective Investment Trust	**	59,647
*	Russell 2000 Small Cap Fund CIT	Collective Investment Trust	**	106,676
*	S&P 400 Mid Cap Fund CIT	Collective Investment Trust	**	196,328
*	S&P 500 Large Cap Fund CIT	Collective Investment Trust	**	228,027
*	SSgA Retirement Income Strategy CIT	Collective Investment Trust	**	26,874
*	SSgA 2010 Strategy CIT	Collective Investment Trust	**	4,557
*	SSgA 2015 Strategy CIT	Collective Investment Trust	**	10,475
*	SSgA 2025 Strategy CIT	Collective Investment Trust	**	120,954
*	T. Rowe Price Equity Income CIT	Collective Investment Trust	**	55,505
*	ACWI ex-US International Index CIT	Collective Investment Trust	**	33,423
*	Franklin High Yield CIT	Collective Investment Trust	**	18,426
*	Neuberger Berman LC Growth CIT	Collective Investment Trust	**	47,313
*	Vanguard Selected Value CIT	Collective Investment Trust	**	15,382
*	Waddell & Reed Core Equity CIT	Collective Investment Trust	**	29,667
	Total Collective Investment Trust			2,027,557
		Loans to Participants with Interest Rates at prime plus 1%		36,573
	Total Investment			$ 2,064,130

* Party-in-interest as defined by ERISA
** Participant directed accounts, historical cost is not required to be presented

Warren-Anderson Ford DBA Fritts Ford 401(k) Plan
EIN 95-2132516 Plan ID 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor Or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value	(f) Shares
*	International Investors Fund CIT	Collective Investment Trust	N/R	$ 22,764	669
*	ClearBridge Small Cap Growth CIT	Collective Investment Trust	N/R	172	14
*	Goldman Sachs Small Cap Value CIT	Collective Investment Trust	N/R	43,387	2,707
*	Income Fund CIT	Collective Investment Trust	N/R	400,449	25,235
*	Janus Mid Cap Growth CIT	Collective Investment Trust	N/R	45,992	471
*	NADART Fund CIT	Collective Investment Trust	N/R	555,848	24,159
*	PIMCO All Asset Fund CIT	Collective Investment Trust	N/R	5,691	341
*	PIMCO Total Return Fund CIT	Collective Investment Trust	N/R	59,647	4,241
*	Russell 2000 Small Cap Fund CIT	Collective Investment Trust	N/R	106,676	2,515
*	S&P 400 Mid Cap Fund CIT	Collective Investment Trust	N/R	196,328	2,705
*	S&P 500 Large Cap Fund CIT	Collective Investment Trust	N/R	228,027	5,610
*	SSgA Retirement Income Strategy CIT	Collective Investment Trust	N/R	26,874	1,746
*	SSgA 2010 Strategy CIT	Collective Investment Trust	N/R	4,557	285
*	SSgA 2015 Strategy CIT	Collective Investment Trust	N/R	10,475	726
*	SSgA 2025 Strategy CIT	Collective Investment Trust	N/R	120,954	8,146
*	T. Rowe Price Equity Income CIT	Collective Investment Trust	N/R	55,505	1,441
*	ACWI ex-US International Index CIT	Collective Investment Trust	N/R	33,423	2,261
*	Franklin High Yield CIT	Collective Investment Trust	N/R	18,426	7,660
*	Neuberger Berman LC Growth CIT	Collective Investment Trust	N/R	47,313	2,934
*	Vanguard Selected Value CIT	Collective Investment Trust	N/R	15,382	473
*	Waddell & Reed Core Equity CIT	Collective Investment Trust	N/R	29,667	2,836
	Total investments			$ 2,027,557	
*	Participant loans (All notes initiated at prime rate plus 1% with an interest rate of 4.25%)		$ -	$ 36,573	

* A party-in-interest as defined by ERISA

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