

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 <div style="font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
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 <u>TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1989</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1989</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>TAFEL MOTORS, INC</u> <u>4156 SHELBYVILLE ROAD</u> <u>LOUISVILLE, KY 40207</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>61-0644898</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>502-896-4411</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>441110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>61-0644898</u>	2c Plan Sponsor's telephone number <u>502-896-4411</u>	2d Business code (see instructions) <u>441110</u>	
2b Employer Identification Number (EIN) <u>61-0644898</u>					
2c Plan Sponsor's telephone number <u>502-896-4411</u>					
2d Business code (see instructions) <u>441110</u>					

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	JANET COWAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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	5 117
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) 112
a(2) Total number of active participants at the end of the plan year	6a(2) 115
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 26
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 141
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 141
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 124
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 2F 2G 3D 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2014 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TAFEL MOTORS, INC	D Employer Identification Number (EIN) 61-0644898	

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.
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1 Coverage Information:

(a) Name of insurance carrier

TRANSAMERICA 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
39-0989781	86231	801894-000	124	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
6310	1546

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

STERNE AGEE & LEACH, INC.
2 PEREMETER PARK S, SUITE 100W
BIRMINGHAM, AL 35243-3298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6310			3

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

BENEFITS ADMINISTRATORS, LLC
200 WEST VINE STREET, SUITE 415
LEXINGTON, KY 40507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1546	TPA FEES	5

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

 Schedule A (Form 5500) 2014
 v. 140124

(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	93651
5 Current value of plan's interest under this contract in separate accounts at year end	5	3936452

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. Specify nature of costs ▶	6d	

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 ▶ POOLED ACCOUNT

b Balance at the end of the previous year	7b	71994
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c Additions: (1) Contributions deposited during the year	7c(1)	18868	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	403	
(4) Transferred from separate account	7c(4)	5418	
(5) Other (specify below)	7c(5)	554	
▶ STALE DATED CHECK, MISC DEPOSIT			

(6) Total additions	7c(6)	25243
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d Total of balance and additions (add lines 7b and 7c(6))	7d	97237
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	459	
(2) Administration charge made by carrier	7e(2)	566	
(3) Transferred to separate account	7e(3)	2223	
(4) Other (specify below)	7e(4)	338	

▶ NEGATIVE VALUE ADJUSTMENT/MISC

(5) Total deductions	7e(5)	3586
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	93651
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TAFEL MOTORS, INC	D Employer Identification Number (EIN) 61-0644898	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

TRANSAMERICA LIFE INSURANCE COMPANY

1150 S. OLIVE
LOS ANGELES, CA 90015-2211

39-0989781

(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?
15 37 52 62 64 67	RECORDKEEPER	11134	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2014 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TAFEL MOTORS, INC</u>	D Employer Identification Number (EIN) <u>61-0644898</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS MID-CAP OPPORTUNITIES</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-147</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63050</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RETIREMENT 2025 RET</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-049</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22350</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RETIREMENT 2035 RE</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0987981-050</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS EUROPACIFIC GROWTH R</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0987981-068</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>74609</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN REAL ESTATE SECURITIES RET</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0987981-075</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29848</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS MID CAP VALUE RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0987981-080</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12499</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES INVESTMENT GRADE BOND</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0987981-086</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30504</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY MUNDER MID-CAP CORE GROWTH		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-088	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1990
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTERNATIONAL BOND RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-089	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1984
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP INDEX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-107	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29714
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-108	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35870
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040 RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5772
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1739
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTERNATIONAL GROWTH RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-116	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76919
a Name of MTIA, CCT, PSA, or 103-12 IE: THRONBURG INTERNATIONAL VALUE RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-131	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS BALANCED RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-231	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 386855
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY DIVIDEND RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0987981-240	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177015

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF AMERI		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-250	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1334
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-259	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8156
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY INFLATION-ADJUSTME		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-266	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25226
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-267	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45054
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE & TECH RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-267	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51043
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON NATURUAL RESOUR		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-272	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43315
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE PRECIOUS META		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-276	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4253
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISORS NEW INSIGHTS RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-290	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113311
a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST EAGLE OVERSEAS RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-291	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57495
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN HIGH YIELD RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-293	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24836

a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN MARKET EXPANSION ENHANCED

