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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
A-Z BUS SALES, INC. EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1999

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

A-Z BUS SALES, INC.

1900 S RIVERSIDE AVE
COLTON, CA 92324-3344

2b Employer Identification Number (EIN)
33-0065644

2c Plan Sponsor's telephone number
951-781-1807

2d Business code (see instructions)
441228

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.	09/06/2016	BARBARA HILEMAN
	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)

Preparer's telephone number

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

A-Z BUS SALES, INC.

1900 S RIVERSIDE AVE
COLTON, CA 92324-3344

3b Administrator's EIN: 33-0065644

3c Administrator's telephone number: 951-781-1807

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** 259
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)** 160
a(2)	Total number of active participants at the end of the plan year	**6a(2)** 128
b	Retired or separated participants receiving benefits	**6b** 44
c	Other retired or separated participants entitled to future benefits	**6c** 58
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d** 230
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e** 1
f	Total. Add lines **6d** and **6e**.	**6f** 231
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g** 231
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h** 19
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:

2I 2P 2Q 3I

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) ☐ 0 **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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
A-Z BUS SALES, INC. EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
A-Z BUS SALES, INC.

D Employer Identification Number (EIN)
33-0065644

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

MORGAN STANLEY SMITH BARNEY

1900 S RIVERSIDE AVE
COLTON, CA 92324-3344

(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?
21	NONE	25426	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRANSITION FINANCE STRATEGIES/BREA

13-4238973

(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	NONE	23084	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARGENT TRUST COMPANY

62-1437218

(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?
21	NONE	21642	Yes [ ] No [X]	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)

PRAIRIE CAPITAL ADVISORS

36-4072641

(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?
34	NONE	10027	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TALLEY & COMPANY

33-0689542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	8550	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
A-Z BUS SALES, INC. EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
A-Z BUS SALES, INC.

D Employer Identification Number (EIN)
33-0065644

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	5449	236026
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	3739
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	11672	16741
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2602633	2480048
(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)	431456	403003
(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)		
(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)	3754480	2989489
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	12729600	12117600
(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	19535290	18246646
Liabilities			
g Benefit claims payable	1g	92668	0
h Operating payables	1h		
i Acquisition indebtedness	1i	220011	3711
j Other liabilities	1j	0	28
k Total liabilities (add all amounts in lines 1g through1j)	1k	312679	3739
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	19222611	18242907

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)	223782	
(B) Participants	2a(1)(B)		
(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)		223782
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	76004	
(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)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		76004
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	14206	
(B) Common stock	2b(2)(B)	1678923	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	127750	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1820879
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3591271	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3538808	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		52463
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-612000	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-612000

		(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)		-455079
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1106049
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1992932	
(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)		1992932
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		3478
i Administrative expenses: **(1)** Professional fees	2i(1)	89343	
(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)		89343
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2085753
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-979704
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) [X] 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 [X] No

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

(1) Name: TALLEY & COMPANY **(2)** EIN: 33-0689542

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

		Yes	No	N/A	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			1000000
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				
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
A-Z BUS SALES, INC. EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
A-Z BUS SALES, INC.

D Employer Identification Number (EIN)
33-0065644

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 58-1428634

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

A-Z BUS SALES, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

Report, Financial Statements
and Supplemental Information
December 31, 2015 and 2014

A-Z BUS SALES, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

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AND SUPPLEMENTAL INFORMATION

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* Schedules required by the Department of Labor Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 and not included herein have been omitted because they are not applicable or the required information is included in the financial statements or notes hereto.

TALLEY & COMPANY
AN ACCOUNTANCY CORPORATION

ADVICE. SOLUTIONS. RESULTS.

600 CITY PARKWAY WEST | SUITE 650 | ORANGE, CALIFORNIA 92868 | 714.867.2200 | 714.867.2201 (F)

INDEPENDENT AUDITOR'S REPORT

To The Administrative Committee and Participants of
the A-Z Bus Sales, Inc. Employee Stock Ownership Plan

We have audited the accompanying financial statements of the A-Z Bus Sales, Inc. Employee Stock Ownership Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of A-Z Bus Sales, Inc. Employee Stock Ownership Plan as of December 31, 2015 and 2014, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule of Assets (Held at End of Year), is presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Tetley & Company
An Accountancy Corporation

