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
TOM NEHL TRUCK COMPANY EMPLOYEES 401K SAVINGS & RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1995

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)
TOM NEHL TRUCK COMPANY

417 S. EDGEWOOD AVENUE
JACKONSVILLE, FL 32254

2b Employer Identification Number (EIN)
59-0840355

2c Plan Sponsor's telephone number
904-389-3653

2d Business code (see instructions)
441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2016	DEVON P. SCHEIBLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2016	DEVON P. SCHEIBLE
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	205
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)**	199
a(2) Total number of active participants at the end of the plan year	**6a(2)**	222
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	26
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	249
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	249
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	238
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	28
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
TOM NEHL TRUCK COMPANY EMPLOYEES 401K SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TOM NEHL TRUCK COMPANY

D Employer Identification Number (EIN)
59-0840355

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE & ANNUITY 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
71-0294708	86509	ZH9863	249	01/01/2016	12/31/2016

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
34497	0

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

LPL FINANCIAL CORPORATION
4707 EXECUTIVE DR
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34497			3

(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	

(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	1461901
5	Current value of plan's interest under this contract in separate accounts at year end	5	5061405

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	114623		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	20248		
	(4) Transferred from separate account	7c(4)	324560		
	(5) Other (specify below)	7c(5)	1007105		
	▶ *				
	(6) Total additions			7c(6)	1466536
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1466536
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2586		
	(2) Administration charge made by carrier	7e(2)	165		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	1884		
	▶ *				
	(5) Total deductions			7e(5)	4635
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1461901

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)**	
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)**	
(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)**	
(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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
TOM NEHL TRUCK COMPANY EMPLOYEES 401K SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TOM NEHL TRUCK COMPANY

D Employer Identification Number (EIN)
59-0840355

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN UNITED 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
34-0145825	60895	G91889	0	01/01/2015	12/31/2015

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
0	0

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

(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	

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	997438
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	997438
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	997438		
	▶ *				
	(5) Total deductions			7e(5)	997438
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

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)**	
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)**	
(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)**	
(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)	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
TOM NEHL TRUCK COMPANY EMPLOYEES 401K SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TOM NEHL TRUCK COMPANY

D Employer Identification Number (EIN)
59-0840355

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

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

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

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
26	SERVICE PROVIDER	3580	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: LUCINDA L GALLAGHER CPA LLC
b EIN: 90-1039090
c Position: ACCOUNTANT
d Address: 1232 CREEK BEND RD.
JACKSONVILLE, FL 32259
e Telephone: 904-287-1885

Explanation: A DESIRE TO UTILIZE A LARGER AUDIT FIRM DUE TO PLAN GROWTH.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
TOM NEHL TRUCK COMPANY EMPLOYEES 401K SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TOM NEHL TRUCK COMPANY

D Employer Identification Number (EIN)
59-0840355

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	5061405

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

b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO.

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)
35-0145825-000	P	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
TOM NEHL TRUCK COMPANY EMPLOYEES 401K SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TOM NEHL TRUCK COMPANY

D Employer Identification Number (EIN)
59-0840355

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2892	
(2) Participant contributions	1b(2)	13699	
(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)	74684	45317
(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)	4842021	5061405
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	997438	1461901
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5930734	6568623
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5930734	6568623

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)	177489	
	(B) Participants	2a(1)(B)	776694	
	(C) Others (including rollovers)	2a(1)(C)	25050	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		979233
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)	5358	
	(F) Other	2b(1)(F)	20248	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25606
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-60713
(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)		-77391
c Other income	2c		3
d Total income. Add all **income** amounts in column (b) and enter total	2d		866738
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	181274	
(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)		181274
f Corrective distributions (see instructions)	2f		42761
g Certain deemed distributions of participant loans (see instructions)	2g		234
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4580	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4580
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		228849
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		637889
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SMOAK, DAVIS & NIXON LLP **(2)** EIN: 59-0602635

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			734
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			500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X			
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
TOM NEHL TRUCK COMPANY EMPLOYEES 401K SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TOM NEHL TRUCK COMPANY

D Employer Identification Number (EIN)
59-0840355

Part I Distributions

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

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

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

EIN(s): 71-0294708 35-0145825

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TOM NEHL TRUCK COMPANY

EMPLOYEES 401(K) SAVINGS AND RETIREMENT PLAN

FINANCIAL REPORT

December 31, 2015

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SMOAK, DAVIS & NIXON LLP
Certified Public Accountants
Providing Integrated Financial Solutions

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EDWARD P. SCHMITZER, CPA, PA
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JOHN W. GIEHRL, CPA, PA

To the Trustees of
Tom Nehl Truck Company
Employees 401(K) Savings and Retirement Plan
Jacksonville, Florida

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tom Nehl Truck Company Employees 401(K) Savings and Retirement Plan, which comprise the statement of net assets available for benefits as of December 31, 2015, and the related statement of changes in net assets available for benefits for the year 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by American United Life Insurance Company and Voya Retirement Income and Annuity Company, the Custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Custodians hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Custodians as of and for the year ended December 31, 2015, that the information provided to the plan administrator by the Custodians is complete and accurate.