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

c EIN-PN 39-0989781-295	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5354
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a Name of MTIA, CCT, PSA, or 103-12 IE: RIDGEWORTH MID-CAP VALUE EQUITY RET

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

c EIN-PN 39-0989781-302	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88817
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN RET OPT

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

c EIN-PN 39-0989781-312	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59744
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a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET OPT

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

c EIN-PN 39-0989781-313	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57485
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HEALTH SCIENCES OPT RET

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

c EIN-PN 39-0989781-365	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1791
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MARKETS RET

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

c EIN-PN 39-0989781-471	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53616
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER STRATEGIC INCOME RET OPT

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

c EIN-PN 39-0989781-474	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12810
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a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS TRITON RET OPT

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

c EIN-PN 39-0989781-583	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32992
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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)
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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)
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>TAFEL MOTORS, INC 401(K) PROFIT SHARING PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TAFEL MOTORS, INC</u>		D Employer Identification Number (EIN) <u>61-0644898</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	60208	0
	(2) Participant contributions.....	1b(2)	23245	0
	(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)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	3051717	3936452
	(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)	641195	93651
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	3776365	4030103

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	0	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3776365	4030103
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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)	67246	
(B) Participants	2a(1)(B)	415367	
(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)		482613
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)		
(F) Other	2b(1)(F)	419	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		419
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	-84119	
(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)		-84119
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	73720	
(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)		73720
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		472633

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	207828	
(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)		207828
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)	11067	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11067
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		218895

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		253738
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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: BLUE & CO., LLC

(2) EIN: 35-1178661

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:

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.).....

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.).....

	Yes	No	Amount
4a		X	
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		400000
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

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

AND

SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2014

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	14
 * Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



Blue & Co., LLC / 250 West Main Street, Suite 2900 / Lexington, KY 40507
main 859.253.1100 fax 859.253.1384 email blue@blueandco.com

REPORT OF INDEPENDENT AUDITORS

To the Trustee
Tafel Motors, Inc. 401 (k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tafel Motors, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 (ERISA), 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 Transamerica Life Insurance Company and Jackson National Life Insurance Company, the Plan's custodians, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of and for the year ended December 31, 2014, that the information provided to the plan administrator by the investment custodians 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 on the 2014 financial statements. Accordingly, we do not express an opinion on the 2014 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedule

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA 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.

Other Matter – 2013 Financial Statements

The financial statements of the Plan as of December 31, 2013, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Transamerica Life Insurance Company and Jackson National Life Insurance Company, the custodians of the Plan. Their report, dated September 22, 2014, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodians, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations 2014

The form and content of the information included in the 2014 financial statements and supplemental schedule, other than that derived from the information certified by the custodians, 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 ERISA.

Blue & Co., LLC

Lexington, Kentucky
September 23, 2015

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
Assets		
Investments, at fair value:		
Stable value option	\$ 93,651	\$ 71,995
Fixed account	854,435	569,200
Pooled separate accounts	<u>3,082,017</u>	<u>3,051,717</u>
 Total investments, at fair value	<u>4,030,103</u>	<u>3,692,912</u>
 Receivables:		
Participant contributions	13,136	23,245
Employer contributions	<u>160,817</u>	<u>60,208</u>
 Total receivables	<u>173,953</u>	<u>83,453</u>
 Total assets	4,204,056	3,776,365
 Liabilities		
Excess contributions payable	<u>24,536</u>	<u>-0-</u>
 Net assets available for benefits	<u><u>\$ 4,179,520</u></u>	<u><u>\$ 3,776,365</u></u>

See accompanying notes to financial statements.

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2014

Additions to net assets attributed to:

Investment income:

Net appreciation in pooled separate accounts	\$ 73,054
Interest	419
Total investment income	<u>73,473</u>

Contributions:

Participants'	380,722
Employers'	167,855
Total contributions	<u>548,577</u>

Total additions	<u>622,050</u>
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Deductions from net assets attributed to:

Benefits paid to participants	207,828
Administrative expenses	<u>11,067</u>

Total deductions	<u>218,895</u>
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Net increase	403,155
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Net assets available for benefits:

Beginning of year	<u>3,776,365</u>
End of year	<u>\$ 4,179,520</u>

See accompanying notes to financial statements.