Orange, California
August 15, 2016

A-Z BUS SALES, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31,

	2015			2014		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
ASSETS						
Investments at fair value:						
A-Z Bus Sales, Inc. common stock	$ 12,117,600	$ -	$ 12,117,600	$ 12,196,447	$ 533,153	$ 12,729,600
Cash and cash equivalents	236,026	-	236,026	27,817	-	27,817
Certificates of deposit	439,886	-	439,886	615,166	-	615,166
Corporate bonds	1,049,892	-	1,049,892	791,729	-	791,729
Corporate equities	990,270	-	990,270	1,173,370	-	1,173,370
Mutual funds	2,989,489	-	2,989,489	3,754,480	-	3,754,480
Preferred stock	403,003	-	403,003	431,456	-	431,456
Total investments at fair value	18,226,166	-	18,226,166	18,990,465	533,153	19,523,618
Receivables:						
Accrued income - total receivables	16,741	-	16,741	11,672	-	11,672
Employer contribution receivable	-	3,739	3,739	-	-	-
Total receivables	16,741	3,739	20,480	11,672	-	11,672
Total assets	18,242,907	3,739	18,246,646	19,002,137	533,153	19,535,290
LIABILITIES						
Loan payable - Company	-	3,711	3,711	-	220,011	220,011
Distribution payable	-	-	-	92,668	-	92,668
Interest expense payable	-	28	28	-	-	-
Total liabilities	-	3,739	3,739	92,668	220,011	312,679
Net assets available for benefits	$ 18,242,907	$ -	$ 18,242,907	$ 18,909,469	$ 313,142	$ 19,222,611

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

A-Z BUS SALES, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31,

	2015			2014		
Additions to net assets attributed to:	**Allocated**	**Unallocated**	**Total**	**Allocated**	**Unallocated**	**Total**
Investment income:						
Net appreciation in fair value of A-Z Bus Sales, Inc. common stock	$ -	$ -	$ -	$ 635,990	$ 57,610	$ 693,600
Interest and dividends	217,960	-	217,960	170,385	-	170,385
Dividend received from A-Z Bus Sales, Inc.	1,678,923	-	1,678,923	1,617,109	-	1,617,109
Allocation of 42,000 shares of A-Z Bus Sales, Inc common stock at estimated fair value	507,521	-	507,521	524,160	-	524,160
Employer contributions	293	223,489	223,782	834	225,987	226,821
Unrealized gain, other investments	-	-	-	222,026	-	222,026
Total additions	2,404,697	223,489	2,628,186	3,170,504	283,597	3,454,101
Deductions from net assets attributed to:						
Net depreciation in fair value of A-Z Bus Sales, Inc. common stock	586,368	25,632	612,000	-	-	-
Benefits paid to participants	1,992,932	-	1,992,932	1,296,639	-	1,296,639
Interest expense	-	3,478	3,478	-	9,687	9,687
Administrative expenses	89,343	-	89,343	62,950	-	62,950
Unrealized loss, other investments	402,616	-	402,616	-	-	-
Allocation of 42,000 shares of A-Z Bus Sales, Inc common stock at estimated fair value	-	507,521	507,521	-	524,160	524,160
Total deductions	3,071,259	536,631	3,607,890	1,359,589	533,847	1,893,436
Net (decrease) increase in net assets	(666,562)	(313,142)	(979,704)	1,810,915	(250,250)	1,560,665
Net assets available for benefits:						
Beginning of year	18,909,469	313,142	19,222,611	17,098,554	563,392	17,661,946
End of year	$ 18,242,907	$ -	$ 18,242,907	$ 18,909,469	$ 313,142	$ 19,222,611

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

A-Z BUS SALES, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2015 and 2014

NOTE 1 - GENERAL DESCRIPTION OF THE PLAN

The A-Z Bus Sales, Inc. Employee Stock Ownership Plan (the "Plan") was adopted by A-Z Bus Sales, Inc. (the "Company") on January 1, 1999. The Plan was amended and restated in its entirety effective January 1, 2014. The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. **General.** The Plan is a defined contribution plan covering all eligible employees of A-Z Bus Sales, Inc. Effective January 1, 2012, service with Fleet Financing Resources, LLC will be recognized for purposes of eligibility and vesting. Employees are eligible to participate in the Plan once they have completed a minimum of 1,000 hours of service in a Plan Year and have attained the age of 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and is administered by the Administrative Committee. The Plan is intended to be a qualified defined contribution plan that satisfies the requirements of section 4975(e)(7) of the Internal Revenue Code (the "Code"). Under the Code, participants are not liable for federal income taxes on Company contributions or Plan earnings until such time as they are partially or completely withdrawn from the Plan.

