# 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
BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 003

**1c** Effective date of plan 11/01/1992

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

5815 NORTH DALE MABRY
TAMPA, FL 33614

**2b** Employer Identification Number (EIN)
59-0910014

**2c** Plan Sponsor's telephone number
813-872-5555

**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. | 10/13/2015 | WAYNE RUDZEWICZ |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2015 | WAYNE RUDZEWICZ |
| | **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** | 201 |
| **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)** | 154 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 146 |
| **b** Retired or separated participants receiving benefits | **6b** | 29 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 14 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 189 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 190 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 116 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 4 |
| **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 2G 2J 2K 2F 3D 2R

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2014**<br>**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<br>BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN | **B** Three-digit plan number (PN) ▶ 003 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500<br>BILL CURRIE FORD, INC. | **D** Employer Identification Number (EIN)<br>59-0910014 |

## 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

NATIONWIDE

31-4156830

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

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

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

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

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

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

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

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

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

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

**(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)

NATIONWIDE

31-4156830

| (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? |
|---|---|---|---|---|---|---|
| 49 64 21 25 99 15 | RECORDKEEPER | 38371 | 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 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
BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
BILL CURRIE FORD, INC.

**D** Employer Identification Number (EIN)
59-0910014

## 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) | 5 | |
| **(2)** Participant contributions | 1b(2) | 3562 | 1159 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 434318 | 348034 |
| **(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) | 0 | 0 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 3894562 | 4406709 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 225560 | 265002 |

| | | | (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 | 4558007 | 5020904 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 29825 | 5826 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 29825 | 5826 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 4528182 | 5015078 |

## 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) | 19226 | |
| | **(B)** Participants | 2a(1)(B) | 332057 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 0 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 351283 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | -2154 | |
| | **(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) | 0 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | -2154 |
| | **(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) | | |
| (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) | | 297646 |
| c Other income | 2c | | 8590 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 655365 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 159671 | |
| (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) | | 159671 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 8798 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 8798 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 168469 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 486896 |
| 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: SPENCE MARSTON BUNCH MORRIS & CO. **(2)** EIN: 59-3039234

**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
BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
BILL CURRIE FORD, INC.

**D** Employer Identification Number (EIN)
59-0910014

## 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): 31-4156830

**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** 1

## 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):

# BILL CURRIE FORD, INC.
# 401(k) PROFIT SHARING PLAN

## FINANCIAL STATEMENTS
## AND SUPPLEMENTAL SCHEDULE

## December 31, 2014 and 2013

*SPENCE, MARSTON, BUNCH, MORRIS & CO.*
*Certified Public Accountants*

*SPENCE, MARSTON, BUNCH, MORRIS & CO.*
*Certified Public Accountants • Business and Personal Advisors*

***Robert B. Spence, CPA***
***R. Michal Marston, CPA***
***Edgar J. Bunch, Jr., CPA***
***George E. Morris, CPA***
***Stephen M. Bunch, CPA***
***Anne G. McNamee, CPA***
***Randi E. Kraus, CPA***
***Judy L. Driscoll, CPA***
***Bruce Taylor, CPA***
***Dawn C. Simons, CPA***

## INDEPENDENT AUDITOR'S REPORT

To the Trustees and Plan Administrator of the
Bill Currie Ford, Inc. 401(k) Profit Sharing Plan
Tampa, Florida

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Bill Currie Ford, Inc. 401(k) Profit Sharing 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 years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Financial Services, Inc. and its subsidiary, Nationwide Trust Company (Nationwide), except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that Nationwide holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Nationwide as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by Nationwide 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 schedule of Assets Held at End of Year for the year ended December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