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Independent Auditor's Report

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 2015 financial statements. Accordingly, we do not express an opinion on the 2015 financial statements referred to in the first paragraph.

Other Matter - Supplemental Schedules

The supplemental schedules of Delinquent Participant Contributions and Assets Held for Investment Purposes, as of or for the year ended December 31, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Other Matter - 2014 Financial Statements

The financial statements of the Plan as of December 31, 2014, 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 the Employee Retirement Income Security Act of 1974 (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 American United Life Insurance Company, the custodian of the plan. Their report, dated September 17, 2015, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate 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 Custodian, 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

The form and content of the information included in the 2015 financial statements and supplemental schedules, 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 the Employee Retirement Income Security Act of 1974.

Smoak, Davis & Nixon LLP
Jacksonville, Florida
October 3, 2016

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TOM NEHL TRUCK COMPANY
EMPLOYEES 401(K) SAVINGS AND RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2015 and 2014

	2015	2014
ASSETS		
Accounts Receivable:		
Participant contributions		2,892
Employer contributions		13,699
Notes receivable from participants	45,317	74,684
	45,317	91,275
Investments:		
Mutual funds	5,061,405	4,842,021
Insurance company - fixed account	1,461,901	
Guaranteed investment contract		997,438
	6,523,306	5,839,459
Total Assets	6,568,623	5,930,734
LIABILITIES	0	0
Net Assets Available for Benefits	6,568,623	5,930,734

The Notes to Financial Statements are an integral part of these statements.

TOM NEHL TRUCK COMPANY
EMPLOYEES 401(K) SAVINGS AND RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2015 and 2014

	2015	2014
ADDITIONS		
Additions to Net Assets Attributed To:		
Investment Income:		
Net appreciation (depreciation) in fair value of investments	(138,104)	255,554
Dividends and other income	20,251	
Interest	5,358	49,079
	(112,495)	304,633
Contributions:		
Participants	776,694	492,846
Employer	177,489	102,163
Rollover	25,050	28,484
	979,233	623,493
Total Additions	866,738	928,126
DEDUCTIONS		
Deductions From Net Assets Attributed To:		
Benefits paid to participants	181,274	420,772
Corrective distributions	42,761	4,051
Certain deemed distributions of participant loans	234	
Participant fees and charges	4,580	360
Total Deductions	228,849	425,183
Net Increase	637,889	502,943
Net Assets Available For Benefits		
Beginning of year	5,930,734	5,427,791
End of year	6,568,623	5,930,734

The Notes to Financial Statements are an integral part of these statements.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Tom Nehl Truck Company Employees 401(K) Savings and Retirement Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan was established on January 1, 1995 and restated February 1, 2015. The Plan is a defined contribution plan covering all employees of the sponsoring companies (sponsors), excluding leased employees, who have thirty days of service and are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Prior to February 1, 2015, participants could elect to make salary deferral contributions to the Plan in an amount up to 15% of the pretax annual compensation and a matching contribution of 25% of the first 6% was made. Subsequent to February 1, 2015, eligible employees are automatically enrolled, with three percent of compensation being contributed, although a participant may elect to defer a different percentage of their compensation as an elective deferral contribution. The sponsors may make a discretionary matching contribution on behalf of each participant. The amount of the matching contribution shall be determined annually by the sponsors' directors. Additionally, the sponsors may make a discretionary non-elective contribution each year as determined by the sponsors' directors which is allocated to each participant in the ratio that a given participant's compensation bears to the compensation of the total sponsoring company's plan participants.

Participant Accounts:

Each participant's account is credited with the participant's contributions and an allocation of (a) the sponsors' contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. A participant is 100% vested after six years of service. Vesting in the sponsors' contributions portion of their accounts plus actual earnings thereon is based on years of continuous service as follows:

Years of Service	Non-forfeitable Percentage
1 year or less	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Note 1. Description of Plan (Continued)

Payment of Benefits:

On termination of service due to death, disability, retirement, or other reasons, a participant (or beneficiary) receives an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount or, if the benefits qualify as eligible rollovers, all or a portion of the benefits may be rolled over to another qualified plan or IRA.