   In January 2000, the Plan purchased 600,000 shares of the Company's common stock using the proceeds from a bank note. The bank note was paid off during 2005. In December 2005, the Plan purchased an additional 420,000 shares of the Company's common stock using the proceeds of a loan to a related party and holds the common stock in a trust established under the Plan. During 2010, the loan was refinanced and assumed by the Company. In connection with this refinance, the Plan executed a promissory note to the Company in the amount equal to $1,243,725 (Note 5).

2. **Contributions.** Company contributions are determined by the Board of Directors of the Company annually but are subject to certain dollar limitations in accordance with Plan provisions. Company contributions are required annually for the principal payment required of the loan payable. Company contributions may be paid in cash or Company stock as determined by the Trustee. Company contributions are allocated to the accounts of all participants employed on the last day of the Plan year and are made in the ratio in which the participant's compensation bears to the compensation of all participants for the Plan year.

3. **Participant Accounts.** Each participant's account consists of the (a) Company stock account and (b) other investments account. The Company stock account of each participant is credited with participant's allocable share of Company stock contributed by the Company; allocated shares released due to Company contributions used for principal payment of loan payable; dividends on Company stock paid in shares of Company stock; Company stock purchased and paid for by the Plan; and forfeitures of Company stock occurring during such Plan year. The other investments account of each participant is credited with participant's allocable share of the employer

NOTE 1 - GENERAL DESCRIPTION OF THE PLAN - (CONTINUED)

3. **Participant Accounts (Continued).** contributions other than stock; any net income, gains, losses, appreciation or depreciation attributable to such account; any cash dividends paid on Company stock allocated and credited to participant's Company stock account; dividends currently available for distribution; and forfeitures (other than forfeitures of Company stock) occurring during such Plan year.

   The other investments account of each participant is also allocated for their share of any cash payments for the purchase of Company stock or for the payment of any principal and/or interest on an acquisition loan.

4. **Voting Rights.** The Trustee is required to vote all Company stock held in the A-Z Bus Sales, Inc. Employee Stock Ownership Trust (the "Trust") in such manner as the Trustee determines subject to its fiduciary duties under ERISA. With respect to corporate matters, such as merger or consolidation, recapitalization, reclassification, liquidation, dissolution or sale of substantially all business assets, which involves the voting of Company stock, each participant is entitled to direct the Trustee as to the exercise of any voting rights attributable to shares of Company stock then allocated to his or her Company stock account.

5. **Vesting.** Company contributions vest 20% after two years of service and increase 20% for each additional year of service, with 100% after six years of service if the employee became a participant on or after January 1, 2007. All other participants vest 20% after three years and increase 20% each year, with 100% after seven years of service. Benefits attributable to each participant will become fully vested in the event of death, total and permanent disability, normal retirement, the attainment of 100% vesting, or the complete or partial termination of the Plan.

6. **Payments of Benefits.** Participants are eligible to receive a distribution of their account balance, to the extent vested, upon termination of employment, death, disability or retirement. Benefits are payable in the form of cash or, if a participant elects, in the form of Company common shares. Distribution of participant's stock account may be paid in lump sum or in annual installments over a period not to exceed five years. Net assets of the Plan as of December 31, 2015 and 2014, include vested account balances of terminated employees totaling approximately $7,666,388 and $6,862,014, respectively.

7. **Put Option.** Under Federal income tax regulations, the Company stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations includes a put option. The put option is a right to demand, as defined within the Plan provisions, that the Company buys any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair value of the stock. The Company can pay for the purchase with interest over a period of five years.

NOTE 1 - GENERAL DESCRIPTION OF THE PLAN - (CONTINUED)

7. **Put Option (Continued).** The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash. In addition, if the Company elects to pay the purchase price of the Company stock option under the installment method then the Company shall give the participant who is exercising the put option the Company's promissory note for the full unpaid balance of the purchase price.

8. **Diversification.** Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the total number of shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%. Participants who elect to diversify receive a cash distribution or elect among three investment funds as determined by the Trustee.

9. **Forfeited Accounts.** Plan forfeitures may be used to pay any expenses of the Plan, restore any accounts due to reemployment prior to the occurrence of the five-consecutive-year Break in Service and/or be reallocated to the accounts of remaining participants. Forfeitures are allocated to each remaining participant's account based upon the relation of the participant's compensation to total compensation for the Plan year. Forfeitures of terminated non-vested account balances allocated to remaining participants as of December 31, 2015 and 2014, totaled $128,566 and $99,221, respectively.

