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
CHARLIE CLARK NISSAN 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/15/2006

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
AMARU MOTORS LP DBA CHARLIE CLARK NISSAN

3500 W. EXPRESSWAY 83
HARLINGEN, TX 78552

2b Employer Identification Number (EIN)
91-2103019

2c Plan Sponsor's telephone number
956-216-1532

2d Business code (see instructions)
423100

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.	10/12/2015	JULIO ROCHA
	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**	254
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)**	254
a(2) Total number of active participants at the end of the plan year	**6a(2)**	248
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	44
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	292
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	292
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	177
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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)	[X] Insurance	**(1)**	[X] 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)** [X] 1 **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
CHARLIE CLARK NISSAN 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMARU MOTORS LP DBA CHARLIE CLARK NISSAN

D Employer Identification Number (EIN)
91-2103019

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

1 Coverage Information:

(a) Name of insurance carrier

HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-832858	178	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
3046	311

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

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

DFIB CORPORATION
579 MAIN STREET
BOLTON, MA 01740

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3046			4

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

LOREN D. STARK COM
10750 ROCKLEY ROAD
HOUSTON, TX 77099

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	311	FEES/ADMINISTRATOR	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	6551
5	Current value of plan's interest under this contract in separate accounts at year end	5	797106

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	2624
c	Additions: (1) Contributions deposited during the year	7c(1)	1399		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	105		
	(4) Transferred from separate account	7c(4)	3123		
	(5) Other (specify below)	7c(5)	43500		
	▶ ACQUISITION				
	(6) Total additions			7c(6)	48127
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	50751
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	477		
	(2) Administration charge made by carrier	7e(2)	57		
	(3) Transferred to separate account	7e(3)	43475		
	(4) Other (specify below)	7e(4)	191		
	▶ LOAN WITHDRAW				
	(5) Total deductions			7e(5)	44200
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6551

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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
CHARLIE CLARK NISSAN 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
AMARU MOTORS LP DBA CHARLIE CLARK NISSAN

D Employer Identification Number (EIN)
91-2103019

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: SEPARATE ACCOUNT 401

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	797106

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
CHARLIE CLARK NISSAN 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMARU MOTORS LP DBA CHARLIE CLARK NISSAN

D Employer Identification Number (EIN)
91-2103019

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)		
(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)	34545	45226
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	537990	797106
(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)	45949	6551
(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	618484	848883
	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	618484	848883

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)	0	
	(B) Participants	2a(1)(B)	279568	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		279568
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1343	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1343
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		25280
(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		306191
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	73035	
(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)		73035
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	2757	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2757
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		75792
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		230399
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: LONG CHILTON, LLP **(2)** EIN: 74-1154721

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	X		

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
CHARLIE CLARK NISSAN 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMARU MOTORS LP DBA CHARLIE CLARK NISSAN

D Employer Identification Number (EIN)
91-2103019

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): 06-0974148 84-0467907

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):

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

CHARLIE CLARK NISSAN 401(K) PLAN

December 31, 2014 and 2013

CHARLIE CLARK NISSAN 401(k) PLAN

December 31, 2014 and 2013

PLAN ADMINISTRATOR

Amaru Motors LP dba Charlie Clark Nissan

TRUSTEES

Julio Rocha

Kenneth D. Bragg

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CERTIFIED PUBLIC ACCOUNTANTS
BUSINESS CONSULTANTS
LONG CHILTON, LLP
A PARTNERSHIP OF PROFESSIONAL CORPORATIONS AND INDIVIDUALS

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INDEPENDENT AUDITORS' REPORT

To Plan Management
of Charlie Clark Nissan 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Charlie Clark Nissan 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements 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 F, which was certified by Massachusetts Mutual Life Insurance Company and Great West Financial, 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 Massachusetts Mutual Life Insurance Company held the Plan's investment assets and executed investment transactions from May 1, 2013 to December 31, 2014, and that Great West Financial held the Plan's investment assets and executed investment transactions for the period of January 1, 2013 to April 24, 2014. The plan administrator has obtained certifications from Massachusetts Mutual Life Insurance Company as of and for the year ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustees is complete and accurate. The plan administrator has also obtained certifications from Great West Financial as of and for the year ended December 31, 2013 and April 24, 2014, 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 an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Assets Held for Investment Purposes as of December 31, 2014 and 2013 and the Schedule of Delinquent Participant Contributions as of December 31, 2013, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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