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

1. PLAN DESCRIPTION

The following description of the Tafel Motors, Inc. 401(k) Profit Sharing Plan (the Plan) is provided for general informational purposes only. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of the Tafel Motors, Inc. (the Company) and Peterson Motor Cars, LLC d/b/a Mini of Louisville (collectively, the Companies) who have completed 90 days of service and are age 21 or older. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Contributions made to the Plan are comprised of employee and employer contributions. Employees may make annual Roth and pre-tax deferral contributions up to the maximum annual deferral amount defined by the Internal Revenue Service. The Companies may make annual discretionary matching and profit-sharing contributions, which are determined by the Companies' management. A participant must have completed one year of service, be employed by the Companies at December 31, and have completed 1,000 or more service hours in the plan year to share in the allocation of any matching or profit-sharing contributions, excluding events of death, disability, or retirement. For the year ended December 31, 2014, the Companies matched 300% of the deferral amount of each participant who contributed up to 1% of their annual compensation; or 3% of annual compensation for each participant who contributed amounts exceeding 1% of annual compensation. No profit sharing contributions were made for the year ended December 31, 2014. The Plan also allows for transfers or rollovers into the Plan from other qualified plans or retirement accounts.

Effective January 1, 2014, the Plan was amended to require automatic enrollment for all employees hired after December 31, 2013 who meet the age and service requirements. Those employees are automatically enrolled in the Plan unless they affirmatively elect not to participate. Automatically enrolled participants have 5% of their annual compensation withheld and contributed to the Plan, and have 90 days from their first contribution to elect not to participate in the Plan. If an election not to participate is made within the 90-day timeframe, an employee may elect to receive a distribution of any funds contributed to the Plan from their eligibility date through their election date.

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

Participant Accounts

Each participant's account is credited with the participant's own contributions and allocations of the Companies' discretionary matching and profit-sharing contributions and Plan earnings, and charged with his or her withdrawals and an allocation of administrative expenses. Allocations are based on participant account balances or compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Vesting

Participants are immediately vested in their contributions and related earnings. Vesting in the Companies' discretionary matching and profit-sharing contribution portions of their accounts and related earnings are based on years of credited service. Using a graduated scale, a participant is fully vested with regard to the Companies' contributions and related earnings after six years of credited service. The non-vested balance is forfeited upon termination of service. A participant becomes fully vested in the event of death or disability.

Payment of Benefits

Any payment of a participant's plan benefits due to death, disability, retirement, termination, or attainment of age 59½, is to be distributed in accordance with specific provisions of the plan agreement. In the event of financial hardship, the Plan may allow a participant to withdraw all or part of the participant's pre-tax elective deferral account balance. A participant is prohibited from making an elective deferral or any other voluntary contribution to the Plan for the six-month period following a withdrawal for financial hardship.

Forfeited Amounts

Forfeited employer contributions are used to reduce the Companies' future discretionary matching or profit-sharing contributions or to pay the Plan's administrative expenses. At

December 31, 2014 and 2013, forfeited non-vested accounts totaled \$5,613 and \$7,039, respectively. For the year ended December 31, 2014, an aggregate of \$7,400 in forfeitures were used to reduce the Companies' contributions and to pay Plan expenses.

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from these estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, as further described in Note 5.

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. Because the stable value option's fair value approximates its contract value, as more fully described in Note 5, no adjustment of the stable value option to fair value to contract value is recorded as of December 31, 2014 and 2013. The statement of changes in net assets available for benefits is prepared on a contract value basis.

The fair value of the fixed account at December 31, 2014 and 2013 was \$854,435 and \$569,200, respectively. The fixed account is not considered benefit responsive. There are no reserves for credit risk of the contract issuer or otherwise.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Investment-related fees charged to the Plan are deducted from income earned on investments, and are not separately reflected in the accompanying statements of

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

changes in net assets available for benefits. Consequently, investment return is reflected net of investment-related fees in the accompanying statements of changes in net assets available for benefits.