*Spence, Marston, Bunch, Morris & Co.*

Spence, Marston, Bunch, Morris & Co.
Certified Public Accountants

October 5, 2015
Clearwater, Florida

# BILL CURRIE FORD, INC. 401(k) PROFIT SHARING PLAN
# STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31 | |
|---|---|---|
| | 2014 | 2013 |
| **ASSETS** | | |
| Investments, at fair value: | | |
| Cash – money market | $ 348,034 | $ 434,318 |
| Mutual funds | 4,406,709 | 3,894,562 |
| Self-directed brokerage accounts | 265,002 | 225,560 |
| Total investments | 5,019,745 | 4,554,440 |
| Receivables: | | |
| Employer contributions receivable | - | 5 |
| Employee contributions receivable | 1,159 | 3,562 |
| Total receivables | 1,159 | 3,567 |
| Total assets | 5,020,904 | 4,558,007 |
| Liabilities: | | |
| Excess contributions payable | 5,826 | 29,825 |
| Total liabilities | 5,826 | 29,825 |
| Net assets available for benefits | $ 5,015,078 | $ 4,528,182 |

See accompanying notes to financial statements

# BILL CURRIE FORD, INC. 401(k) PROFIT SHARING PLAN
# STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| | For the years ended December 31 | |
|---|---|---|
| | **2014** | **2013** |
| Additions to net assets attributed to: | | |
| Investment gain: | | |
| Net appreciation in fair value of investments | $ 297,339 | $ 651,989 |
| Interest and dividends – self-directed brokerage accounts | 6,743 | 3,946 |
| | 304,082 | 655,935 |
| Contributions: | | |
| Employer | 19,226 | 23,800 |
| Employee | 332,057 | 281,169 |
| | 351,283 | 304,969 |
| Total additions | 655,365 | 960,904 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants and beneficiaries | 159,671 | 316,173 |
| Administrative and withdrawal expenses | 8,798 | 7,678 |
| Total deductions | 168,469 | 323,851 |
| Net increase | 486,896 | 637,053 |
| Net assets available for benefits: | | |
| Beginning of year | 4,528,182 | 3,891,129 |
| End of year | $ 5,015,078 | $ 4,528,182 |

See accompanying notes to financial statements

# BILL CURRIE FORD, INC. 401(k) PROFIT SHARING PLAN
# NOTES TO FINANCIAL STATEMENTS

## (1) DESCRIPTION OF PLAN

The following description of the Bill Currie Ford, Inc. 401(k) Profit Sharing Plan (the Plan), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General** – The Plan became effective November 1, 1992 and is a defined contribution plan covering all full-time employees of the Company who have completed six months of service. The Plan was amended and restated January 1, 2001 and again January 1, 2002 to comply with various IRS requirements. Significant changes included "catch up" contributions for eligible employees age 50 and older, and the maximum amount which a participant may defer increased to 100% of compensation, limited to an amount determined annually by the Internal Revenue Service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974.

The Plan was amended and restated effective January 1, 2009 for compliance with the Economic Growth and Tax Relief Reconciliation Act (EGTRRA) and other legislative and regulatory changes.

**Contributions** – The Employer contributes a discretionary matching contribution equal to a percentage of the amount of the voluntary salary reduction elected by the participant. The discretionary matching contribution will be determined each year by the Employer. For the years ended December 31, 2014 and 2013, the Employer matched 50% of each participant's contribution up to a maximum matching contribution of $300 per participant. As previously noted, participants may contribute up to 100% of their compensation, subject to regulatory limitations.

The Plan allows rollover contributions and the amended and restated plan documents allow participants to designate all or a portion of their contributions as Roth contributions effective April 1, 2010.

Contributions received by the Plan are deposited with Nationwide Financial Services, Inc. and its subsidiary, Nationwide Trust Company (Nationwide). Any benefits provided by the Plan are paid by Nationwide from net assets available for the plan benefits. The benefit to which a Plan participant is entitled is the benefit that can be provided by the contributions and income (loss) thereon (including net realized and unrealized investment gains and losses) allocated to such participant's account.

**Participant accounts** – Under the Plan, earnings, losses and expenses are allocated in proportion to the account values of the participant's account which is invested in the investment facilities from which the earnings (loss) and expenses arise. Forfeitures are applied to reduce future employer matching contributions. Forfeitures of $4,811 as of December 31, 2013, were available to be used to reduce future employer matching contributions.