Notes Receivable from Participants:

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest rates at market rates on the date the loans were initiated. Principal and interest is paid through payroll deduction over a period not exceeding 5 years. Subsequent to February 1, 2015, the Plan no longer allows participants to borrow from their fund accounts.

Forfeited Accounts:

Forfeitures of non-vested company contributions may be used by the Plan as payment of Plan expenses. Any remaining forfeitures will be added to any employer discretionary matching contributions. At December 31, 2015 and 2014, respectively, forfeited non-vested accounts totaled $3,993 and $0.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting:

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

Estimates:

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

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Note 2. Summary of Significant Accounting Policies (Continued)

Subsequent Events:

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 3, 2016, the date the financial statements were available to be issued.

Note 3. Investments

During the years ended December 31, 2015 and 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by ($138,104) and $255,554, respectively.

Note 4. Investment Contract with Insurance Company

The Plan had a benefit-responsive investment contract with American United Life Insurance Company in the years ended December 31, 2015 and 2014. American United Life Insurance Company maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer was contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract was fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by American United Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair values of the investment contract as of December 31, 2015 and 2014 were $0 and $997,438, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, and does not have a minimum limit. Such interest rates are reviewed on a quarterly basis for resetting.

Note 4. Investment Contract with Insurance Company (Continued)

Certain events limit the Plan's ability to transact at contract value with American United Life Insurance Company. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1074. No events that would limit the Plan's ability to transact at contract value with Plan participants occurred during the years ended December 31, 2015 and 2014.

This contract was liquidated in the transfer of Plan assets between American United Life and Voya Retirement Insurance and Annuity Company in February 2015.

	2015	2014
Average yields:		
Based on actual earnings		4.49%
Based on interest rate credited to participants		4.00%

Note 5. Information Prepared and Certified by the Custodians

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate in accordance with Section 2520.103-8 of the Departments of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 by American United Life Insurance Company and Voya Retirement Insurance and Annuity Company for 2015 and by American United Life Insurance Company for 2014.

	2015	2014
Investments, at fair value:		
Mutual Funds	5,061,405	4,842,021
Insurance company - fixed account	1,461,901	
Guaranteed investment contract		997,438
Total investments	6,523,306	5,839,459
Notes receivable from participants	45,317	74,684
Investment income	(112,495)	304,633

Note 6. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently operated in compliance with the applicable requirements of the IRC.

Note 7. Fair Values Measurements

The Plan applies generally accepted accounting principles for fair value measurements of financial assets and liabilities. These accounting principles define fair value and establish a hierarchy that prioritizes fair value measurements based on the types of inputs used for the various valuation techniques. The three levels of inputs used to measure fair value are as follows:

• Level 1 - Values measured using quoted prices in active markets for identical investments.

• Level 2 - Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

• Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

The carrying amounts reflected in the statements of net assets available for benefits for accounts receivable employer contributions and accounts receivable participant contributions approximate fair value due to the relative terms and/or short maturity of these financial instruments.

The following is a summary of the levels within the fair value hierarchy for the Plans assets measured at fair value on a recurring basis as of December 31, 2015 and 2014:

	Fair Value Measurements on a Recurring Basis as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Assets:				
Investments				
American Funds Europacific**		411,290		411,290
JP Morgan Large Cap**		384,387		384,387
Vanguard 500 Index Fund**		459,929		459,929
JP Morgan Equity**		486,419		486,419
JP Morgan Equity Income**		519,086		519,086
Voya Fixed Account**		1,461,901		1,461,901
Other mutual funds**		2,800,294		2,800,294
Total	0	6,523,306	0	6,523,306

** Represents 5% or more of the Plan's net assets

Note 7. Fair Values Measurements (Continued)

	Fair Value Measurements on a Recurring Basis as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Investments				
American United Life Fixed Fund**			997,438	997,438
Fidelity Investments VIP Contrafund**		533,095		533,095
OneAmerica Funds Value**		456,204		456,204
Oppenheimer Funds International Small Co**		326,799		326,799
State Street Global Advisers S&P 500 Index**		388,543		388,543
Other mutual funds**		3,137,380		3,137,380
Total	0	4,842,021	997,438	5,839,459

** Represents 5% or more of the Plan's net assets

During fiscal years 2015 and 2014, the fair value of investments classified as Level 3 in the fair value hierarchy changed as follows:

	Fair Value Measurements on Using Significant Unobservable Inputs
December 31, 2015	
Beginning balance	997,438
Purchases	6,497
Withdrawals	(2,081)
Earnings	3,226
Transfers	(1,005,080)
Ending Balance	0
December 31, 2014	
Beginning balance	1,188,694
Purchases	87,021
Withdrawals	(337,086)
Earnings	43,654
Transfers	15,155
Ending Balance	997,438

Note 8. Plan Termination

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

Note 9. Party-in-Interest Transactions

Certain investments of the Plan are shares of funds managed by the members of American United Life Insurance Company and Voya Retirement Income and Annuity Company. American United Life Insurance Company and Voya Retirement Income and Annuity Company are considered the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan paid American United Life and Voya Retirement Income and Annuity Company $4,580 in 2015 and American United Life $360 in 2014.

Note 10. Nonexempt Transactions

As reported on Form 5500, Schedule H, Line 4a - Schedule of Delinquent Participant Contributions, certain contributions were not remitted to the Plan within the time frame specified by the Department of Labor's Regulation 29 CFR 2510.3-102, thus constituting nonexempt transactions between the Plan and the Employer during the 2015 Plan year. Late remittances amounted to $734 and have been corrected appropriately by the Employer in accordance with the DOL's requirements.

SUPPLEMENTAL SCHEDULES

TOM NEHL TRUCK COMPANY
EMPLOYEES 401(k) SAVINGS & RETIREMENT PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
ATTACHMENT - FORM 5500, SCHEDULE H (LINE 4a)

December 31, 2015

EIN: 59-0840355
PN: 002

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
		734		

TOM NEHL TRUCK COMPANY
EMPLOYEES 401(k) SAVINGS & RETIREMENT PLAN

SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
ATTACHMENT - FORM 5500

December 31, 2015

EIN: 59-0840355
PN: 002

(a)	Identity of Issue, Borrower, Lessor of Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
*	Voya Retirement Insurance and Annuity Company	American Funds Europacific Growth		411,290
*	Voya Retirement Insurance and Annuity Company	American Funds New Perspective		107,216
*	Voya Retirement Insurance and Annuity Company	DFA International Core Equity Portfolio		118,186
*	Voya Retirement Insurance and Annuity Company	Vanguard Mid-Cap Index Fund		62,438
*	Voya Retirement Insurance and Annuity Company	Vanguard Small-Cap Index Fund		101,270
*	Voya Retirement Insurance and Annuity Company	DFA Targeted Value Portfolio		34,930
*	Voya Retirement Insurance and Annuity Company	Clearbridge Small-Cap Growth		33,650
*	Voya Retirement Insurance and Annuity Company	Victory Munder Mid-Cap Core Growth		73,897
*	Voya Retirement Insurance and Annuity Company	American Century Mid Cap Value		290,002
*	Voya Retirement Insurance and Annuity Company	JP Morgan Large Cap Growth		384,387
*	Voya Retirement Insurance and Annuity Company	Clearbridge Small-Cap Growth		157,792
*	Voya Retirement Insurance and Annuity Company	Vanguard 500 Index Fund		459,929
*	Voya Retirement Insurance and Annuity Company	American Beacon Large Cap Value		153,016
*	Voya Retirement Insurance and Annuity Company	JP Morgan U.S. Equity		486,419
*	Voya Retirement Insurance and Annuity Company	JP Morgan Equity Income		519,086
*	Voya Retirement Insurance and Annuity Company	American Funds The Income Fund		218,659
*	Voya Retirement Insurance and Annuity Company	Vanguard Balanced Index Fund		148,452
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2015		6,655
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2025		127,953
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2035		39,098
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2045		26,248
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement Income		15,458
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2010		2,707
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2020		122,568
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2030		172,805
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2040		141,908
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2050		12,030
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2055		18,475
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2060		11,082
*	Voya Retirement Insurance and Annuity Company	Putnam Dynamic Asset Allocation Bal.		43,846
*	Voya Retirement Insurance and Annuity Company	Putnam Dynamic Asset Allocation Cons.		3,201
*	Voya Retirement Insurance and Annuity Company	Putnam Dynamic Asset Allocation Growth		10,361
*	Voya Retirement Insurance and Annuity Company	PIMCO Real Return		60,333
*	Voya Retirement Insurance and Annuity Company	American Funds Bond Fund of America		289,351
*	Voya Retirement Insurance and Annuity Company	Western Asset Management High Yield Fund IS		176,317
*	Voya Retirement Insurance and Annuity Company	Loomis Sayles Bond Fund		16,397

* Party in Interest

Note: Cost information may be omitted when reporting investments of an individual account that a participant directed with respect to assets allocated to his or her account.

TOM NEHL TRUCK COMPANY
EMPLOYEES 401(k) SAVINGS & RETIREMENT PLAN

SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
ATTACHMENT - FORM 5500
(CONTINUED)
December 31, 2015

EIN: 59-0840355
PN: 002

(a)	Identity of Issue, Borrower, Lessor of Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
*	Voya Retirement Insurance and Annuity Company	Fixed Account		1,461,901
*	Voya Retirement Insurance and Annuity Company	Money Market Fund		3,993
				6,523,306
	Participant Loans	Participant Loans at 7.25% to 7.25%		45,317
			N/A	6,568,623

* Party in Interest

Note: Cost information may be omitted when reporting investments of an individual account that a participant directed with respect to assets allocated to his or her account.

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
Tom Nehl Truck Co. Emp. 401(k) Svgs & Ret Plan
EIN# 59-0840355
Plan# 002
As Of December 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	AmBcn Large Cap Value Fund Ins	Registered Investment Company		$153,016
	AmCen Mid Cap Value Fund R6	Registered Investment Company		$290,002
	American Funds Bond Fd Am R6	Registered Investment Company		$289,351
	American Funds EuroPacific R6	Registered Investment Company		$411,290
	American Funds Income Fnd R6	Registered Investment Company		$218,659
	American Funds Nw Prspctv R6	Registered Investment Company		$107,217
	ClrBrg Aggr Grw Fd IS	Registered Investment Company		$157,792
	ClrBrg SmCp Grw Fd IS	Registered Investment Company		$33,650
	DFA Intl Core Equity Port Ins	Registered Investment Company		$118,186
	DFA US Targeted Vl Port Ins	Registered Investment Company		$34,930
	JPMorgan Equity Income Fund R6	Registered Investment Company		$519,086
	JPMorgan LgCp Grw Fnd R6	Registered Investment Company		$384,387
	JPMorgan US Equity Fund R6	Registered Investment Company		$486,419
	Loomis Sayles Bond Fund N	Registered Investment Company		$16,397
	PIMCO Real Return Fund Ins	Registered Investment Company		$60,332
	Putnam Dynmc Asst All Bal F R6	Registered Investment Company		$43,846
	Putnam Dynmc Asst All Con F R6	Registered Investment Company		$3,201
	Putnam Dynmc Asst All Grw F R6	Registered Investment Company		$10,361
	Vangrd 500 Index Fund Adm	Registered Investment Company		$459,929
	Vangrd Balanced Index Fnd Adm	Registered Investment Company		$148,452
	Vangrd Mid-Cap Index Fund Adm	Registered Investment Company		$62,438
	Vangrd Small-Cap Index Fnd Adm	Registered Investment Company		$101,270
	Vangrd Trgt Retire 2010 Fd Inv	Registered Investment Company		$2,707
	Vangrd Trgt Retire 2015 Fd Inv	Registered Investment Company		$6,655
	Vangrd Trgt Retire 2020 Fd Inv	Registered Investment Company		$122,568
	Vangrd Trgt Retire 2025 Fd Inv	Registered Investment Company		$127,953
	Vangrd Trgt Retire 2030 Fd Inv	Registered Investment Company		$172,805
	Vangrd Trgt Retire 2035 Fd Inv	Registered Investment Company		$39,098
	Vangrd Trgt Retire 2040 Fd Inv	Registered Investment Company		$141,907
	Vangrd Trgt Retire 2045 Fd Inv	Registered Investment Company		$26,248
	Vangrd Trgt Retire 2050 Fd Inv	Registered Investment Company		$12,030
	Vangrd Trgt Retire 2055 Fd Inv	Registered Investment Company		$18,475
	Vangrd Trgt Retire 2060 Fd Inv	Registered Investment Company		$11,082
	Vangrd Trgt Retire Inc Fd Inv	Registered Investment Company		$15,458
	Vic Mun MdCp Core Growth Fd R6	Registered Investment Company		$73,897
*	Voya Fixed Account	Registered Investment Company		$1,461,901
*	Voya Mny Mkt Fd A	Registered Investment Company		$3,993
	WstAsst High Yield Fund IS	Registered Investment Company		$176,317
	Participant Loans - Rates 7.25% to 7.25%	Registered Investment Company		$45,317
	TOTAL	Registered Investment Company		$6,568,623

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.

TOM NEHL TRUCK COMPANY

EMPLOYEES 401(K) SAVINGS AND RETIREMENT PLAN

FINANCIAL REPORT

December 31, 2015

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SMOAK, DAVIS & NIXON LLP
Certified Public Accountants
Providing Integrated Financial Solutions

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JOHN W. GIEHRL, CPA, PA

To the Trustees of
Tom Nehl Truck Company
Employees 401(K) Savings and Retirement Plan
Jacksonville, Florida

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tom Nehl Truck Company Employees 401(K) Savings and Retirement Plan, which comprise the statement of net assets available for benefits as of December 31, 2015, and the related statement of changes in net assets available for benefits for the year 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by American United Life Insurance Company and Voya Retirement Income and Annuity Company, the Custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Custodians hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Custodians as of and for the year ended December 31, 2015, that the information provided to the plan administrator by the Custodians is complete and accurate.

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Independent Auditor's Report

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 2015 financial statements. Accordingly, we do not express an opinion on the 2015 financial statements referred to in the first paragraph.

Other Matter - Supplemental Schedules

The supplemental schedules of Delinquent Participant Contributions and Assets Held for Investment Purposes, as of or for the year ended December 31, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Other Matter - 2014 Financial Statements

The financial statements of the Plan as of December 31, 2014, 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 the Employee Retirement Income Security Act of 1974 (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 American United Life Insurance Company, the custodian of the plan. Their report, dated September 17, 2015, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate 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 Custodian, 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

The form and content of the information included in the 2015 financial statements and supplemental schedules, 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 the Employee Retirement Income Security Act of 1974.

Smoak, Davis & Nixon LLP
Jacksonville, Florida
October 3, 2016

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TOM NEHL TRUCK COMPANY
EMPLOYEES 401(K) SAVINGS AND RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2015 and 2014

	2015	2014
ASSETS		
Accounts Receivable:		
Participant contributions		2,892
Employer contributions		13,699
Notes receivable from participants	45,317	74,684
	45,317	91,275
Investments:		
Mutual funds	5,061,405	4,842,021
Insurance company - fixed account	1,461,901	
Guaranteed investment contract		997,438
	6,523,306	5,839,459
Total Assets	6,568,623	5,930,734
LIABILITIES	0	0
Net Assets Available for Benefits	6,568,623	5,930,734

The Notes to Financial Statements are an integral part of these statements.

TOM NEHL TRUCK COMPANY
EMPLOYEES 401(K) SAVINGS AND RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2015 and 2014

	2015	2014
ADDITIONS		
Additions to Net Assets Attributed To:		
Investment Income:		
Net appreciation (depreciation) in fair value of investments	(138,104)	255,554
Dividends and other income	20,251	
Interest	5,358	49,079
	(112,495)	304,633
Contributions:		
Participants	776,694	492,846
Employer	177,489	102,163
Rollover	25,050	28,484
	979,233	623,493
Total Additions	866,738	928,126
DEDUCTIONS		
Deductions From Net Assets Attributed To:		
Benefits paid to participants	181,274	420,772
Corrective distributions	42,761	4,051
Certain deemed distributions of participant loans	234	
Participant fees and charges	4,580	360
Total Deductions	228,849	425,183
Net Increase	637,889	502,943
Net Assets Available For Benefits		
Beginning of year	5,930,734	5,427,791
End of year	6,568,623	5,930,734

The Notes to Financial Statements are an integral part of these statements.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Tom Nehl Truck Company Employees 401(K) Savings and Retirement Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan was established on January 1, 1995 and restated February 1, 2015. The Plan is a defined contribution plan covering all employees of the sponsoring companies (sponsors), excluding leased employees, who have thirty days of service and are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Prior to February 1, 2015, participants could elect to make salary deferral contributions to the Plan in an amount up to 15% of the pretax annual compensation and a matching contribution of 25% of the first 6% was made. Subsequent to February 1, 2015, eligible employees are automatically enrolled, with three percent of compensation being contributed, although a participant may elect to defer a different percentage of their compensation as an elective deferral contribution. The sponsors may make a discretionary matching contribution on behalf of each participant. The amount of the matching contribution shall be determined annually by the sponsors' directors. Additionally, the sponsors may make a discretionary non-elective contribution each year as determined by the sponsors' directors which is allocated to each participant in the ratio that a given participant's compensation bears to the compensation of the total sponsoring company's plan participants.

Participant Accounts:

Each participant's account is credited with the participant's contributions and an allocation of (a) the sponsors' contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. A participant is 100% vested after six years of service. Vesting in the sponsors' contributions portion of their accounts plus actual earnings thereon is based on years of continuous service as follows:

Years of Service	Non-forfeitable Percentage
1 year or less	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Note 1. Description of Plan (Continued)

Payment of Benefits:

On termination of service due to death, disability, retirement, or other reasons, a participant (or beneficiary) receives an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount or, if the benefits qualify as eligible rollovers, all or a portion of the benefits may be rolled over to another qualified plan or IRA.

Notes Receivable from Participants:

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest rates at market rates on the date the loans were initiated. Principal and interest is paid through payroll deduction over a period not exceeding 5 years. Subsequent to February 1, 2015, the Plan no longer allows participants to borrow from their fund accounts.

Forfeited Accounts:

Forfeitures of non-vested company contributions may be used by the Plan as payment of Plan expenses. Any remaining forfeitures will be added to any employer discretionary matching contributions. At December 31, 2015 and 2014, respectively, forfeited non-vested accounts totaled $3,993 and $0.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting:

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

Estimates:

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

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Note 2. Summary of Significant Accounting Policies (Continued)

Subsequent Events:

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 3, 2016, the date the financial statements were available to be issued.

Note 3. Investments

During the years ended December 31, 2015 and 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by ($138,104) and $255,554, respectively.

Note 4. Investment Contract with Insurance Company

The Plan had a benefit-responsive investment contract with American United Life Insurance Company in the years ended December 31, 2015 and 2014. American United Life Insurance Company maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer was contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract was fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by American United Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair values of the investment contract as of December 31, 2015 and 2014 were $0 and $997,438, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, and does not have a minimum limit. Such interest rates are reviewed on a quarterly basis for resetting.

Note 4. Investment Contract with Insurance Company (Continued)

Certain events limit the Plan's ability to transact at contract value with American United Life Insurance Company. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1074. No events that would limit the Plan's ability to transact at contract value with Plan participants occurred during the years ended December 31, 2015 and 2014.

This contract was liquidated in the transfer of Plan assets between American United Life and Voya Retirement Insurance and Annuity Company in February 2015.

	2015	2014
Average yields:		
Based on actual earnings		4.49%
Based on interest rate credited to participants		4.00%

Note 5. Information Prepared and Certified by the Custodians

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate in accordance with Section 2520.103-8 of the Departments of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 by American United Life Insurance Company and Voya Retirement Insurance and Annuity Company for 2015 and by American United Life Insurance Company for 2014.

	2015	2014
Investments, at fair value:		
Mutual Funds	5,061,405	4,842,021
Insurance company - fixed account	1,461,901	
Guaranteed investment contract		997,438
Total investments	6,523,306	5,839,459
Notes receivable from participants	45,317	74,684
Investment income	(112,495)	304,633

Note 6. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently operated in compliance with the applicable requirements of the IRC.

Note 7. Fair Values Measurements

The Plan applies generally accepted accounting principles for fair value measurements of financial assets and liabilities. These accounting principles define fair value and establish a hierarchy that prioritizes fair value measurements based on the types of inputs used for the various valuation techniques. The three levels of inputs used to measure fair value are as follows:

• Level 1 - Values measured using quoted prices in active markets for identical investments.

• Level 2 - Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

• Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

The carrying amounts reflected in the statements of net assets available for benefits for accounts receivable employer contributions and accounts receivable participant contributions approximate fair value due to the relative terms and/or short maturity of these financial instruments.

The following is a summary of the levels within the fair value hierarchy for the Plans assets measured at fair value on a recurring basis as of December 31, 2015 and 2014:

	Fair Value Measurements on a Recurring Basis as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Assets:				
Investments				
American Funds Europacific**		411,290		411,290
JP Morgan Large Cap**		384,387		384,387
Vanguard 500 Index Fund**		459,929		459,929
JP Morgan Equity**		486,419		486,419
JP Morgan Equity Income**		519,086		519,086
Voya Fixed Account**		1,461,901		1,461,901
Other mutual funds**		2,800,294		2,800,294
Total	0	6,523,306	0	6,523,306

** Represents 5% or more of the Plan's net assets

Note 7. Fair Values Measurements (Continued)

	Fair Value Measurements on a Recurring Basis as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Investments				
American United Life Fixed Fund**			997,438	997,438
Fidelity Investments VIP Contrafund**		533,095		533,095
OneAmerica Funds Value**		456,204		456,204
Oppenheimer Funds International Small Co**		326,799		326,799
State Street Global Advisers S&P 500 Index**		388,543		388,543
Other mutual funds**		3,137,380		3,137,380
Total	0	4,842,021	997,438	5,839,459

** Represents 5% or more of the Plan's net assets

During fiscal years 2015 and 2014, the fair value of investments classified as Level 3 in the fair value hierarchy changed as follows:

	Fair Value Measurements on Using Significant Unobservable Inputs
December 31, 2015	
Beginning balance	997,438
Purchases	6,497
Withdrawals	(2,081)
Earnings	3,226
Transfers	(1,005,080)
Ending Balance	0
December 31, 2014	
Beginning balance	1,188,694
Purchases	87,021
Withdrawals	(337,086)
Earnings	43,654
Transfers	15,155
Ending Balance	997,438

Note 8. Plan Termination

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

Note 9. Party-in-Interest Transactions

Certain investments of the Plan are shares of funds managed by the members of American United Life Insurance Company and Voya Retirement Income and Annuity Company. American United Life Insurance Company and Voya Retirement Income and Annuity Company are considered the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan paid American United Life and Voya Retirement Income and Annuity Company $4,580 in 2015 and American United Life $360 in 2014.

Note 10. Nonexempt Transactions

As reported on Form 5500, Schedule H, Line 4a - Schedule of Delinquent Participant Contributions, certain contributions were not remitted to the Plan within the time frame specified by the Department of Labor's Regulation 29 CFR 2510.3-102, thus constituting nonexempt transactions between the Plan and the Employer during the 2015 Plan year. Late remittances amounted to $734 and have been corrected appropriately by the Employer in accordance with the DOL's requirements.

SUPPLEMENTAL SCHEDULES

TOM NEHL TRUCK COMPANY
EMPLOYEES 401(k) SAVINGS & RETIREMENT PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
ATTACHMENT - FORM 5500, SCHEDULE H (LINE 4a)

December 31, 2015

EIN: 59-0840355
PN: 002

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
		734		

TOM NEHL TRUCK COMPANY
EMPLOYEES 401(k) SAVINGS & RETIREMENT PLAN

SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
ATTACHMENT - FORM 5500

December 31, 2015

EIN: 59-0840355
PN: 002

(a)	Identity of Issue, Borrower, Lessor of Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
*	Voya Retirement Insurance and Annuity Company	American Funds Europacific Growth		411,290
*	Voya Retirement Insurance and Annuity Company	American Funds New Perspective		107,216
*	Voya Retirement Insurance and Annuity Company	DFA International Core Equity Portfolio		118,186
*	Voya Retirement Insurance and Annuity Company	Vanguard Mid-Cap Index Fund		62,438
*	Voya Retirement Insurance and Annuity Company	Vanguard Small-Cap Index Fund		101,270
*	Voya Retirement Insurance and Annuity Company	DFA Targeted Value Portfolio		34,930
*	Voya Retirement Insurance and Annuity Company	Clearbridge Small-Cap Growth		33,650
*	Voya Retirement Insurance and Annuity Company	Victory Munder Mid-Cap Core Growth		73,897
*	Voya Retirement Insurance and Annuity Company	American Century Mid Cap Value		290,002
*	Voya Retirement Insurance and Annuity Company	JP Morgan Large Cap Growth		384,387
*	Voya Retirement Insurance and Annuity Company	Clearbridge Small-Cap Growth		157,792
*	Voya Retirement Insurance and Annuity Company	Vanguard 500 Index Fund		459,929
*	Voya Retirement Insurance and Annuity Company	American Beacon Large Cap Value		153,016
*	Voya Retirement Insurance and Annuity Company	JP Morgan U.S. Equity		486,419
*	Voya Retirement Insurance and Annuity Company	JP Morgan Equity Income		519,086
*	Voya Retirement Insurance and Annuity Company	American Funds The Income Fund		218,659
*	Voya Retirement Insurance and Annuity Company	Vanguard Balanced Index Fund		148,452
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2015		6,655
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2025		127,953
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2035		39,098
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2045		26,248
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement Income		15,458
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2010		2,707
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2020		122,568
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2030		172,805
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2040		141,908
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2050		12,030
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2055		18,475
*	Voya Retirement Insurance and Annuity Company	Vanguard Target Retirement 2060		11,082
*	Voya Retirement Insurance and Annuity Company	Putnam Dynamic Asset Allocation Bal.		43,846
*	Voya Retirement Insurance and Annuity Company	Putnam Dynamic Asset Allocation Cons.		3,201
*	Voya Retirement Insurance and Annuity Company	Putnam Dynamic Asset Allocation Growth		10,361
*	Voya Retirement Insurance and Annuity Company	PIMCO Real Return		60,333
*	Voya Retirement Insurance and Annuity Company	American Funds Bond Fund of America		289,351
*	Voya Retirement Insurance and Annuity Company	Western Asset Management High Yield Fund IS		176,317
*	Voya Retirement Insurance and Annuity Company	Loomis Sayles Bond Fund		16,397

* Party in Interest

Note: Cost information may be omitted when reporting investments of an individual account that a participant directed with respect to assets allocated to his or her account.

TOM NEHL TRUCK COMPANY
EMPLOYEES 401(k) SAVINGS & RETIREMENT PLAN

SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
ATTACHMENT - FORM 5500
(CONTINUED)
December 31, 2015

EIN: 59-0840355
PN: 002

(a)	Identity of Issue, Borrower, Lessor of Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
*	Voya Retirement Insurance and Annuity Company	Fixed Account		1,461,901
*	Voya Retirement Insurance and Annuity Company	Money Market Fund		3,993
				6,523,306
	Participant Loans	Participant Loans at 7.25% to 7.25%		45,317
			N/A	6,568,623

* Party in Interest

Note: Cost information may be omitted when reporting investments of an individual account that a participant directed with respect to assets allocated to his or her account.