10. **Plan Administration**. The Company appointed an Administrative Committee to serve as the Plan Administrator. The Committee appointed Reliance Trust Company to serve as Trustee through June 2014. Effective July 2014, Argent Financial Group, Inc. serves as Trustee. Effective June 2012, Morgan Stanley Smith Barney serves as Custodian. The Company provides accounting and administrative services to the Plan at no cost. Contract administration fees are paid by the Plan.

11. **Plan Termination.** The Company anticipates and believes that the Plan will continue without interruption but reserves the right to terminate the Plan in whole or in part at any time. In the event of termination of the Plan, each participant would become fully vested to the extent of the balance in their account, and all accumulated plan benefits would be disbursed to the participants.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan 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 Administrative Committee to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Cash and Cash Equivalents

All short-term deposits purchased with a maturity of three months or less are considered to be cash equivalents. No certificates of deposit as of December 31, 2015 have maturities of three months or less.

Cash is maintained in bank deposit and other investment accounts which, at times, may exceed federally insured limits. No losses have been incurred in such accounts and the Administrative Committee believes the Plan is not exposed to any significant credit risk on cash and cash equivalents.

Investment Valuation and Income Recognition

The common stock of the Company is valued at estimated fair value on December 31, 2015 and 2014 and is determined by an annual independent appraisal. The estimated fair values as of December 31, 2015 and 2014 are based on the weighted-average valuation results from the discounted future cash flow method and the market approach.

Investments in corporate equity securities, mutual funds and preferred stock are valued at fair value, measured by publicly quoted prices at the close of each business day that the New York Stock Exchange is open. Investment income is recorded when earned. Interest income is recorded on the accrual basis.

Net appreciation (depreciation) in the fair value of investments consists of both realized and unrealized gains and losses. Realized gains and losses are measured as the difference between the historical cost of investments sold or redeemed during the year and the proceeds received from their sale or redemption. Unrealized gains and losses are measured as the difference between cost and fair value at the beginning of the period and at the end of the period. Investment transactions are accounted for on a trade date basis.

NOTE 3 - CERTIFICATES OF DEPOSIT

Certificates of deposit as of December 31, 2015 and 2014 consist of amounts on deposit at banks, with interest rates ranging from 0.25% to 3.65% with maturities up to seven years. Certificates of deposit included in cash equivalents consist of amounts with maturities of three months or less. There were no deposits in an individual bank that exceeded the federally insured limits as of December 31, 2015 and 2014.

NOTE 4 - INVESTMENTS

The following investments represent 5 percent or more of the Plan's net assets as of December 31,:

	2015	2014
A-Z Bus Sales, Inc. common stock (1,020,000 shares at $11.88 and $12.48 per share for 2015 and 2014, respectively)	$ 12,117,600	$ 12,729,600

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $1,014,616 and appreciated in value by $915,626 as of December 31, 2015 and 2014, respectively, as follows:

	2015	2014
A-Z Bus Sales, Inc. common stock	($ 612,000)	$ 693,600
Certificates of deposit	(5,470)	7,471
Corporate equities	91,117	26,276
Corporate bonds	(103,088)	(25,157)
Preferred Stock	(10,510)	-
Mutual funds	(192,431)	213,436
	($ 1,014,616)	$ 915,626

NOTE 4 – INVESTMENTS (CONTINUED)

The estimated fair value of Plan's investments are presented in the following table as of December 31,

	2015		2014	
	Allocated	Unallocated	Allocated	Unallocated
A-Z Bus Sales, Inc. common stock:				
Number of Shares	1,020,000	-	977,279	42,721
Cost	$ 5,301,000	$ -	$ 5,088,960	$ 212,040
Estimated Fair Value	$ 12,117,600	$ -	$ 12,196,447	$ 533,153

NOTE 5 - LOAN PAYABLE – COMPANY

During 2010, the Plan executed a promissory note to the Company in the amount of $1,243,725. As of December 31, 2015 and 2014, the balance of this note was $3,739 and $220,011, respectively. The note is payable in 69 equal principal monthly payments of $18,025 plus interest. The Company may make advance principal payments without penalty. However, the Company is required to continue to make monthly payments of principal plus interest for the remaining term of the note. As of December 31, 2015 and 2014, interest is at the rate of the Daily One Month LIBOR rate (0.43% and 0.17% as of December 31, 2015 and 2014, respectively) plus 2.75%. The note is secured by unallocated shares of common stock. Allocated shares are released as collateral.