The pooled separate accounts are credited with earnings on the underlying investments and charged for Plan benefits and deductions for investment expenses and management fees. Redemptions may occur on a daily basis. The use of net asset value as fair value is appropriate as the pooled separate accounts do not have a finite life, unfunded commitments relating to investments, or significant restrictions on redemptions.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative expenses of maintaining the Plan are paid by the Companies.

Excess Contributions Payable

Amounts payable to participants totaling \$24,536 for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as liabilities, with a corresponding reduction to 2014 contributions. There were no excess contributions for the year ended December 31, 2013.

Subsequent events

Plan management has evaluated events or transactions occurring subsequent to the statement of net assets available for benefits date for recognition and disclosure in the accompanying financial statements through the date the financial statements are available to be issued, which is September 23, 2015.

3. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, all investment information disclosed in the accompanying financial statements and supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014, including investments held as of December 31, 2014 and 2013, and the net appreciation in fair value of investments and investment income for the year ended December 31, 2014, was obtained or derived

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

from information supplied to the Plan sponsor and certified as complete and accurate by the custodians, Transamerica Life Insurance Company (Transamerica) and Jackson National Life Insurance Company (Jackson).

4. INVESTMENTS AND CONTRACTS WITH INSURANCE COMPANIES

The following table presents investments that represent 5% or more of the Plan's net assets at December 31, 2014 and 2013:

	2014	2013
Fixed account:		
GMWB Fixed Account	\$ 854,435	\$ 569,200
Pooled separate accounts:		
Janus Balanced Rept Opt	386,855	356,487
Mellon Capital International Index	246,333	334,806
Mellon Capital S&P 500 Index	288,832	324,044
Mellon Capital S&P 400 Mid Index	*	227,294

*These investments did not represent 5% or more of the Plan's net assets available for benefits as of December 31, 2014.

The Plan's investment in the stable value option is considered to be a fully benefit-responsive investment contract under accounting principles generally accepted in the United States of America. The stable value option is pooled for investment purposes with Transamerica's general account and is an obligation of Transamerica. The stable value option seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U. S. Treasury bills. The stable value option has a portfolio investment rate design in which all deposits are credited with the same interest rate on a daily basis, and with no set maturity. The effective guaranteed credited interest rate is set on a semi-annual basis and does not change during the six-month period for which it is effective. The stable value option is not considered a guaranteed interest contract and there is no stated minimum or maximum interest rate. This type of investment is considered fairly valued at contract value in accordance with accounting principles generally accepted in the United States of America. Accordingly, the average yield earned by the Plan, 0.5% for the year ended December 31, 2014, is equal to the average yield earned by the Plan, adjusted to reflect the actual interest rate credited to plan participants.

Other than participant-directed transfers to any competing fixed fund that may be maintained under the contract, the stable value option requires all of its participant-initiated transactions to occur at contract value with no conditions, limits, or restrictions. Although plan participants generally may withdraw assets from the stable value option daily without restrictions, Transamerica may impose a hold period at the contract level

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

in the event of a full contract discontinuance or partial contract discontinuance. Certain events may limit the Plan's ability to transact at contract value. Such events include: material amendments to the stable value option's structure and administration; changes to the Plan's competing investment options; complete or partial termination of the stable value option; the failure of the stable value option to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; the redemption of all or a portion of the interests in the stable value option held by the Plan at the direction of the Plan's sponsors, including withdrawals due to the removal of a specifically identifiable group of employees from coverage under the Plan (such as a group layoff or early retirement incentive program), the bankruptcy or insolvency of the Plan's sponsors, the merger of the Plan with another plan, or the plan sponsors' establishment of another tax qualified defined contribution plan; any change in law, regulation, ruling, administrative or judicial position, or accounting requirement, applicable to the stable value option; and the delivery of any communication to plan participants designed to influence a participant not to invest in the stable value option. The Plan administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable. In addition, because the stable value option is an obligation of Transamerica, the occurrence of an event that limits the ability of the stable value option to transact at contract value between Transamerica and the plan participants is not probable.

The Plan's investment in the fixed account is not considered to be a fully benefit-responsive investment contract under accounting principles generally accepted in the United States of America because even though a contract value is promised for a benefit event (termination, death, disability, and retirement), the variable annuity contracts include withdrawal charges on access to the funds for defined time periods.