The Plan was amended effective May 2, 2014 to state that a forfeiture will occur as of the earlier of the last day of the Plan year in which the former participant incurs five consecutive one year breaks in service or the distribution of the entire vested portion of the participant's account. A forfeiture will be disposed of in the Plan year following the Plan year in which the forfeiture occurs. Forfeitures may first be used to pay administrative fees and the remaining forfeitures will be used to reduce employer contributions.

During 2014, there were additional forfeitures of $630, appreciation of investments in the forfeiture account of $206 and forfeitures used to pay administrative fees of $2,988. The balance of forfeitures as of December 31, 2014 of $2,659 will be used to pay future administrative fees or reduce future employer matching contributions.

Participants have the ability to direct the investment of their account balances between various investment funds or any combination thereof. Each investment fund has unique and varied investment objectives.

# BILL CURRIE FORD, INC. 401(k) PROFIT SHARING PLAN
# NOTES TO FINANCIAL STATEMENTS

## (1) DESCRIPTION OF PLAN, CONTINUED

In 2010 the Plan was amended to allow participants to invest in various mutual funds including target funds based on the participant's retirement age, a self-directed brokerage account or a Nationwide managed investment account.

**Vesting** – Participants are immediately vested in their voluntary salary reduction accounts. Vesting in their employer matching account is based on years of continuous service. A participant is 100% vested after five years of credited service.

**Loans** – Loans are not permitted under the Plan.

**Payment of benefits –** Payment of benefits is made as a lump sum distribution. Participants with account balances of less than $1,000 will be automatically "cashed out" or "rolled over" when the individual terminates employment.

The Plan allows in-service distributions for participants age 59 ½ or older and hardship distributions.

Effective October 27, 2011, the Plan was amended to allow hardship distributions from Roth accounts.

**Plan administration fees** – Plan administration fees totaling $8,798 and $7,678 for withdrawal, advisory and self-directed account management fees were charged to participants in 2014 and 2013, respectively. Participants were also charged plan administrative expenses and asset management fees for the mutual funds which are included in net appreciation in fair value of investments. Plan expenses attributed to a particular participant are charged to the participant's account. The Plan financial statement audit fees are paid by the Employer. Employer personnel provide administrative services to the Plan at no charge.

## (2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Income recognition** – The Plan reports its income on the accrual basis of accounting.

**Valuation of investments** – Investments are valued at fair value as reported to the Plan and certified by Nationwide. Throughout the plan years ended December 31, 2014 and 2013, Nationwide maintained the contributions as directed by the participants in mutual funds and self-directed brokerage accounts. The mutual funds are credited with actual earnings (losses) on the underlying investments and charged for plan withdrawals. Net appreciation in the fair value of mutual funds is included in the financial statements as reported to the Plan and certified by Nationwide.

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

**Payment of benefits –** Benefits are recorded when paid.

**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 Statements of Net Assets Available for Benefits.

## (2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

**Reclassification** – The presentation of certain prior year balances have been reclassified to conform to the current year presentation.

The balance in the Dreyfus Cash Management Institutional Fund of $434,318 as of December 31, 2013 was reclassified to cash-money market on the Statement of Net Assets Available for Benefits to conform to the 2014 presentation.

**Adoption of accounting standards update (ASU No. 2015-12) –** Effective December 31, 2014, Plan management adopted Accounting Standards Update No. 2015-12 Part II: Plan Investment Disclosures which requires the update to be applied retrospectively for all financial statements presented. The update simplifies disclosures by eliminating the requirement to disclose investments exceeding 5% of net assets, eliminating the requirement for disclosures of non-participant directed investments and requires investments be grouped only by general type, eliminating the need to disaggregate investments in detail in the fair value measurement disclosures. Also, the update permits self-directed brokerage accounts to be presented in aggregate as one general investment type.