Future minimum note payments are as follows:

Year Ending December 31,	
2016	$ 3,739

NOTE 6 - FAIR VALUE MEASUREMENT

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefit. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Guidance included in ASC 820-10 *Fair Value Measurements and Disclosures* provides a framework for measuring fair value and establishes a fair value hierarchy that prioritizes the inputs used to measure fair value, giving the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1 inputs) and the lowest priority to unobservable inputs (Level 3 inputs):

Level 1 – The fair values of corporate equity, mutual funds and preferred stock are based on quoted market prices of the underlying investments at year-end.

Level 2 – The fair value of the certificates of deposit is based on amortized cost or original cost plus accrued interest. The fair value of the loan payable is determined using quoted interest rates currently available for issuance of debt with similar terms and maturity dates.

Level 3 – The fair value of the Company common stock is determined by an annual independent appraisal. The following table provides further details of this Level 3 fair value measurement.

The following is a summary of the inputs used as of December 31, 2015 in valuing the Plan's investments:

	Level 1	Level 2	Level 3	Fair Value Measurements
Corporate equity	$ 990,270	$ -	$ -	$ 990,270
Corporate bonds	$ 1,049,892	$ -	$ -	$ 1,049,892
Mutual funds	$ 2,989,489	$ -	$ -	$ 2,989,489
Preferred stock	$ 403,003	$ -	$ -	$ 403,003
Certificates of deposit	$ -	$ 439,886	$ -	$ 439,886
Loan payable	$ -	$ 3,739	$ -	$ 3,739

NOTE 6 - FAIR VALUE MEASUREMENT (CONTINUED)

	Level 1	Level 2	Level 3	Fair Value Measurements
A-Z Bus Sales, Inc. common stock	$ -	$ -	$ 12,117,600	$ 12,117,600

Fair value measurements using significant unobservable inputs (Level 3):

Balance as of January 1, 2015	$ 12,729,600
Total gains or (losses), realized and unrealized, included in changes in net assets available for benefit	(612,000)
Balance as of December 31, 2015	$ 12,117,600

The following is a summary of the inputs used as of December 31, 2014 in valuing the Plan's investments:

	Level 1	Level 2	Level 3	Fair Value Measurements
Corporate equity	$ 1,173,370	$ -	$ -	$ 1,173,370
Corporate bonds	$ 791,729	$ -	$ -	$ 791,729
Mutual funds	$ 3,754,480	$ -	$ -	$ 3,754,480
Preferred stock	$ 431,456	$ -	$ -	$ 431,456
Certificates of deposit	$ -	$ 615,166	$ -	$ 615,166
Loan payable	$ -	$ 220,011	$ -	$ 220,011
A-Z Bus Sales, Inc. common stock	$	$ -	$ 12,729,600	$ 12,729,600

NOTE 6 - FAIR VALUE MEASUREMENT (CONTINUED)

Fair value measurements using significant unobservable inputs (Level 3):

Balance as of January 1, 2014	$ 12,036,000
Total gains or (losses), realized and unrealized, included in changes in net assets available for benefit	693,600
Balance as of December 31, 2014	$ 12,729,600

NOTE 7 - FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated May 22, 2015, that the Plan qualifies, in form, under Section 4975(e)(7) of the Internal Revenue Code of 1986 as amended (the "Code") and the trust established under the Plan is tax-exempt under Section 501(a) of the Code. The Administrative Committee and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for prior to 2012.

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan assets are cash balances managed by Morgan Stanley Smith Barney. Morgan Stanley Smith Barney is the Custodian as defined by the Plan. Certain Plan assets are cash balances managed by Reliance Trust Company ("Reliance") through June 2014. Reliance was the Trustee as defined by the Plan. Effective July 2014, Argent Financial Group, Inc. is the Trustee as defined by the Plan. These transactions qualify as party-in-interest transactions.

There were no party-in-interest transactions that are prohibited by the Employee Retirement Income Security Act of 1974 Section 406 and for which no statutory or administrative exemption exists.

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

The Plan has a total of 1,020,000 shares of stock at a price of $11.88 and $12.48 per share as of December 31, 2015 and 2014, respectively. These amounts represent the fair value of the shares based on appraisals of the Company as of December 31, 2015 and 2014.

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan primarily invests its funds in the Company's common stock. Due to the level of risk associated with its common stock not being traded in an active market, it is at least reasonably possible that changes in the value of the Company's common stock will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. In the event of the Company's failure, the Plan will be subjected to losses to the extent of amounts invested in the Company's common stock.

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

NOTE 10 – SUBSEQUENT EVENT

Subsequent events have been evaluated by the Company's management through August 15, 2016, the date these financial statements were available to be issued. No additional material subsequent events have occurred since December 31, 2015 that required recognition or disclosure in the current period financial statements.

SUPPLEMENTAL INFORMATION

A-Z BUS SALES, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 33-0065644
PLAN # 003

DECEMBER 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	A-Z Bus Sales, Inc. **	A-Z Bus Sales, Inc. common stock 1,020,000 shares at $11.88 per share	$ 5,301,000	$ 12,117,600
	Cash and cash equivalents			
*	Morgan Stanley Smith Barney	Morgan Stanley Smith Barney Money Fund	20,431	20,431
*	Argent Trust Company	Distributions Cash Account	215,595	215,595
	Certificates of deposit:			
	HSBC Survivor on SPX	Certificates of deposit; maturity dates of 2023, variable interest rates	175,000	168,290
	Everbank	Certificate of deposit; maturity date of 2016, interest rate of 3.65%	6,322	6,041
	Goldman Sachs New York	Certificate of deposit; maturity date of 2018, interest rate of 1.40%	100,000	98,990
	GE Capital Retail Bank	Certificate of deposit; maturity date of 2016, interest rate of 2.55%	15,626	15,140
	JP Morgan	Certificate of deposit; maturity date of 2020, interest rate of 0.25%	150,000	151,425
	Corporate equities			
	Bank of America	Market Index Target - BCAMZ		
	Barclays	Plus on the Euro Stoxx 50 - SPSJS	75,000	70,725
	Comenity Bank	Jumbo	200,566	200,576
	Goldman Sachs	MLP Inc. OPPTY - GMZ	150,000	61,725
	Goldman Sachs	Plus on the S&P Index - SPTJQ	100,000	98,850
	JP Morgan	Plus on the S&P Index - SPSJH	100,000	98,000
	JP Morgan	Trigger Plus Based US Real Estate - SPRRU	100,000	91,200
	Nuveen	High Income December - JHA	100,000	100,780
	Raymond James Financial	6.900%, mat 3/15/42	51,099	53,320
	Teck Resources Limited	Equity	45,879	23,125
	Transalta Corp	Equity	48,485	43,438
	World Financial Network Bank	Equity	101,178	101,022
	Wynn Las Vegas	Equity	51,725	47,512
	Mutual funds:			
	State Street	Consumer Discretionary Select Sector SPDR Fund	190,808	343,908
	State Street	Consumer Staples Select Sector SPDR Fund	205,063	311,321
	Duff & Phelps	Select Energy MLP Fund	100,000	29,900
	State Street	Energy Select Sector SPDR Fund	153,839	128,602
	First Trust	Intermediate Duration Preferred & Income Fund	100,000	85,080
	First Trust	New Opportunities MLP & Energy Fund	100,000	53,850
	Guggenheim	Limited Duration Fund	90,000	89,633
	State Street	Health Care Select Sector SPDR Fund	149,365	289,056
	State Street	Industrial Select Sector SPDR Fund	247,147	355,856
	BlackRock	iShares Nasdaq Biotechnology ETF	9,774	22,668
	BlackRock	iShares MSCI France ETF	12,481	12,299
	BlackRock	iShares MSCI Japan ETF	31,820	30,664
	BlackRock	iShares MSCI Pacific ex Japan ETF	31,334	25,261
	BlackRock	iShares MSCI United Kingdom ETF	25,010	22,305
	BlackRock	iShares U.S. Preferred Stock ETF	$ 209,366	$ 204,623

* Party-in-interest
** Identified as an investment representing 5 percent or more of net plan asset

A-Z BUS SALES, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 33-0065644
PLAN # 003

DECEMBER 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual funds (Continued):			
	KKR Asset Management	KKR Income Opportunities	$ 75,000	$ 52,013
	State Street	Materials Select Sector SPDR Fund	81,605	81,326
	Neuberger Berman	MLP Income Fund Inc.	150,000	61,200
	Vanguard	Vanguard Financials ETF	194,996	307,706
	Vanguard	Vanguard Information Technology ETF	253,023	402,839
	Vanguard	Vanguard Telecommunication Services ETF	61,268	79,379
	Preferred stock:			
	Bank of America	Preferred stock; BCAMZ	152,185	181,200
	General Electric Capital Corp	Preferred stock; maturity date of 2052, interest rate of 4.875%	93,105	92,448
	KKR Financial Holdings	Preferred stock; interest rate of 8.375%	13,755	13,235
	Public Storage	Preferred stock; interest rate of 6.360%	63,000	64,800
	Qwest Corp	Preferred stock; maturity date of 2051, interest rate of 7.5%	51,319	51,320
	Corporate bonds:			
	Alcoa, Inc.	Corporate bonds; maturity dates of 2018 and 2021, interest rates of 5.4% to 6.75%	110,810	102,310
	Allegheny Technologies	Corporate bond; maturity date of 2019, interest rate of 9.375%	59,211	40,000
	EMC Corp	Corporate bond; maturity date of 2020	49,967	47,963
	Fifth Street Finance Corp	Corporate bond; maturity date of 2019, interest rate of 4.875%	51,638	49,893
	FMC Technologies, Inc.	Corporate bond; maturity date of 2022, interest rate of 3.45%	47,103	43,821
	Freeport-McMoran, Inc.	Corporate bond; maturity date of 2024, interest rate of 4.55%	47,987	28,625
	Genworth FNL, Inc.	Corporate bond; maturity dates of 2018, interest rate of 6.515%	103,872	97,500
	Icahn Enterprises Fin	Corporate bonds; maturity dates of 2019 and 2022, interest rates of 4.875% and 5.875%	102,707	98,425
	International Game Technology	Corporate bond; maturity date of 2019, interest rate of 7.5%	54,599	53,490
	JP Morgan Chase	Corporate bond; maturity date of 2018, interest rate of 7.9%	116,472	101,800
	Kinder Morgan Ener Part	Corporate bond; maturity date of 2022	50,675	47,008
	M&T Bank Corp	Corporate bond; maturity date of 2024, interest rate of 6.45%	55,318	52,625
	Oneok, Inc.	Corporate bond; maturity date of 2024, interest rate of 4.25%	48,061	36,000
	Wells Fargo & Co.	Corporate bond; maturity date of 2018, interest rate of 7.98%	118,242	103,875
	XEROX Corp	Corporate bonds; maturity dates of 2019 and 2020	99,563	98,719
	YUM! Brands, Inc.	Corporate bond; maturity date of 2021	$ 50,141	47,835
				$ 18,226,166

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► A-Z Bus Sales, Inc. Employee Stock Ownership Plan

Employer Identification Number:► 33-0065644

For plan year (beginning/ending):► 1/1/2015 - 12/31/2015 Plan number:► 003

*	A-Z Bus Sales, Inc.	1,020,000 shares of A-Z Bus Sales, Inc. common stock	5,301,000	12,117,600
	Morgan Stanley Smith Barney	Money Fund	20,431	20,431
	Reliance Distributions Cash Account	Cash	215,595	215,595
	Alcoa, Inc.	Corporate Bond, mat 7/15/18, 6.750%	57,716	53,685
	Alcoa, Inc.	Corporate Bond, mat 04/15/21, 5.400%	53,094	48,625
	Allegheny Technologies	Corporate Bond, mat 6/1/19, 9.375%	59,211	40,000
	Bank Amer Market Index Target - BCAMZ	Preferred Stock	152,185	181,200
	Barclays Plus on the Euro Stoxx 50 - SPSJS	Equity	75,000	70,725
	Comenity Bank Jumbo	Equity	100,000	100,294
	Comenity Bank Jumbo	Equity	100,566	100,282
	Cons Discret Sel Sect SPDR FD - XLY	Mutual Fund	190,808	343,908
	Cons Staples Sel Sect SPDR - XLP	Mutual Fund	205,063	311,321
	Duff & Phelps Selct Energy - DSE	Mutual Fund	100,000	29,900
	EMC Corp	Corporate Bond, mat 06/01/20	49,967	47,963
	Energy Sel Sect SPDR - XLE	Mutual Fund	153,839	128,602
	Everbank	CD, mat 03/28/16, 3.65%	6,322	6,041
	Fifth Street Finance Corp	Corporate Bond, mat 03/01/19, 4.875%	51,638	49,893
	First TR Interm Dur Prf - FPF	Mutual Fund	100,000	85,080
	First TR New Opp MLP ENE - FPL	Mutual Fund	100,000	53,850
	FMC Technologies, Inc.	Corporate Bond, mat 10/10/22, 3.450%	47,103	43,821
	Freeport-McMoran, Inc.	Corporate Bond, mat 11/14/24, 4.550%	47,987	28,625
	GE Capital Retail Bk	CD, mat 07/11/16, 2.55%	15,626	15,140
	General Electric Cap Corp 4.875% 10/15/52 - GEB	Preferred Stock	93,105	92,448
	Genworth FNL, Inc.	Corporate Bond, mat 5/22/18, 6.515%	103,872	97,500
	Goldman Sachs MLP Inc. OPPTY - GMZ	Equity	150,000	61,725
	Goldman Sachs New York	CD, mat 06/04/18, 1.40%	100,000	98,990
	GS Plus On the S&P 500 Index - SPTJQ	Equity	100,000	98,850
	Guggenheim Limited Duration - GILHX	Mutual Fund	90,000	89,633
	Health Care Select SECT SPDR- XLV	Mutual Fund	149,365	289,056
	HSBC Survivor On SPX	CD, mat 03/03/23	75,000	71,670
	HSBC Survivor On SPX	CD, mat 04/04/23	100,000	96,620
	Icahn Enterprises Fin	Corporate Bond, mat 02/01/22, 5.875%	52,081	48,875
	Icahn Enterprises Fin	Corporate Bond, mat 03/15/19, 4.875%	50,626	49,550
	Industrial SEL SEC SPDR - XLI	Mutual Fund	247,147	355,856
	International Game Technology	Corporate Bond, mat 06/15/19, 7.500%	54,599	53,490
	Ishares MSCI Biotech Fund - IBB	Mutual Fund	9,774	22,668
	Ishares MSCI France Index Fd - EWQ	Mutual Fund	12,481	12,299
	Ishares MSCI Japan - EWJ	Mutual Fund	31,820	30,664
	Ishares MSCI PAC Ex-JPN Index - EPP	Mutual Fund	31,334	25,261
	Ishares MSCI United Kingdom Index FD - EWU	Mutual Fund	25,010	22,305
	Ishares S&P Pref Stk - PFF	Mutual Fund	209,366	204,623
	JP Morgan	CD, mat 11/04/20, 0.25%	150,000	151,425
	JP Morgan Chase	Corporate Bond, mat 4/30/18, 7.90%	116,472	101,800
	JPM Plus On the S&P Index - SPSJH	Equity	100,000	98,000
	JPM Trigger Plus Based US Real Estate - SPRRU	Equity	100,000	91,200
	Kinder Morgan Ener Part	Corporate Bond, mat 09/01/22	50,675	47,008
	KKR Financial Holdings 8.375% - KFH	Preferred Stock	13,755	13,235
	KKR Income Opportunities - KIO	Mutual Fund	75,000	52,013
	M&T Bank Corp.	Corporate Bond, mat 2/15/24, 6.45%	55,318	52,625
	Materials Sel Sect SPDR FD - XLB	Mutual Fund	81,605	81,326
	Neuberger Berman MLP Inc - NML	Mutual Fund	150,000	61,200
	Nuveen High Income December - JHA	Equity	100,000	100,780
	Oneok, Inc.	Corporate Bond, mat 11/14/24, 4.250%	48,061	36,000
	Public Storage Ser-R 6.36% - PSA.R	Preferred Stock	63,000	64,800
	Qwest Corp. 7.500%, mat 9/15/51	Preferred Stock	51,319	51,320
	Raymond James Financial 6.900%, mat 3/15/42	Equity	51,099	53,320
	Teck Resources Limited	Equity	45,879	23,125
	Transalta Corp	Equity	48,485	43,438
	Vanguard Financials - VFH	Mutual Fund	194,996	307,706
	Vanguard Info Tech - VGT	Mutual Fund	253,023	402,839
	Vanguard Tele SVCS ETF Index - VOX	Mutual Fund	61,268	79,379
	Wells Fargo & Co.	Corporate Bond, mat 3/18, 7.98%	118,242	103,875
	World Financial Network Bank	Equity	101,178	101,022
	Wynn Las Vegas	Equity	51,725	47,512
	XEROX Corp	Corporate Bond, mat 05/15/20	49,195	48,634
	XEROX Corp	Corporate Bond, mat 03/15/19	50,368	50,085
	YUM! Brands Inc.	Corporate Bond, mat 11/01/21	50,141	47,838