The Plan's fixed account is pooled for investment purposes with Jackson's general account. Contributions to the fixed account are made through transfers from pooled separate accounts maintained under certain variable annuity contracts based on a contractual formula. The fixed account is credited with a fixed minimum interest rate determined annually by Jackson in accordance with the related variable annuity contracts. The rate was 1% for the year ended December 31, 2014. Under certain situations, Jackson may defer payments from the fixed account for a period not to exceed six months.

5. FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of fair value hierarchy are described as follows:

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include: Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; Inputs that are derived principally from or corroborated by observable market data by correlation or other means. Input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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.

There were no transfers between hierarchy levels during 2014 or 2013. The Plan's policy is to recognize transfers, if any, between levels as of the actual date of the event or change in circumstances.

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

Stable value option: Contract value approximates fair value on any business day, and is the beginning balance of the stable value option, plus any deposits and credited interest, less any withdrawals, charges, and expenses (Level 2). There are no unfunded commitments applicable to the stable value option.

Fixed account: Fair value is the sum of all amounts transferred to the fixed account under the variable annuity contracts, plus credited interest, less withdrawals (including any applicable charges and adjustments for such withdrawals), transfers, and charges (Level 2).

Pooled separate accounts: These investments are credited with earnings and gains or losses on the pooled investments. The separate accounts are stated at fair value as reported to the Plan by the custodian, based on the quoted market prices of the underlying mutual funds. The unit price of the separate account is calculated by dividing

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

the total value of the assets of the separate accounts by the number of units in the separate account.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets valued at fair value on a recurring basis as of December 31:

	2014		2013	
	Level 2	Total	Level 2	Total
Stable value option	\$ 93,651	\$ 93,651	\$ 71,995	\$ 71,995
Fixed account	854,435	854,435	569,200	569,200
Pooled separate accounts:				
Target	29,867	29,867	12,690	12,690
Growth	1,092,001	1,092,001	1,171,921	1,171,921
Blended	541,519	541,519	206,535	206,535
Value	191,604	191,604	167,693	167,693
Index	899,801	899,801	1,090,615	1,090,615
Money market	3,364	3,364	4,105	4,105
Fixed-income	323,861	323,861	398,158	398,158
Total assets at fair value	<u>\$ 4,030,103</u>	<u>\$ 4,030,103</u>	<u>\$ 3,692,912</u>	<u>\$ 3,692,912</u>

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions and at any time to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become fully vested in their accounts.

7. INCOME TAX STATUS

The Internal Revenue Service has determined by an opinion letter dated March 31, 2008, that the non-standardized prototype adopted by the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended subsequent to March 31, 2008, the Plan administrator believes that the Plan is designed and is currently operated in compliance with the applicable requirements of the IRC.

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability, or disclosure in the accompanying financial statements.

The Plan is subject to routine audits by taxing jurisdictions. However, as of the date the financial statements were available to be issued, there were no audits for any tax periods in progress. Management believes the Plan is no longer subject to income tax examinations for years prior to 2012.

8. PARTIES-IN-INTEREST

The Plan's investments are issued and managed by Transamerica and Jackson, the Plan's custodians. Investment management fees paid to the custodians are included in the net appreciation of fair value of investments. Certain operating expenses of the Plan, including those related to the Plan's audit, are paid by the Plan sponsor.

9. RISKS AND UNCERTAINTIES

The Plan holds investments that are exposed to various risks, such as interest rate and credit risks, and overall market volatility. Due to the level of risk associated with investment securities and the level of uncertainty related to changes in the value, it is at least reasonably possible that changes in the various risk factors will occur in the near term that could materially affect the amounts reported in the accompanying financial statements.