## (3) INVESTMENTS

The Plan's investments totaling $5,019,745 and $4,554,440 as of December 31, 2014 and 2013 respectively, are held and certified by Nationwide. The Plan's investments, including bought, sold and held during the year, appreciated in value by $297,339 and $651,989, as certified by Nationwide, for the years ended December 31, 2014 and 2013, respectively. Interest and dividends from participant directed brokerage accounts of $6,743 and $3,946 for 2014 and 2013, respectively, were also certified by Nationwide.

## (4) FAIR VALUE MEASUREMENTS

Generally accepted accounting principles establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of other than quoted prices not included in Level 1 that are observable, either directly or indirectly, and Level 3 inputs consist of unobservable inputs and has the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available.

*Level 1 Fair Value Measurements*

The fair value of the money market cash and self-directed brokerage accounts is based on quoted market prices.

| | Fair Value | Fair value measurements (Level 1) |
|---|---|---|
| **December 31, 2014** | | |
| Cash – money market | $ 348,034 | $ 348,034 |
| Self-directed brokerage accounts | $ 265,002 | $ 265,002 |

## (4) FAIR VALUE MEASUREMENTS, CONTINUED

| | Fair Value | Fair value measurements (Level 1) |
|---|---|---|
| **December 31, 2013** | | |
| Cash – money market | $ 434,318 | $ 434,318 |
| Self-directed brokerage accounts | $ 225,560 | $ 225,560 |

*Level 2 Fair Value Measurements*

The fair value of mutual funds is based on quoted net asset values of the underlying mutual funds held at year-end.

| | Fair Value | Fair value measurements (Level 2) |
|---|---|---|
| **December 31, 2014** | | |
| Mutual funds | $ 4,406,709 | $ 4,406,709 |

| | Fair Value | Fair value measurements (Level 2) |
|---|---|---|
| **December 31, 2013** | | |
| Mutual funds | $ 3,894,562 | $ 3,894,562 |

## (5) TAX STATUS

Effective January 1, 2009, the Employer adopted the Nationwide Financial Services Prototype Non-standardized 401(k) Profit Sharing Plan. The prototype Plan obtained a determination letter dated March 31, 2008, in which the Internal Revenue Service stated that the prototype Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

## (6) PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their account balances.

## (7) RELATED PARTY TRANSACTIONS

Plan investments are primarily Level 2 mutual funds held by Nationwide. Nationwide is the Plan custodian and, therefore, these transactions qualify as party-in-interest transactions.

Administrative fees of $2,988 were paid to Nationwide out of forfeitures during the year ended December 31, 2014.

## (8) EXCESS CONTRIBUTIONS

Excess participant contributions plus net appreciation in fair market value, which were returned to satisfy the relevant nondiscrimination provisions of the Plan for the years ended December 31, 2014 and 2013, are $5,826 and $29,825, respectively. The 2014 excess contributions were timely refunded in 2015 and have reduced employee contributions by $5,516 and investment income by $310 for the year ended December 31, 2014. The 2013 excess contributions were timely refunded in 2014 and have reduced employee contributions by $25,738 and investment income by $4,087 for the year ended December 31, 2013.

## (9) SUBSEQUENT EVENT

The Plan's management has evaluated events occurring subsequent to year end through October 5, 2015, the date the financial statements were available to be issued, for financial reporting and disclosure purposes. Plan management identified the following subsequent event:

The Plan made distributions to participants totaling $125,778 from January 1 through June 30, 2015.

# SUPPLEMENTAL SCHEDULE

# BILL CURRIE FORD, INC. 401(k) PROFIT SHARING PLAN
# SUPPLEMENTAL SCHEDULE OF ASSETS HELD AT END OF YEAR
# December 31, 2014