LONG CHILTON, LLP
Certified Public Accountants

Harlingen, Texas
September 25, 2015

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FINANCIAL STATEMENTS

Charlie Clark Nissan 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

ASSETS	2014	2013
Investments at fair value (See notes C, D, and E)		
Pooled separate accounts	$ 797,106	$ 537,990
Group annuity contracts:		
Fixed account- Hartford Life Insurance Company	6,551	2,624
Key guaranteed portfolio account- Great West Financial	-	43,325
Total investments	803,657	583,939
Receivables		
Employers' contributions	206,418	-
Participants' contributions	-	-
Notes receivable from participants	45,226	34,545
	251,644	34,545
Total assets	1,055,301	618,484
LIABILITIES		
Excess contributions	-	-
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	1,055,301	618,484
Adjustment from fair value to contract value for fully benefit - responsive investment contracts	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,055,301	$ 618,484

The accompanying notes are an integral part of these statements.

Charlie Clark Nissan 401(k) Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2014

Additions:	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments (see Note C)	$ 25,280
Interest	1,343
Contributions:	
Participant	279,568
Employer	206,418
Total additions	512,609
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to participants	73,035
Administrative expenses	2,757
Total deductions	75,792
Net increase	436,817
Net assets available for benefits:	
Beginning of year	618,484
End of year	$1,055,301

The accompanying notes are an integral part of this statement.

NOTE A – DESCRIPTION OF PLAN

The following description of the Charlie Clark Nissan 401(k) Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. *General*

The Plan is a defined contribution plan for the employees of the following companies:

Amaru Motors LP dba Charlie Clark Nissan
Amaru Motors 2, LLC dba Charlie Clark Nissan Brownsville

The effective date of the Plan is December 15, 2006.

All full–time employees who have completed 6 months of service with any of these companies and have reached twenty-one years of age are eligible to begin participation in the Plan as of the next January 1 or July 1. This Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. *Contributions*

Participants may contribute as much of their salary as they wish to the Plan, up to the dollar limit set by law. The Companies may make a discretionary contribution to the Plan at the option of Plan management. Employee and employer contributions are invested according to employee apportionments.

3. *Participant Accounts*

Each participant's account is credited with the participant's contribution, plan earnings and an allocation of (a) the Companies' contribution, if any, and (b) administrative expenses. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participants' non-vested accounts are used to reduce administrative expenses and reduce any employer contribution. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. *Vesting*

Each participant is 100% vested in his or her voluntary contribution account plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of service as follows:

Vesting Schedule
Profit Sharing Contributions

Years of Service	Vesting Percentage
2	20%
3	40%
4	60%
5	80%
6	100%

NOTE A – DESCRIPTION OF PLAN - Continued

Vesting Schedule
Matching Contributions

Years of Service	Vesting Percentage
1	20%
2	40%
3	60%
4	80%
5	100%

Participants are 100% vested in profit sharing and matching contributions if they are employed on or after their normal retirement age or upon death or disability.

5. *Notes Receivable from Participants*

Under the provisions of the Plan, participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Loan terms may not exceed 5 years unless the purpose of the loan is for the acquisition of the participant's principal residence. At December 31, 2014 and 2013 notes receivable from participants totaled $45,226 and $34,545, respectively. For December 31, 2014 and 2013 these loans consisted of amounts advanced against individual account balances of 17 and 9 participants, respectively. The interest on these loans is established by the Plan administrator in a nondiscriminatory manner and payback periods range from 1 to 5 years. Monthly payments of principal and interest are handled through payroll deductions by the Companies and are remitted to the Plan with participant contributions.