SUPPLEMENTAL SCHEDULE

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Transamerica Financial Life Insurance Company	Stable Value Compass	**	\$ 93,651
*	Jackson National Life Insurance Company	GMWB Fixed Account	**	854,435
Pooled separate accounts:				
*	Transamerica Financial Life Insurance Company	American Century Inflation-Adjusted Bond Ret Opt	**	25,226
*	Transamerica Financial Life Insurance Company	American Funds EuroPacific Growth Ret Opt	**	74,609
*	Transamerica Financial Life Insurance Company	American Funds Growth Fund of America Ret Opt	**	1,334
*	Transamerica Financial Life Insurance Company	American Funds New Perspective Ret Opt	**	8,156
*	Transamerica Financial Life Insurance Company	BlackRock Equity Dividend Ret Opt	**	177,015
*	Transamerica Financial Life Insurance Company	BlackRock Health Sciences Ops Ret Opt	**	1,791
*	Transamerica Financial Life Insurance Company	Fidelity Advisor New Insights Ret Opt	**	113,311
*	Transamerica Financial Life Insurance Company	First Eagle Overseas Ret Opt	**	57,495
*	Transamerica Financial Life Insurance Company	Franklin Utilities Ret Opt	**	45,054
*	Transamerica Financial Life Insurance Company	Goldman Sachs Mid Cap Value Ret Opt	**	12,499
*	Transamerica Financial Life Insurance Company	Goldman Sachs Mid-Cap Opportunities Ret Opt	**	63,050
*	Transamerica Financial Life Insurance Company	Ivy Science & Technology Ret Opt	**	51,043
*	Transamerica Financial Life Insurance Company	Janus Balanced Ret Opt	**	386,855
*	Transamerica Financial Life Insurance Company	Janus Triton Ret Opt	**	32,992
*	Transamerica Financial Life Insurance Company	JPMorgan High Yield Ret Opt	**	24,836
*	Transamerica Financial Life Insurance Company	JPMorgan Market Expansion Enhanced Index Ret Opt	**	5,354
*	Transamerica Financial Life Insurance Company	Loomis Sayles Investment Grade Bond Ret Opt	**	30,504
*	Transamerica Financial Life Insurance Company	Nuveen Real Estate Securities Ret Opt	**	29,848
*	Transamerica Financial Life Insurance Company	Oppenheimer Developing Markets Ret Opt	**	53,616
*	Transamerica Financial Life Insurance Company	Oppenheimer International Bond Ret Opt	**	1,984
*	Transamerica Financial Life Insurance Company	Oppenheimer International Growth Ret Opt	**	76,919
*	Transamerica Financial Life Insurance Company	PIMCO Total Return Ret Opt	**	59,744
*	Transamerica Financial Life Insurance Company	Pioneer Strategic Income Ret Opt	**	12,810
*	Transamerica Financial Life Insurance Company	Prudential Jennison Natural Resources Ret Opt	**	43,315
*	Transamerica Financial Life Insurance Company	RidgeWorth Mid-Cap Value Equity Ret Opt	**	88,817
*	Transamerica Financial Life Insurance Company	Templeton Global Bond Ret Opt	**	57,485
*	Transamerica Financial Life Insurance Company	Thornburg International Value Ret Opt	**	57
*	Transamerica Financial Life Insurance Company	Vanguard Small-Cap Index Ret Opt	**	29,714
*	Transamerica Financial Life Insurance Company	Vanguard Small-Cap Value Index Ret Opt	**	35,870
*	Transamerica Financial Life Insurance Company	Vanguard Target Retirement 2025 Ret Opt	**	22,350
*	Transamerica Financial Life Insurance Company	Vanguard Target Retirement 2035 Ret Opt	**	6
*	Transamerica Financial Life Insurance Company	Vanguard Target Retirement 2040 Ret Opt	**	5,772
*	Transamerica Financial Life Insurance Company	Vanguard Target Retirement 2050 Ret Opt	**	1,739
*	Transamerica Financial Life Insurance Company	Victory Munder Mid-Cap Core Growth Ret Opt	**	1,990
*	Transamerica Financial Life Insurance Company	Wells Fargo Advantage Precious Metals Ret Opt	**	4,253
*	Jackson National Life Insurance Company	BlackRock Commodity Securities Strategy	**	48,316
*	Jackson National Life Insurance Company	BlackRock Large Capital Select	**	132,921
*	Jackson National Life Insurance Company	Brookfield Global Listed Infrastructure	**	1,498
*	Jackson National Life Insurance Company	Franklin Templeton Global Growth	**	2,258
*	Jackson National Life Insurance Company	Invesco Global Real Estate	**	1,285
*	Jackson National Life Insurance Company	Invesco International Growth	**	2,924
*	Jackson National Life Insurance Company	Invesco Small Cap Growth	**	1,821
*	Jackson National Life Insurance Company	Lazard Emerging Markets	**	50,372
*	Jackson National Life Insurance Company	Mellon Capital Consumer Brands	**	1,282
*	Jackson National Life Insurance Company	Mellon Capital International Index	**	246,333
*	Jackson National Life Insurance Company	Mellon Capital Money Market	**	3,364
*	Jackson National Life Insurance Company	Mellon Capital NASDAQ 25	**	4,680
*	Jackson National Life Insurance Company	Mellon Capital Oil & Gas Sector	**	58,990
*	Jackson National Life Insurance Company	Mellon Capital S&P 400 Mid Cap Index	**	195,384
*	Jackson National Life Insurance Company	Mellon Capital S&P 500 Index	**	288,832
*	Jackson National Life Insurance Company	Mellon Capital Small Cap Index	**	129,504
*	Jackson National Life Insurance Company	Mellon Capital Technology Sector	**	84,434
*	Jackson National Life Insurance Company	PIMCO Real Return	**	118,795
*	Jackson National Life Insurance Company	PIMCO Total Return Bond	**	61,197
*	Jackson National Life Insurance Company	PPM America Floating Rate	**	2,336
*	Jackson National Life Insurance Company	S&P Competitive Value	**	2,259
*	Jackson National Life Insurance Company	S&P Dividend Income & Growth	**	1,624
*	Jackson National Life Insurance Company	S&P Intrinsic Value	**	1,685
*	Jackson National Life Insurance Company	T. Rowe Price Mid Cap Growth	**	2,510
				<u>\$ 4,030,103</u>

Employer Identification Number (EIN): 61-0644898
Plan number: 001

*A party-in-interest as defined by ERISA.
** Cost omitted for participant directed investments

See accompanying report of independent auditors on pages 1 and 2

TAFEL MOTORS, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Transamerica Financial Life Insurance Company	Stable Value Compass	**	\$ 93,651
*	Jackson National Life Insurance Company	GMWB Fixed Account	**	854,435
	Pooled separate accounts:			
*	Transamerica Financial Life Insurance Company	American Century Inflation-Adjusted Bond Ret Opt	**	25,226
*	Transamerica Financial Life Insurance Company	American Funds EuroPacific Growth Ret Opt	**	74,609
*	Transamerica Financial Life Insurance Company	American Funds Growth Fund of America Ret Opt	**	1,334
*	Transamerica Financial Life Insurance Company	American Funds New Perspective Ret Opt	**	8,156
*	Transamerica Financial Life Insurance Company	BlackRock Equity Dividend Ret Opt	**	177,015
*	Transamerica Financial Life Insurance Company	BlackRock Health Sciences Ops Ret Opt	**	1,791
*	Transamerica Financial Life Insurance Company	Fidelity Advisor New Insights Ret Opt	**	113,311
*	Transamerica Financial Life Insurance Company	First Eagle Overseas Ret Opt	**	57,495
*	Transamerica Financial Life Insurance Company	Franklin Utilities Ret Opt	**	45,054
*	Transamerica Financial Life Insurance Company	Goldman Sachs Mid Cap Value Ret Opt	**	12,499
*	Transamerica Financial Life Insurance Company	Goldman Sachs Mid-Cap Opportunities Ret Opt	**	63,050
*	Transamerica Financial Life Insurance Company	Ivy Science & Technology Ret Opt	**	51,043
*	Transamerica Financial Life Insurance Company	Janus Balanced Ret Opt	**	386,855
*	Transamerica Financial Life Insurance Company	Janus Triton Ret Opt	**	32,992
*	Transamerica Financial Life Insurance Company	JPMorgan High Yield Ret Opt	**	24,836
*	Transamerica Financial Life Insurance Company	JPMorgan Market Expansion Enhanced Index Ret Opt	**	5,354
*	Transamerica Financial Life Insurance Company	Loomis Sayles Investment Grade Bond Ret Opt	**	30,504
*	Transamerica Financial Life Insurance Company	Nuveen Real Estate Securities Ret Opt	**	29,848
*	Transamerica Financial Life Insurance Company	Oppenheimer Developing Markets Ret Opt	**	53,616
*	Transamerica Financial Life Insurance Company	Oppenheimer International Bond Ret Opt	**	1,984
*	Transamerica Financial Life Insurance Company	Oppenheimer International Growth Ret Opt	**	76,919
*	Transamerica Financial Life Insurance Company	PIMCO Total Return Ret Opt	**	59,744
*	Transamerica Financial Life Insurance Company	Pioneer Strategic Income Ret Opt	**	12,810
*	Transamerica Financial Life Insurance Company	Prudential Jennison Natural Resources Ret Opt	**	43,315
*	Transamerica Financial Life Insurance Company	RidgeWorth Mid-Cap Value Equity Ret Opt	**	88,817
*	Transamerica Financial Life Insurance Company	Templeton Global Bond Ret Opt	**	57,485
*	Transamerica Financial Life Insurance Company	Thornburg International Value Ret Opt	**	57
*	Transamerica Financial Life Insurance Company	Vanguard Small-Cap Index Ret Opt	**	29,714
*	Transamerica Financial Life Insurance Company	Vanguard Small-Cap Value Index Ret Opt	**	35,870
*	Transamerica Financial Life Insurance Company	Vanguard Target Retirement 2025 Ret Opt	**	22,350
*	Transamerica Financial Life Insurance Company	Vanguard Target Retirement 2035 Ret Opt	**	6
*	Transamerica Financial Life Insurance Company	Vanguard Target Retirement 2040 Ret Opt	**	5,772
*	Transamerica Financial Life Insurance Company	Vanguard Target Retirement 2050 Ret Opt	**	1,739
*	Transamerica Financial Life Insurance Company	Victory Munder Mid-Cap Core Growth Ret Opt	**	1,990
*	Transamerica Financial Life Insurance Company	Wells Fargo Advantage Precious Metals Ret Opt	**	4,253
*	Jackson National Life Insurance Company	BlackRock Commodity Securities Strategy	**	48,316
*	Jackson National Life Insurance Company	BlackRock Large Capital Select	**	132,921
*	Jackson National Life Insurance Company	Brookfield Global Listed Infrastructure	**	1,498
*	Jackson National Life Insurance Company	Franklin Templeton Global Growth	**	2,258
*	Jackson National Life Insurance Company	Invesco Global Real Estate	**	1,285
*	Jackson National Life Insurance Company	Invesco International Growth	**	2,924
*	Jackson National Life Insurance Company	Invesco Small Cap Growth	**	1,821
*	Jackson National Life Insurance Company	Lazard Emerging Markets	**	50,372
*	Jackson National Life Insurance Company	Mellon Capital Consumer Brands	**	1,282
*	Jackson National Life Insurance Company	Mellon Capital International Index	**	246,333
*	Jackson National Life Insurance Company	Mellon Capital Money Market	**	3,364
*	Jackson National Life Insurance Company	Mellon Capital NASDAQ 25	**	4,680
*	Jackson National Life Insurance Company	Mellon Capital Oil & Gas Sector	**	58,990
*	Jackson National Life Insurance Company	Mellon Capital S&P 400 Mid Cap Index	**	195,384
*	Jackson National Life Insurance Company	Mellon Capital S&P 500 Index	**	288,832
*	Jackson National Life Insurance Company	Mellon Capital Small Cap Index	**	129,504
*	Jackson National Life Insurance Company	Mellon Capital Technology Sector	**	84,434
*	Jackson National Life Insurance Company	PIMCO Real Return	**	118,795
*	Jackson National Life Insurance Company	PIMCO Total Return Bond	**	61,197
*	Jackson National Life Insurance Company	PPM America Floating Rate	**	2,336
*	Jackson National Life Insurance Company	S&P Competitive Value	**	2,259
*	Jackson National Life Insurance Company	S&P Dividend Income & Growth	**	1,624
*	Jackson National Life Insurance Company	S&P Intrinsic Value	**	1,685
*	Jackson National Life Insurance Company	T. Rowe Price Mid Cap Growth	**	2,510
				<u>\$ 4,030,103</u>

Employer Identification Number (EIN): 61-0644898
Plan number: 001

*A party-in-interest as defined by ERISA.

** Cost omitted for participant directed investments

See accompanying report of independent auditors on pages 1 and 2