Schedule H, line 4i
Employer identification number: 59-0910014
Plan number: 003

| (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 |
|---|---|---|---|---|
| * | Nationwide Trust Company | Aberdeen Global Equity Institutional | $ ** | $ 13,680 |
| * | Nationwide Trust Company | American Century ShtDr Infl Prt Bd Inst | ** | 59,628 |
| * | Nationwide Trust Company | BlackRock Health Science Opportunities Investment A | ** | 131,933 |
| * | Nationwide Trust Company | Columbia Sel Lg Cap Grw R5 | ** | 9,026 |
| * | Nationwide Trust Company | DFA Emerging Market Core Institutional | ** | 4,634 |
| * | Nationwide Trust Company | Dreyfus Cash Management Institutional | 1,362 | 1,351 |
| * | Nationwide Trust Company | Dreyfus Cash Management Institutional | ** | 346,683 |
| * | Nationwide Trust Company | Dreyfus International Bond I | ** | 1,399 |
| * | Nationwide Trust Company | Federated Government Ultrashort Duration Institutional | ** | 5,175 |
| * | Nationwide Trust Company | Fidelity Advisor Real Estate I | ** | 54,878 |
| * | Nationwide Trust Company | Fidelity Advisor Strategic Income I | ** | 10,511 |
| * | Nationwide Trust Company | Invesco High Yield R5 | ** | 61,784 |
| * | Nationwide Trust Company | J P Morgan Core Plus Bond R6 | ** | 96,520 |
| * | Nationwide Trust Company | J P Morgan Equity Income Select | ** | 13,714 |
| * | Nationwide Trust Company | J P Morgan Market Expansion Enhanced Index Sel | ** | 17,055 |
| * | Nationwide Trust Company | MFS International Value R4 | ** | 45,834 |
| * | Nationwide Trust Company | MFS Research R4 | ** | 18,264 |
| * | Nationwide Trust Company | MFS Utilities R4 | ** | 264,915 |
| * | Nationwide Trust Company | MFS Value R4 | ** | 18,277 |
| * | Nationwide Trust Company | MNSTY ICAP International I | ** | 13,630 |
| * | Nationwide Trust Company | Oppenheimer Developing Markets Y | ** | 7,756 |
| * | Nationwide Trust Company | Oppenheimer Global Opportunities Y | ** | 102,216 |
| * | Nationwide Trust Company | Oppenheimer International Bd Y | ** | 32,139 |
| * | Nationwide Trust Company | Oppenheimer International Gr Y | ** | 68,327 |
| * | Nationwide Trust Company | PIMCO Real Return Institutional | ** | 103,252 |
| * | Nationwide Trust Company | PIMCO Small Cap Stock Pls ARStr Institutional | ** | 58,268 |
| * | Nationwide Trust Company | PIMCO Total Return Institutional | ** | 176,265 |
| * | Nationwide Trust Company | Prudential Global Real Estate Z | ** | 27,560 |
| * | Nationwide Trust Company | Prudential High Yield Z | ** | 32,287 |

See accompanying independent auditors report on pages 1 and 2.

# BILL CURRIE FORD, INC. 401(k) PROFIT SHARING PLAN
# SUPPLEMENTAL SCHEDULE OF ASSETS HELD AT END OF YEAR, CONTINUED
# December 31, 2014