6. *Payment of Benefits*

A participant may elect to receive an amount equal to the value of the participant's account balance in the Plan upon termination of service due to death, disability or retirement. For termination of service due to other reasons, a participant will receive the value of the vested account balance in the plan as a lump-sum distribution.

The Plan allows for hardship distributions of up to 100% a participant's vested account balance if the withdrawal request is for a purpose delineated in the plan document.

The Plan allows for in-service distributions of up to 100% of a participant's vested account balance if the participant is over age 59 ½.

7. *Forfeited Accounts*

At December 31, 2014 and 2013, forfeited non-vested accounts totaled $4,760 and $2,551, respectively. This amount will be used to reduce future employer matching contributions and may be used to pay administrative expenses.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

1. *Basis of Accounting*

The financial statements of the Plan are prepared under the accrual method of accounting.

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 participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value, at December 31, 2014 and 2013, no such adjustment was necessary. The Statement of Changes in Net Assets Available for Benefits is prepared on a fair value basis.

2. *Estimates*

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

3. *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 D for discussion of fair value measurements.

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.

4. *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 upon the terms of the plan document.

5. *Payment of Benefits*

Benefits are recorded upon distribution.

6. *Operating Expenses*

All expenses of maintaining the plan are paid by the companies.

NOTE B – SUMMARY OF ACCOUNTING POLICIES – Continued

7. *Reclassifications*

Certain amounts reported in the prior year have been reclassified to conform with the current year financial statement presentation.

8. *Subsequent Events*

The Plan has evaluated subsequent events through September 25, 2015, the date the financial statements were available to be issued.

NOTE C – INVESTMENTS

The following table presents the fair market value of investments, as certified by Massachusetts Mutual Life Insurance Company and Great West Financial at December 31, 2014 and 2013. Investments that represents 5 percent or more of net plan assets are separately identified.

	2014		2013	
	Number of Shares	Fair Value	Number of Shares	Fair Value
Pooled separate accounts				
American Funds Washington Mutual – R1	2,599.0336	$ 49,012	1,755.7945	$ 30,256
Blackrock Lifepath 2030 – A	5,294.7461	64,245	4,482.1894	52,221
Blackrock Lifepath 2050 – A	2,677.3708	50,054	1,896.9177	33,910
Blackrock Lifepath 2025 – A	708.9426	9,263	2,364.7307	*29,676
Blackrock Lifepath 2045 – A	14,808.8599	213,549	9,930.6413	136,994
Blackrock Equity Dividend – R	2,120.5824	44,300	-	-
Lord Abbett Fundamental Equity – R3	2,923.4245	46,013	-	-
Other		320,670	-	254,933
		797,106		537,990
Guaranteed Investment Contract				
Fixed Account – Hartford Life Insurance Company		6,551		2,624
Group Annuity Contract				
Key Guaranteed Portfolio Fund – Great-West Life and Annuity Insurance Company		-		43,325
		$803,657		$583,939

***Represents investments shown for comparative purposes only, as these investments represented 5% or more of Plan net assets at December 31, 2013.**

The Plan's investments (including investments bought, sold and held during the year) appreciated in value by $25,221 during 2014 as detailed below:

Pooled separate accounts	
American Funds Washington Mutual – R1	$ 3,782
Blackrock Lifepath 2030 – A	2,569
Blackrock Lifepath 2050 – A	2,161
Blackrock Lifepath 2045 – A	7,555
Blackrock Equity Dividend – R	2,987
Lord Abbett Fundamental Equity – R3	2,507
Other	3,660
	$25,221

NOTE D - FAIR VALUE MEASUREMENTS

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

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 of methodology are unobservable and significant to the fair value measurement.

The asset 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Pooled separate accounts: valued at the net asset value (NAV) of shares held by the plan at year end.

Guaranteed investment contract: (Fixed account – Hartford Life Insurance Company) valued at contract value which approximates fair value. See Note E.

Group annuity contract: (Key Guaranteed Portfolio Fund – Great-West Life and Annuity Insurance Company) valued at contract value which approximates fair value. See Note E.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE D - FAIR VALUE MEASUREMENTS - Continued

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2014 and 2013:

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$797,106	$ -	$797,106
Guaranteed investment contract:				
Fixed income account – Hartford Life Insurance Company	-	6,551	-	6,551
	$ -	$803,657	$ -	$803,657

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$537,990	$ -	$537,990
Guaranteed investment contract:				
Fixed income account – Hartford Life Insurance Company	-	2,624	-	2,624
Group annuity contract:				
Key guaranteed portfolio fund- Great-West Life and Annuity Insurance Company	-	43,325	-	43,325
	$ -	$583,939	$ -	$583,939

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

NOTE E – INVESTMENT CONTRACT WITH INSURANCE COMPANY

For the Plan year ending December 31, 2014 the Plan's fixed account investment option was provided through a Guaranteed Investment Contract with Hartford Life Insurance Company (the Hartford). Under the terms of the Contract, a crediting rate is established for amounts invested in the fixed account. For the Plan year ending December 31, 2013 the Plan's key guaranteed portfolio fund was an investment option provided through a Group Annuity Contract or Group Funding Agreement with Great-West Life and Annuity Insurance Company (Great West). Under the terms of this contract, a crediting rate was also established for amounts invested in the key guaranteed portfolio fund.

As described in Note B, because these investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of net assets available for benefits attributable to the group annuity contracts. Contract value, as reported to the Plan by the Hartford and Great West, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer all or a portion of their investment at contract value.

NOTE E – INVESTMENT CONTRACT WITH INSURANCE COMPANY – Continued

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract provided by the Hartford at December 31, 2014 and 2013 was $6,551 and $2,624, respectively. The fair value of the investment contract provided by Great West at December 31, 2014 and 2013 was $ 0 and $43,325, respectively. The crediting interest rate of the investment contract provided by the Hartford at December 31, 2014 and 2013 was 1.70% and 1.50%, respectively. The crediting interest rate of the investment contract provided by Great West at December 31, 2014 and 2013 was 0% and 1.30%, respectively.

NOTE F – INFORMATION CERTIFIED BY MASSACHUSETTS LIFE INSURANCE COMPANY AND GREAT WEST LIFE & ANNUITY INSURANCE COMPANY

The following table presents the fair values of investments at December 31, as certified by Massachusetts Life Insurance Company and Great West Life & Annuity Insurance Company

	2014	2013
Pooled separate accounts		
American Funds Washington Mutual – R1	$ 49,012	$ 30,256
Blackrock Lifepath 2030 – A	64,245	52,221
Blackrock Lifepath 2050 – A	50,054	33,910
Blackrock Lifepath 2025 – A	9,263	29,676
Blackrock Lifepath 2045 – A	213,549	136,994
Blackrock Equity Dividend – R	44,300	-
Lord Abbett Fundamental Equity – R3	46,013	-
Other	320,670	254,933
	797,106	537,990
Guaranteed Investment Contract		
Fixed Account – Hartford Life Insurance Company	6,551	2,624
Group Annuity Contract		
Key Guaranteed Portfolio Fund – Great-West Life and Annuity Insurance Company	-	43,325
Notes receivable from participants	45,226	34,545
	$848,883	$618,484

NOTE G – PLAN TERMINATION

Although it has not expressed any intent to do so, the Companies have the right, under the Plan, to change, amend or discontinue the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, each participant's account will become fully vested and nonforfeitable.

NOTE H – RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of the financial statements to the Form 5500 for the plan year December 31, 2014:

Net assets available for benefits as presented in these financial statements	$1,055,301
Adjustments of:	
Employer's contribution receivable	(206,418)
Net assets available for benefits as presented on Form 5500	$ 848,883
Net increase in net assets available for benefits as presented in these financial statements	$ 436,817
Adjustments of:	
Contribution from employer	(206,418)
Net increase in net assets available for benefits as presented on Form 5500	$ 230,399

NOTE I – RISKS 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 J – TRANSACTIONS WITH PARTIES-IN-INTEREST

Fees paid by the Companies whose employees are covered by the Plan on behalf of the Plan for legal, accounting, and other services rendered to the Plan were based on customary and reasonable rates for such services.

NOTE K – FEDERAL INCOME TAX STATUS

The IRS has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and therefore, believe 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 organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. As of December 31, 2014 and 2013, the organization reports no uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

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SUPPLEMENTAL SCHEDULES

EIN 91-2103019 | Charlie Clark Nissan 401(k) Plan | Plan No. 001

SCHEDULES OF ASSETS HELD FOR INVESTMENT PURPOSES

(Form 5500 - Schedule H - Line 4i)

December 31, 2014

Assets held for investment at December 31, 2014 consisted of the following:

(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
	Pooled Separate Accounts			
*	Hartford	Pimco Total Return R	(1)	$ 11,740
*	Hartford	MFS Research International R2	(1)	19,486
*	Hartford	Franklin Conservative Allocation R	(1)	65
*	Hartford	Ivy Science and Technology R	(1)	4,495
*	Hartford	Blackrock Lifepath 2020 A	(1)	9,261
*	Hartford	Blackrock Lifepath 2030 A	(1)	64,245
*	Hartford	Blackrock Lifepath 2040 A	(1)	20,959
*	Hartford	Blackrock Lifepath Retirement A	(1)	10,267
*	Hartford	Invesco Small Cap Equity R	(1)	16,350
*	Hartford	Blackrock Global Allocation R	(1)	13,766
*	Hartford	Oppenheimer Real Estate R	(1)	4,643
*	Hartford	The Hartford Inflation Plus R3	(1)	11,713
*	Hartford	Blackrock Equity Dividend R	(1)	44,300
*	Hartford	American Funds Washington Mutual Inv R1	(1)	49,012
*	Hartford	Franklin High Income R	(1)	21,721
*	Hartford	Blackrock Mid Cap Value Opps R	(1)	20,869
*	Hartford	MFS Government Securities R2	(1)	13,005
*	Hartford	MFS Utilities R2	(1)	1,648
*	Hartford	Invesco International Growth R	(1)	19,684
*	Hartford	American Funds Europacific Growth R1	(1)	21,527
*	Hartford	Lord Abbett Fundamental Equity R3	(1)	46,013
*	Hartford	Blackrock Lifepath 2050 A	(1)	50,054
*	Hartford	Oppenheimer Developing Markets R	(1)	20,206
*	Hartford	Goldman Sachs Growth Opps R	(1)	15,920
*	Hartford	MFS New Discovery R2	(1)	17,546
*	Hartford	Nuveen Mid Cap Index R3	(1)	7,470
*	Hartford	Blackrock Lifepath 2025 A	(1)	9,263
*	Hartford	Blackrock Lifepath 2045 A	(1)	213,549
*	Hartford	Blackrock Lifepath 2055 A	(1)	6,760
*	Hartford	Blackrock Lifepath 2035 A	(1)	31,569
*	Hartford	Loan Fund	(1)	45,226
				842,332
	Guaranteed Investment Contract			
*	Hartford	Fixed Account	(1)	6,551
				$ 848,883

Note: A "*" symbol in column (a) indicates a party-in-interest.

(1) In accordance with Internal Revenue Service instructions, the Plan has opted to omit the cost information for this participant-directed investment account.

EIN 91-2103019 | Charlie Clark Nissan 401(k) Plan | Plan No. 001

SCHEDULES OF ASSETS HELD FOR INVESTMENT PURPOSES

(Form 5500 - Schedule H - Line 4i)

December 31, 2013

Assets held for investment at December 31, 2013 consisted of the following:

(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
	Pooled Separate Accounts			
*	Hartford	Pimco Total Return R	(1)	$ 7,306
*	Hartford	MFS Research International R2	(1)	13,054
*	Hartford	Franklin Conservative Alloc R	(1)	64
*	Hartford	Ivy Science and Technology R	(1)	1,564
*	Hartford	Blackrock Lifepath 2020 A	(1)	6,868
*	Hartford	Blackrock Lifepath 2030 A	(1)	52,221
*	Hartford	Blackrock Lifepath 2040 A	(1)	9,228
*	Hartford	Blackrock Lifepath Retirement A	(1)	11,594
*	Hartford	Invesco Small Cap Equity R	(1)	10,092
*	Hartford	Blackrock Global Allocation R	(1)	7,137
*	Hartford	Oppenheimer Real Estate R	(1)	1,262
*	Hartford	The Hartford Inflation Plus R3	(1)	7,305
*	Hartford	Blackrock Equity Dividend R	(1)	27,392
*	Hartford	American Funds Washington Mutual Inv R1	(1)	30,256
*	Hartford	Franklin High Income R	(1)	12,022
*	Hartford	Blackrock Mid Cap Value Opps R	(1)	12,440
*	Hartford	MFS Government Securities R2	(1)	7,635
*	Hartford	MFS Utilities R2	(1)	629
*	Hartford	Invesco International Growth R	(1)	13,065
*	Hartford	American Funds Europacific Growth R1	(1)	14,318
*	Hartford	Lord Abbett Fundamental Equity R3	(1)	27,894
*	Hartford	Blackrock Lifepath 2050 A	(1)	33,910
*	Hartford	Oppenheimer Developing Markets R	(1)	13,050
*	Hartford	Goldman Sachs Growth Opps R	(1)	9,891
*	Hartford	MFS New Discovery R2	(1)	10,648
*	Hartford	Nuveen Mid Cap Index R3	(1)	2,102
*	Hartford	Blackrock Lifepath 2025 A	(1)	29,676
*	Hartford	Blackrock Lifepath 2045 A	(1)	136,994
*	Hartford	Blackrock Lifepath 2055 A	(1)	6,437
*	Hartford	Blackrock Lifepath 2035 A	(1)	21,936
*	Hartford	Loan fund	(1)	34,545
				572,535
	Guaranteed Investment Account			
*	Hartford	Fixed Account	(1)	2,624
	Group Annunity Contract			
*	Great West Life & Annuity Insurance Company	Key Guaranteed Portfolio Fund	(1)	43,325
				$ 618,484

Note: A "*" symbol in column (a) indicates a party-in-interest.

(1) In accordance with Internal Revenue Service instructions, the Plan has opted to omit the cost information for this participant-directed investment account.

EIN 91-2103019 Charlie Clark Nissan 401(k) Plan Plan No. 001

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

(Form 5500 - Schedule H - Line 4a)

December 31, 2013

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VCFP) and Prohibited Transaction Exemption 2002-51
Check Here If Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
X			1,416	
X			1,749	
X			250	
X			492	
X			1,404	
X			40	
X			1,330	
X			826	
X			4	
X			31	
X			2,122	
X			262	
X			2,808	
X			1,578	
X			3,165	
X			1,749	
X			729	
X			751	
X			2,915	
X			514	
X			982	

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 ☒ 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: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
Charlie Clark Nissan 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/15/2006

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
AMARU Motors LP dba Charlie Clark Nissan

3500 W. Expressway 83

Harlingen TX 78552

2b Employer Identification Number (EIN) 91-2103019

2c Plan Sponsor's telephone number 956-216-1532

2d Business code (see instructions) 423100

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	[signature]	9-29-15	Julio Rocha
	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)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

6588/OS/MJJ/LP

Form 5500 (2014)
v. 140124

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:

a Sponsor's name

4b EIN

4c PN

5 Total number of participants at the beginning of the plan year	**5**	254
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)**	254
a(2) Total number of active participants at the end of the plan year	**6a(2)**	248
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	44
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	292
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	292
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	177
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3B 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] 1 **A** (Insurance Information)
- (4) [ ] **C** (Service Provider Information)
- (5) [X] **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 _____

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Charlie Clark Nissan 401(k) Plan
01-JAN-14 to 24-APR-14

28-APR-14 17:04:53

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1KGPF	0.00	0.000000	0	(43,500.19)	0.000000	103	(43,500.19)	SERIES
5% TRANSACTIONS								
1KGPF	0.00	0.000000	0	(43,500.19)	0.000000	103	(43,500.19)	24-APR-14

LEGEND

INVESTMENT OPTION:
1KGPF Key Guaranteed Portfolio Fund

Client # 6588
Charlie Clark Nissan
401(k) Plan
PLAN # 001
EIN# 91 2103019

Schedule H, line 4i - Schedule of Assets (Held at End of Year)
For Plan Year Ending December 31, 2014

(a) Party in Interest?	(b) Identity of issue, borrower, leaser, or similar party	(c) Description of investment including maturity date, rat of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
*	Hartford	Pimco Total Return	Pooled Separate Accounts	$7,305.77	$11,740.09
*	Hartford	MFS Reearch Intl	Pooled Separate Accounts	$13,053.56	$19,485.88
*	Hartford	Franklin Conservative Allocation	Pooled Separate Accounts	$63.74	$65.20
*	Hartford	Ivy Science and Tech	Pooled Separate Accounts	$1,563.51	$4,495.49
*	Hartford	Blackrock Lifepath 2020	Pooled Separate Accounts	$6,867.93	$9,260.57
*	Hartford	Blackrock Lifepath 2030	Pooled Separate Accounts	$52,221.27	$64,245.03
*	Hartford	Blackrock Lifepath 2040	Pooled Separate Accounts	$9,228.04	$20,958.52
*	Hartford	Blackrock Lifepath Retirement	Pooled Separate Accounts	$11,593.92	$10,266.77
*	Hartford	Invesco Sm Cap Equity	Pooled Separate Accounts	$10,091.50	$16,350.50
*	Hartford	Blackrock Global Allocation	Pooled Separate Accounts	$7,136.93	$13,765.68
*	Hartford	Oppenheimer Real Estate	Pooled Separate Accounts	1,261.760	$4,642.81
*	Hartford	The Hartford Infl	Pooled Separate Accounts	$7,304.55	$11,712.87
*	Hartford	Blackrock Equity Division	Pooled Separate Accounts	$27,392.16	$44,299.60
*	Hartford	AF Washington Mutual	Pooled Separate Accounts	$30,256.42	$49,011.58
*	Hartford	Franklin High In	Pooled Separate Accounts	$12,022.39	$21,721.45
*	Hartford	Blackrock MC Val Opp	Pooled Separate Accounts	$12,440.13	$20,868.71
*	Hartford	MFS Govt Securities	Pooled Separate Accounts	$7,634.74	$13,004.57
*	Hartford	MFS Utilities	Pooled Separate Accounts	$629.32	$1,648.21
*	Hartford	Invesco Intl Growth	Pooled Separate Accounts	$13,065.49	$19,684.39
*	Hartford	AF Europacific Grth	Pooled Separate Accounts	$14,317.55	$21,527.11
*	Hartford	Lord Abbett Fd Equity	Pooled Separate Accounts	$27,894.15	$46,012.93
*	Hartford	Blackrock Lifepath 2050	Pooled Separate Accounts	$33,910.27	$50,054.24
*	Hartford	Oppenheimer Developing Markets	Pooled Separate Accounts	$13,049.95	$20,205.90
*	Hartford	Goldman Sachs Groth Opps	Pooled Separate Accounts	$9,891.46	$15,919.66
*	Hartford	MFS New Discover	Pooled Separate Accounts	$10,648.23	$17,546.48
*	Hartford	Nuveen Mid Cap Indes	Pooled Separate Accounts	$2,102.25	$7,470.37
*	Hartford	Blackrock	Pooled Separate Accounts	$29,676.24	$9,263.27
*	Hartford	Blackrock	Pooled Separate Accounts	$136,994.42	$213,548.55
*	Hartford	Blackrock	Pooled Separate Accounts	$6,436.81	$6,760.46
*	Hartford	Blackrock	Pooled Separate Accounts	$21,935.86	$31,569.21
*	Hartford	Fixed	Pooled Separate Accounts	$1,029.02	$6,550.71
*	Hartford	Loan Fund	Loan	$34,544.53	$45,225.62
TOTAL				**$573,563.87**	**$848,882.43**