Schedule H, line 4i
Employer identification number: 59-0910014
Plan number: 003

| (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 |
|---|---|---|---|---|
| * | Nationwide Trust Company | Prudential Total Return Bond Z | $ ** | $ 64,400 |
| * | Nationwide Trust Company | RS Global Natrl Rsrc Y | ** | 2,011 |
| * | Nationwide Trust Company | T. Rowe Price New Horizons | ** | 77,236 |
| * | Nationwide Trust Company | Vanguard 500 Index Fund As | ** | 82,897 |
| * | Nationwide Trust Company | Vanguard Dividend Growth Investment | 154 | 1,308 |
| * | Nationwide Trust Company | Vanguard Dividend Growth Investment | ** | 321,546 |
| * | Nationwide Trust Company | Vanguard Equity Income Investment | ** | 301,044 |
| * | Nationwide Trust Company | Vanguard Exploration Investment | ** | 4,602 |
| * | Nationwide Trust Company | Vanguard Health Care Investment | ** | 9,911 |
| * | Nationwide Trust Company | Vanguard MidCap Gr Investment | ** | 33,162 |
| * | Nationwide Trust Company | Vanguard Selected Value Investment | ** | 14,563 |
| * | Nationwide Trust Company | Vanguard Target Retirement 2015 Investment | ** | 248,217 |
| * | Nationwide Trust Company | Vanguard Target Retirement 2020 Investment | ** | 104,610 |
| * | Nationwide Trust Company | Vanguard Target Retirement 2025 Investment | ** | 186,359 |
| * | Nationwide Trust Company | Vanguard Target Retirement 2030 Investment | ** | 97,552 |
| * | Nationwide Trust Company | Vanguard Target Retirement 2035 Investment | ** | 77,819 |
| * | Nationwide Trust Company | Vanguard Target Retirement 2040 Investment | ** | 55,232 |
| * | Nationwide Trust Company | Vanguard Target Retirement 2045 Investment | ** | 11,380 |
| * | Nationwide Trust Company | Vanguard Target Retirement 2050 Investment | ** | 42,390 |
| * | Nationwide Trust Company | Vanguard Target Retirement 2055 Investment | ** | 675 |
| * | Nationwide Trust Company | Vanguard Total Stock Market Index As | ** | 32,012 |
| * | Nationwide Trust Company | Vanguard Wellington Investment | ** | 542,693 |
| * | Nationwide Trust Company | Wells Fargo Advantage Premier Large Company Growth Investment | ** | 610,218 |
| * | Nationwide Trust Company | Wadell & Reed Ivy Science & Technology I | ** | 35,945 |
| | Various | Participant Directed Brokerage Account Eligibile Assets Schedule H - Part I, Line 1c(15) | ** | 265,002 |
| | | | | $ 5,019,745 |

* Denotes exempt party-in-interest.
** Cost omitted for participant-directed investments.

See accompanying independent auditors report on pages 1 and 2.

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

**Plan Name** BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014
**Plan Sponsor's Name** BILL CURRIE FORD, INC. **PN:** 003

| (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 |
|---|---|---|---|---|
| | Nationwide Life Insurance | Abrden Glbl Eq Inst | | 13,680 |
| | Nationwide Life Insurance | Aggregate SDBA Assets | | 265,002 |
| | Nationwide Life Insurance | AmCent ShtDrInflPrtBd Inst | | 59,628 |
| | Nationwide Life Insurance | BlkRk Hlth Scnc Oppr Inst | | 131,933 |
| | Nationwide Life Insurance | Col Sel LgCap Gr R5 | | 9,026 |
| | Nationwide Life Insurance | DFA Emrg Mkt Cor Inst | | 4,634 |
| | Nationwide Life Insurance | Drey Cash Mgt Inst | | 348,034 |

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

**Plan Name** BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014
**Plan Sponsor's Name** BILL CURRIE FORD, INC. **PN:** 003

| (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 |
|---|---|---|---|---|
| | Nationwide Life Insurance | Drey Intl Bd I | | 1,399 |
| | Nationwide Life Insurance | Fed Govt UltraShrtDur Inst | | 5,175 |
| | Nationwide Life Insurance | FidAdv RealEst I | | 54,878 |
| | Nationwide Life Insurance | FidAdv Strat Inc I | | 10,511 |
| | Nationwide Life Insurance | Invsco Hi Yld R5 | | 61,784 |
| | Nationwide Life Insurance | JPM Cor Pls Bd R6 | | 96,520 |
| | Nationwide Life Insurance | JPM Eq Inc Sel | | 13,714 |

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

**Plan Name** BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014
**Plan Sponsor's Name** BILL CURRIE FORD, INC. **PN:** 003

| (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 |
|---|---|---|---|---|
| | Nationwide Life Insurance | JPM MktExpnsnEnhcdIndx Sel | | 17,055 |
| | Nationwide Life Insurance | MFS Intl Val R4 | | 45,834 |
| | Nationwide Life Insurance | MFS Rsrch R4 | | 18,264 |
| | Nationwide Life Insurance | MFS Util R4 | | 264,915 |
| | Nationwide Life Insurance | MFS Val R4 | | 18,277 |
| | Nationwide Life Insurance | MnSty ICAP Intl I | | 13,630 |
| | Nationwide Life Insurance | Opp Devl Mkt Y | | 7,756 |

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

**Plan Name** BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014
**Plan Sponsor's Name** BILL CURRIE FORD, INC. **PN:** 003

| (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 |
|---|---|---|---|---|
| | Nationwide Life Insurance | Opp Glbl Oppr Y | | 102,216 |
| | Nationwide Life Insurance | Opp Intl Bd Y | | 32,139 |
| | Nationwide Life Insurance | Opp Intl Gr Y | | 68,327 |
| | Nationwide Life Insurance | PIMCO Real Rtn Inst | | 103,252 |
| | Nationwide Life Insurance | PIMCO SmCapStkPlsARStrInst | | 58,268 |
| | Nationwide Life Insurance | PIMCO Ttl Rtn Inst | | 176,265 |
| | Nationwide Life Insurance | Prudntl Glbl RealEst Z | | 27,560 |

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

**Plan Name** BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014
**Plan Sponsor's Name** BILL CURRIE FORD, INC. **PN:** 003

| (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 |
|---|---|---|---|---|
| | Nationwide Life Insurance | Prudntl Hi Yld Z | | 32,287 |
| | Nationwide Life Insurance | Prudntl Ttl Rtn Bd Z | | 64,400 |
| | Nationwide Life Insurance | RS Glbl Natrl Rsrc Y | | 2,011 |
| | Nationwide Life Insurance | TRowePr New Hrizns | | 77,236 |
| | Nationwide Life Insurance | Vngrd 500 Index Fd AS | | 82,897 |
| | Nationwide Life Insurance | Vngrd Divd Gr Inv | | 322,854 |
| | Nationwide Life Insurance | Vngrd Eq Inc Inv | | 301,044 |

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

**Plan Name** BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014
**Plan Sponsor's Name** BILL CURRIE FORD, INC. **PN:** 003

| (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 |
|---|---|---|---|---|
| | Nationwide Life Insurance | Vngrd Explr Inv | | 4,602 |
| | Nationwide Life Insurance | Vngrd Hlth Care Inv | | 9,911 |
| | Nationwide Life Insurance | Vngrd MdCap Gr Inv | | 33,162 |
| | Nationwide Life Insurance | Vngrd Sel Val Inv | | 14,563 |
| | Nationwide Life Insurance | Vngrd Trgt Rtrmt 2015 Inv | | 248,217 |
| | Nationwide Life Insurance | Vngrd Trgt Rtrmt 2020 Inv | | 104,610 |
| | Nationwide Life Insurance | Vngrd Trgt Rtrmt 2025 Inv | | 186,359 |

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

**Plan Name** BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014
**Plan Sponsor's Name** BILL CURRIE FORD, INC. **PN:** 003

| (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 |
|---|---|---|---|---|
| | Nationwide Life Insurance | Vngrd Trgt Rtrmt 2030 Inv | | 97,552 |
| | Nationwide Life Insurance | Vngrd Trgt Rtrmt 2035 Inv | | 77,819 |
| | Nationwide Life Insurance | Vngrd Trgt Rtrmt 2040 Inv | | 55,232 |
| | Nationwide Life Insurance | Vngrd Trgt Rtrmt 2045 Inv | | 11,380 |
| | Nationwide Life Insurance | Vngrd Trgt Rtrmt 2050 Inv | | 42,390 |
| | Nationwide Life Insurance | Vngrd Trgt Rtrmt 2055 Inv | | 675 |
| | Nationwide Life Insurance | Vngrd Ttl StMkt Indx Fd AS | | 32,012 |

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

**Plan Name** BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014
**Plan Sponsor's Name** BILL CURRIE FORD, INC. **PN:** 003

| (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 |
|---|---|---|---|---|
| | Nationwide Life Insurance | Vngrd Wlngtn Inv | | 542,693 |
| | Nationwide Life Insurance | WFA Prmr Lg Co Gr Inst | | 610,218 |
| | Nationwide Life Insurance | WR Ivy Scnc Tech I | | 35,945 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |