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
RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1976

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)
RICKENBAUGH CADILLAC/VOLVO COMPANY

777 BROADWAY
DENVER, CO 80203

2b Employer Identification Number (EIN)
84-0562264

2c Plan Sponsor's telephone number
303-573-7773

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.	10/12/2016	MARY PACIFICO VALLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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

RICKENBAUGH CADILLAC/VOLVO COMPANY

777 BROADWAY
DENVER, CO 80203

3b Administrator's EIN: 84-0562264

3c Administrator's telephone number: 303-573-7773

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	144
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)**	127
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	115
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	129
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	129
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	84
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] 1 **A** (Insurance Information)
- (4) [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
RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RICKENBAUGH CADILLAC/VOLVO COMPANY

D Employer Identification Number (EIN)
84-0562264

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
JOHN HANCOCK LIFE INSURANCE COMPANY USA

(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
01-0233346	65838	28332	92	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
16980	5101

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

AXA NETWORK LLC

SHANE FEIMAN
1800 GLENARM, STE 900
DENVER, CO 80202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
16980			3

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

DONOHUE FEIMAN

RETIREMENT PLAN SERVICES
1800 GLENARM PLACE STE 1100
DENVER, CO 80202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	5101	TPA WITHDRAWAL AND LOAN FEES, PARTICIPANT FEE, AND ADMIN FEE	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	7526
5	Current value of plan's interest under this contract in separate accounts at year end	5	6156490

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 ▶ GUARANTEED INTEREST CONTRACT

b	Balance at the end of the previous year			7b	7507
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	17		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	2		
	▶ JOHN HANCOCK CREDITS TO PARTICIPANTS				
	(6) Total additions			7c(6)	19
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	7526
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)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	7526

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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 RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RICKENBAUGH CADILLAC/VOLVO COMPANY	**D** Employer Identification Number (EIN) 84-0562264

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

JOHN HANCOCK LIFE INSURANCE CO (USA

01-0233346

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

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

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

(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 ☐

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

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

(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: HEIDER, TANNER & DIRKS, INC.
b EIN: 84-1242777
c Position: ACCOUNTANT AUDITOR
d Address: 999 JASMINE STREET
DENVER, CO 80220
e Telephone: 303-393-0615

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

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
RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RICKENBAUGH CADILLAC/VOLVO COMPANY

D Employer Identification Number (EIN)
84-0562264

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: JH THRU 2055 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-001	P	6353

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2045 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-001	P	1903

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2040 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-001	P	5582

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2035 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-001	P	12165

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2030 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-001	P	9852

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2025 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-001	P	44317

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS AGG ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-001	P	625485

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS GROW ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1766228
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS BAL ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1331032
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS MOD ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 256671
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS CON ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 214990
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3084
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4964
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL CORE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 534
a Name of MTIA, CCT, PSA, or 103-12 IE: NEW OPPORTUNITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5444
a Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104588
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1942

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	984
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	396
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	61603
a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25413
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	902
a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4821
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL COMPANY VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	82765
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	104665
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALLCAP WORLD FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	624
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5928

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10096
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44555
a Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL INDUSTRIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 635
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL ALL CAP CORE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4610
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107748
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3345
a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8057
a Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP CORE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 715
a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3830
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3356

a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5198
a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 416784
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74821
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158923
a Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4741
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55994
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11941
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 196515
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. EQUITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2792
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84588

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 608

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47368

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3173

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2049

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL RETURN BOND FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5729

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT-TERM FEDERAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1804

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 213278

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

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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
RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RICKENBAUGH CADILLAC/VOLVO COMPANY

D Employer Identification Number (EIN)
84-0562264

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	331	331
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	129616	164669
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	6939102	6156489
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	7507	7526
(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	7076556	6329015
	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	7076556	6329015

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)		
	(B) Participants	2a(1)(B)	240679	
	(C) Others (including rollovers)	2a(1)(C)	10225	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		250904
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	17	
	(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)	5652	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5669
	(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)		-26731
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		2020
d Total income. Add all **income** amounts in column (b) and enter total	2d		231862
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	973842	
(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)		973842
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	460	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5101	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5561
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		979403
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-747541
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: HEIDER, TANNER & DIRKS, INC **(2)** EIN: 84-1242777

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

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

Part IV Compliance Questions

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

During the plan year:

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

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			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			X	
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
RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RICKENBAUGH CADILLAC/VOLVO COMPANY

D Employer Identification Number (EIN)
84-0562264

Part I Distributions

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

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

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

EIN(s): 01-0233346

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

RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN
DENVER, CO

FINANCIAL STATEMENTS

DECEMBER 31, 2015

RICKENBAUGH CADILLAC/VOLVO 401(K) PLAN

INDEX

DECEMBER 31, 2015

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Schedule of Assets Held for Investment Purposes	Schedule III

VAWTER, GAMMON, NORRIS & COMPANY, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

BISHOP B. NORRIS, C.P.A.
VON A. GAMMON, C.P.A.
ROBERT T. VAWTER, C.P.A.
JEFF HOLLIS, C.P.A.

MEMBERS OF
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

VILAS V. VAWTER
(1918-1992)

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of
Rickenbaugh Cadillac/Volvo Company 401(k) Plan
Denver, CO

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Rickenbaugh Cadillac/Volvo Company 401(k) Plan, which comprise the statements 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.

Auditors' 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 11, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements. Accordingly, we do not express an opinion on the December 31, 2015 financial statements referred to in the first paragraph.

Other Matters - Supplemental Schedules

The supplemental schedules of Fair Value of Investments, Net Change in Fair Value of Investments, and Schedule of Assets held at Year End 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 Matters - 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 the trustee. Their report, dated October 5, 2015, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, 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 2015

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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Vawter, Gammon, Norris & Company, P.C.

October 1, 2016
Cordova, Tennessee

1316 Hardwood Trail • Cordova Tennessee 38016 • Phone (901) 767-4030
TELEFAX (901) 767-8709
www.vgncpa.com

RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN
DENVER, CO

COMPARATIVE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2015 AND 2014

ASSETS

	2015	2014
Cash	$ 331	$ 331
Investments at Fair Value (see Notes 3, 4, 5)	6,164,015	6,946,609
Receivables		
Notes Receivable from Participants	164,669	129,616
Total Assets	6,329,015	7,076,556
LIABILITIES		
Total Liabilities	0	0
Net Assets Available for Benefits	$ 6,329,015	$ 7,076,556

See accompanying notes and independent auditors' report.

RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN
DENVER, CO

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2015

Additions in Net Assets Attributed to:		
Investment Loss:		
Net Depreciation in Fair Value of Investments (Note 3)	$	(26,731)
Other Income		2,020
Interest Income on Notes Receivable from Participants		5,652
Interest		17
Contributions by:		
Participants		240,679
Rollovers		10,225
Total Additions		231,862
Deductions from Net Assets Attributed to:		
Benefit Payments to Participants		973,842
Administrative Expenses		5,561
Total Deductions		979,403
Net Decrease		(747,541)
Net Assets Available for Benefits:		
Beginning of Year		7,076,556
End of Year	$	6,329,015

See accompanying notes and independent auditors' report.

RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2015

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of The Rickenbaugh Cadillac/Volvo Company 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan which was established January 1, 1976 and covers all full-time employees of Rickenbaugh Cadillac/Volvo Company and Rickenbaugh Infiniti, who have had one year of eligible service during which 1,000 hours of service has been completed and are age eighteen or older unless they are a union employee covered by a collective bargaining agreement or a non-resident alien with no U.S. source earned income. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Benefits under The Plan are provided by assets held by John Hancock Life Insurance Company. The accounts of the Plan are maintained by Donohue Feiman Inc, the third party administrator. Mary Pacifico-Valley and Nicholas Pacifico are the Trustees.

Contributions - Each year, participants may contribute up to 100% of their pre-tax annual compensation, as defined in the Plan, not to exceed the dollar limit for the year set by the Internal Revenue Service (IRS). The IRS limit for contributions are $18,000 and $17,500 for Plan years 2015 and for 2014, respectively. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions. The IRS limit for catch-up contributions are $6,000 and $5,500 for Plan years 2015 and 2014. Participants may also contribute amounts representing distributions from other qualified defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The employer may make non-elective, matching, qualified non-elective contributions, or qualified matching contributions at the discretion of the Plan Sponsor. Allocation for each type of employer contribution shall be made based on guidelines provided in the plan document. For the plan years ended December 31, 2015 and 2014, the employer did not make matching contributions.

Participant Accounts - Each participant's account is credited with the participant's contribution, allocations of the Company's contribution and plan earnings, and charged with an allocation of certain administrative expenses. Allocations are based on participant earnings, account balances, or specific transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 - DESCRIPTION OF THE PLAN - CONTINUED

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited service.

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Only one loan may be outstanding at a time. The term of the loan may not extend beyond five years from the date of the loan unless the loan will be used to acquire a principal residence in which the maximum term is fifteen years. The current participant loan interest rate is 4.25%, which is commensurate with local prevailing rates as determined by the Plan Administrator. The interest rate shall remain fixed throughout the duration of the loan. Principal and interest are paid ratably through payroll deductions. Notes receivable from participants are measured at their unpaid principal balance, plus any accrued, but unpaid interest. As of December 31, 2015 and 2014, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Payment of Benefits - On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Distributions due to termination of service for other reasons are payable as a lump sum distribution. Generally, employees who have attained the age of sixty-five are eligible for normal retirement.

Administrative Expenses - Loan origination fees associated with notes receivable from participants and distribution fees for participants requesting partial or complete distributions from their vested account balances are charged directly to individual participants. Administrative expenses of maintaining the Plan shall be paid by the Plan Sponsor or, at their discretion, paid by the plan and allocated among participants according to plan guidelines.

Forfeited Accounts - At December 31, 2015 and 2014, forfeited nonvested accounts totaled $331 and $331, respectively. Forfeitures may be used to pay administrative expenses first and then to reduce employer contributions. In 2015, there were no reductions in the forfeiture accounts for administrative expenses or to reduce employer contributions.

Plan Termination - In the event of any final termination of the plan, the accounts of all participants affected thereby shall become fully vested and remaining assets after payment of expenses will be distributed to participants and beneficiaries.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") 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 - Investments are reported at fair value except for its guaranteed interest account which is valued at contract value (See Note 5). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits - Benefits are recorded when paid.

NOTE 3 - INVESTMENTS

The Plan's assets are held by John Hancock Life Insurance Company, an insurance company. Plan assets are comprised of participant-directed investments in the following: JH Lifestyle Aggressive, JH Lifestyle Growth, JH Lifestyle Balanced, JH Lifestyle Moderate R3, JH Lifestyle Conservative, JHFunds2 Intl Value Equity, DFA US Targeted Value, Invesco Small Cap Growth A, American Funds Europacific Growth A, JHFunds2 Mid Cap Stock, JHFunds2 Capital App, JPMorgan Mid Cap Value Fund, JH Disciplined Value A, Davis NY Venture A, T. Rowe Price Equity Income, American Funds American Balanced A, JH Focused High Yield A, T. Rowe Price Health Sciences, JH Strategic Income Opps A, JH Retire Living through 2055, JH Retire Living through 2045, JH Retire Living through 2040, JH Retire Living through 2035, JH Retire Living through 2030, JH Retire Living through 2025, Vanguard Short-term Federal Index, JHFunds2 Science & Technology NAV, American Funds SMALLCAP World A, JHancock International Core A, JHancock New Opportunities C, JHFunds2 Intl Small Cap 1, Vanguard Small Cap Growth Index Inv, JHVIT International Eq Idx Tr B Ser I, JHVIT Small Cap Index I, Templeton World, JHancock Small Company A, American Century Heritage, JHFunds2 Real Estate Secs 1, JHancock Financial Industries A, JHancock Fundamental All Cap Core I, JHVIT Mid Cap Index I, JHancock Small Cap Value A, JHancock Value Equity A, JHFunds2 All Cap Core NAV, JHancock Blue Chip Growth A, JHFunds2 Capital Appreciation Value NAV, JHancock Disciplined Value Mid Cap A, American Funds Growth Fund of Amer R2, American Funds Fundamental Invs A, JHVIT Total Stock Market Index I, JHVIT Utilities I, JHVIT 500 Index Tr B Ser I, American Funds Invmt Co of Amer A, American Funds Washington Mutual A, JHancock US Equity NAV, American Funds American Balanced A, JHancock Fundamental Large Cap Value A, JHFunds2 Global Bond 1, JHFunds2 Real Return Bond 1, John Hancock Money Market Fund Class A and 3, 5 and 10 Year Compound Guaranteed Interest Account.

NOTE 3 - INVESTMENTS - CONTINUED

The following presents investments that represent five percent or more of the plan's net assets:

JHancock Lifestyle Aggressive	$	625,485
JHancock Lifestyle Growth		1,766,228
JHancock Lifestyle Balanced		1,331,032
American Funds Growth Fund of America		416,784
Total Investments Representing five percent or more of Plan Assets	$	4,139,529

Total participant-directed investments at December 31, 2015 and 2014 equaled $6,164,015 and $6,946,609, respectively. Investments that represent five percent or more of the Plan's net assets are also separately identified and included in Schedule I.

During the 2015 Plan year, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) decreased in value by $782,594 as presented in Schedule II.

NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan follows a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTE 4 - FAIR VALUE MEASUREMENTS - CONTINUED

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs. There are three general valuation techniques that may be used to measure fair value: i) market approach - uses prices generated by market transactions involving identical or comparable assets or liabilities, ii) cost approach - uses the amount that currently would be required to replace the service capacity of an asset (replacement cost); and iii) income approach - uses valuation techniques to convert future amounts to present amounts based on current market expectations.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Pooled Separate Accounts - Comprised of equity securities, debt securities, and derivative instruments for which fair value are determined by a market approach of the combined valuation at the Accumulation Unit Value of shares held by the Plan in the pooled separate accounts at year end.

Guaranteed Interest Accounts: Valued at contract or book value, adjusted to fair value. (See Note 5)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

2015:

	Level 1	Level 2	Level 3	Total
Pooled Separate Accts	$ 5,664,111	$ 492,378	$ 0	$ 6,156,489
Guaranteed Interest Accts	0	7,526	0	7,526
Total Assets at Fair Value	$ 5,664,111	$ 499,904	$ 0	$ 6,164,015

At December 31, 2015 the mutual funds held for investment were categorized as follows: 10% Aggressive allocation, 5% large cap blended, 4% mid and small cap blended, 2% mid and small cap growth, 1% mid and small cap value, 3% large value, 7% large cap growth, 1% high yield bond, 4% Moderate allocation, 3% Conservative allocation, 23% Balanced allocation, 29% Growth allocation, 1% Health, 2% Foreign small/mid value, 2% Target-date retirement and 3% US money market.

NOTE 4 - FAIR VALUE MEASUREMENTS - CONTINUED

2014:	Level 1	Level 2	Level 3	Total
Pooled Separate Accts	$ 6,398,671	$ 540,431	$ 0	$ 6,939,102
Guaranteed Interest Accts	0	7,507	0	7,507
Total Assets at Fair Value	$ 6,398,671	$ 547,938	$ 0	$ 6,946,609

At December 31, 2014 the mutual funds held for investment were categorized as follows: 9% Aggressive allocation, 7% large cap blended, 5% mid and small cap blended, 2% mid and small cap growth, 1% mid and small cap value, 3% large value, 6% large cap growth, 1% high yield bond, 9% Moderate allocation, 3% Conservative allocation, 20% Balanced allocation, 25% Growth allocation, 3% Health, 1% Foreign small/mid value, 2% Target-date retirement and 3% US money market.

There were no significant transfers between level 1 and level 2 investments during the plan year ended December 31, 2015.

NOTE 5 - GUARANTEED INTEREST ACCOUNTS - JOHN HANCOCK LIFE INSURANCE CO.

Guaranteed interest accounts are an investment option under the John Hancock group annuity contract that the Plan provides for its participants. Contributions are held in the John Hancock general account. Guaranteed accounts guarantee the return of principal plus compound interest earned over a defined 3, 5, or 10-year term, less any applicable contract or participant-level recordkeeping charges, provided all contributions remain in the account until the end of the guarantee period.

Interest rates are established on the first day of each calendar month and apply to any regular ongoing contributions made to the guaranteed account in that month. This is called the "new money" regular rate. For other types of contributions, interest rates may differ and may change during the month.

NOTE 5 - GUARANTEED INTEREST ACCOUNTS - JOHN HANCOCK LIFE INSURANCE CO. - CONTINUED

At the end of each reporting year, a "composite rate" of interest is determined for each participant account, depending on the amount contributed and the rate in effect on the day it is allocated under the participant account. The composite rate is the effective annual rate earned by all contributions to that guaranteed account during that reporting year for that participant. Contributions continue to earn the calculated composite interest rate for the duration of the guarantee term.

For each reporting year in which a participant makes a contribution to a guaranteed account, a new account is established for all contributions made during that reporting year and a new composite interest rate is established at the end of the contract year which applies for the remainder of the guarantee term for that account. As a result, participants may have multiple guaranteed accounts earning different composite interest rates, each maturing at a different contract year-end.

Inter-account transfers from guaranteed interest accounts may be subject to a market value adjustment, depending on the withdrawal amount and the reason for the withdrawal. Inter-account transfers from certain sub-accounts may be subject to a redemption fee, as set by the underlying fund manager and depending on the holding period of the underlying fund. A contract charge may be applied at contract termination, per the contract specifications.

NOTE 6 - PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds in pooled separate accounts managed by John Hancock Life Insurance Company. John Hancock Life Insurance Company is the custodian defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rule under ERISA. Fees paid by the Plan for the investment management services are netted against net appreciation in fair value of investments.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the plan to discontinue its contributions at any time and to terminate the plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100 percent vested in the company contribution portion of their account.

NOTE 8 - TAX STATUS

The IRS has determined and informed the Company by an opinion letter dated March 31, 2014, that the Volume Submitter 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 opinion letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

NOTE 9 - RISKS AND UNCERTAINTIES

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

NOTE 10 - COMPLIANCE WITH PLAN REQUIREMENTS

Based on the results of compliance testing performed by Donohue Feiman Inc, the record-keeper, the plan met minimum participation and coverage requirements set forth by the Tax Reform Act of 1986 and was determined to be non-discriminatory for the 2015 plan year. As of December 31, 2015 the fiduciary bond coverage was $500,000. The plan was not top heavy as of December 31, 2015.

NOTE 11 - SUMMARY OF INFORMATION CERTIFIED BY THE TRUSTEE

Pursuant to the provisions of Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, we did not perform any auditing procedures with respect to the information certified by the custodian, except for comparing such information to the related financial statements and schedules. Information certified by the custodian is summarized as follows:

A. Investment transactions (individually and in summary) for the years ended December 31, 2015 and 2014.
B. Cash and investments (at market value) as of December 31, 2015 and 2014.
C. Investment income for the year ended December 31, 2015.
D. Schedules of investments and reportable transactions as of December 31, 2015.

NOTE 12 - ADJUSTMENT FROM CONTRACT VALUE TO FAIR VALUE

There was not a material difference between investment gains at contract value and fair value of the guaranteed interest accounts for 2015 and 2014. Therefore, no adjustment from contract value to fair market value was required.

NOTE 13 - UNCERTAIN TAX POSITIONS

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. As of December 31, 2015, the Company had no uncertain tax positions that qualify for either recognition or disclosure in its financial statements.

The Company's policy is to recognize interest and penalties on tax positions related to its unrecognized tax benefits in income tax expense in the financial statements. No interest and penalties were recorded during the year ended December 31, 2015.

Generally, the tax years before 2012 are no longer subject to examination by federal, state, or local taxing authorities.

NOTE 14 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 1, 2016, the date the financial statements were available to be issued for possible recognition and disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

Schedule I

SUPPLEMENTAL SCHEDULE

RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN
DENVER, CO

FEIN: 84-0562264
PLAN NUMBER 001

FAIR VALUE OF INVESTMENTS

DECEMBER 31, 2015

		Fair Value
Investments at Fair Value as Determined by Quoted Market Price:		
	JHancock Retire Living through 2055 A	$ 6,353
	JHancock Retire Living through 2045 A	1,903
	JHancock Retire Living through 2040 A	5,582
	JHancock Retire Living through 2035 A	12,165
	JHancock Retire Living through 2030 A	9,852
	JHancock Retire Living through 2025 A	44,317
***	JHancock Lifestyle Aggressive A	625,485
***	JHancock Lifestyle Growth A	1,766,228
***	JHancock Lifestyle Balanced A	1,331,032
	JHancock Lifestyle Moderate A	256,671
	JHancock Lifestyle Conservative A	214,990
	JHancock International Value Equity A	3,084
	DFA US Targeted Value I	4,964
	JHancock International Core A	534
	JHancock New Opportunities C	5,444
	JHFunds2 Intl Small Cap 1	104,588
	Vanguard Small Cap Growth Index Inv	1,942
	JHVIT International Eq Idx Tr B Ser I	984
	JHFunds2 Mid Cap Stock NAV	396
	JHVIT Small Cap Index I	61,603
	JHFunds2 Science & Technology NAV	25,413
	Templeton World	902
	American Funds Europacific Growth R5	4,821
	JHancock Small Company A	82,765
	Invesco Small Cap Growth	104,665
	American Funds SMALLCAP World A	624
	American Century Heritage	5,928
	JHFunds2 Real Estate Secs 1	10,096
	T. Rowe Price Health Sciences	44,556
	JHancock Financial Industries A	635
	JHancock Fundamental All Cap Core I	4,610
	JHVIT Mid Cap Index I	107,748
	JHancock Small Cap Value A	3,345
	JHancock Value Equity A	8,057
	JHFunds2 All Cap Core NAV	715
	JHancock Blue Chip Growth A	3,830
	JHFunds2 Capital Appreciation Value NAV	3,356

Schedule I

SUPPLEMENTAL SCHEDULE

RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN
DENVER, CO

FEIN: 84-0562264
PLAN NUMBER 001

FAIR VALUE OF INVESTMENTS - CONTINUED

DECEMBER 31, 2015

	JHancock Disciplined Value Mid Cap A	5,198
***	American Funds Growth Fund of Amer R2	416,784
	American Funds Fundamental Invs A	74,821
	JHVIT Total Stock Market Index I	158,923
	JHVIT Utilities I	4,741
	JHVIT 500 Index Tr B Ser I	55,994
	American Funds Invmt Co of Amer A	11,941
	American Funds Washington Mutual A	196,515
	JHancock US Equity NAV	2,792
	American Funds American Balanced A	84,588
	JHancock Fundamental Large Cap Value A	608
	JHancock Focused High Yield A	47,368
	JHancock Strategic Income Opps A	3,173
	JHFunds2 Global Bond 1	2,049
	JHFunds2 Real Return Bond 1	5,729
	Vanguard Short-Term Federal Inv	1,804
	3 Year Comp	6,642
	5 Year Comp	407
	10 Year Comp	477
	John Hancock Money Market Fund Class A	213,278
	Total Assets Held for Investment at Fair Value	$ 6,164,015

***Indicates investments that represent five percent or more of net assets.

See accompanying notes and independent auditors' report.

Schedule II

SUPPLEMENTAL SCHEDULE

RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN
DENVER, CO

FEIN: 84-0562264

PLAN NUMBER 001

NET CHANGE IN FAIR VALUE OF INVESTMENTS

DECEMBER 31, 2015

During 2015 the plan's investments (including investments bought, sold, and held during the year) decreased in value by ($782,594) as follows:

Investments at Fair Value as Determined by Quoted Market Price:

JHancock Retire Living through 2055 A	$	5,670
JHancock Retire Living through 2045 A		(4,068)
JHancock Retire Living through 2040 A		4,271
JHancock Retire Living through 2035 A		(219)
JHancock Retire Living through 2030 A		1,661
JHancock Retire Living through 2025 A		9,086
JHancock Lifestyle Aggressive A		15,272
JHancock Lifestyle Growth A		5,173
JHancock Lifestyle Balanced A		21,965
JHancock Lifestyle Moderate A		(344,621)
JHancock Lifestyle Conservative A		(5,360)
JHancock International Value Equity A		(1,931)
DFA US Targeted Value I		(340)
JHancock International Core A		(27)
JHancock New Opportunities C		(373)
JHFunds2 Intl Small Cap 1		2,882
Vanguard Small Cap Growth Index Inv		(64)
JHVIT International Eq Idx Tr B Ser I		(67)
JHFunds2 Mid Cap Stock NAV		11
JHVIT Small Cap Index I		(28,693)
JHFunds2 Science & Technology NAV		887
Templeton World		(61)
American Funds Europacific Growth R5		665
JHancock Small Company A		(3,272)
Invesco Small Cap Growth		(236)
American Funds SMALLCAP World A		13
American Century Heritage		1,109
JHFunds2 Real Estate Secs 1		1,325
T. Rowe Price Health Sciences		(169,923)
JHancock Financial Industries A		(19)

Schedule II

SUPPLEMENTAL SCHEDULE

RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN
DENVER, CO

FEIN: 84-0562264
PLAN NUMBER 001

NET CHANGE IN FAIR VALUE OF INVESTMENTS - CONTINUED

JHancock Fundamental All Cap Core I	168
JHVIT Mid Cap Index I	(34,867)
JHancock Small Cap Value A	(67,669)
JHancock Value Equity A	54
JHFunds2 All Cap Core NAV	17
JHancock Blue Chip Growth A	373
JHFunds2 Capital Appreciation Value NAV	(162)
JHancock Disciplined Value Mid Cap A	(868)
American Funds Growth Fund of Amer R2	30,812
American Funds Fundamental Invs A	3,859
JHVIT Total Stock Market Index I	(25,522)
JHVIT Utilities I	(1,408)
JHVIT 500 Index Tr B Ser I	(61,001)
American Funds Invmt Co of Amer A	(65,933)
American Funds Washington Mutual A	3,161
JHancock US Equity NAV	2
American Funds American Balanced A	(58,596)
JHancock Fundamental Large Cap Value A	(8)
JHancock Focused High Yield A	(3,419)
JHancock Strategic Income Opps A	(3,106)
JHFunds2 Global Bond 1	(3,337)
JHFunds2 Real Return Bond 1	(5,967)
Vanguard Short-Term Federal Inv	(1,887)
3 Year Comp	5
5 Year Comp	2
10 Year Comp	11
JHancock Natural Resources Fund	(347)
John Hancock Money Market Fund Class A	2,323
Net Change in Fair Value	(782,594)
Fair Value of Investments at Beginning of Year	6,946,609
Fair Value of Investments at End of Year	$ 6,164,015

See accompanying notes and independent auditors' report.

SUPPLEMENTAL SCHEDULE

RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN
DENVER, CO

FEIN: 84-0562264
PLAN NUMBER 001

SCHEDULE OF ASSETS HELD AT END OF YEAR
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4i

DECEMBER 31, 2015

(a)	(b)		(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party		Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value ($)
*	John Hancock		JHancock Retire Living through 2055 A	**	$ 6,353
*	John Hancock		JHancock Retire Living through 2045 A	**	1,903
*	John Hancock		JHancock Retire Living through 2040 A	**	5,582
*	John Hancock		JHancock Retire Living through 2035 A	**	12,165
*	John Hancock		JHancock Retire Living through 2030 A	**	9,852
*	John Hancock		JHancock Retire Living through 2025 A	**	44,317
*	John Hancock	***	JHancock Lifestyle Aggressive A	**	625,485
*	John Hancock	***	JHancock Lifestyle Growth A	**	1,766,228
*	John Hancock	***	JHancock Lifestyle Balanced A	**	1,331,032
*	John Hancock		JHancock Lifestyle Moderate A	**	256,671
*	John Hancock		JHancock Lifestyle Conservative A	**	214,990
*	John Hancock		JHancock International Value Equity A	**	3,084
*	John Hancock		DFA US Targeted Value I	**	4,964
*	John Hancock		JHancock International Core A	**	534
*	John Hancock		JHancock New Opportunities C	**	5,444
*	John Hancock		JHFunds2 Intl Small Cap 1	**	104,588
*	John Hancock		Vanguard Small Cap Growth Index Inv	**	1,942
*	John Hancock		JHVIT International Eq Idx Tr B Ser I	**	984
*	John Hancock		JHFunds2 Mid Cap Stock NAV	**	396
*	John Hancock		JHVIT Small Cap Index I	**	61,603
*	John Hancock		JHFunds2 Science & Technology NAV	**	25,413
*	John Hancock		Templeton World	**	902
*	John Hancock		American Funds Europacific Growth R5	**	4,821
*	John Hancock		JHancock Small Company A	**	82,765
*	John Hancock		Invesco Small Cap Growth	**	104,665

SUPPLEMENTAL SCHEDULE

RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN
DENVER, CO

FEIN: 84-0562264
PLAN NUMBER 001

SCHEDULE OF ASSETS HELD AT END OF YEAR - CONTINUED
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4i

DECEMBER 31, 2015

(a)	(b)		(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party		Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value ($)
*	John Hancock		American Funds SMALLCAP World A	**	624
*	John Hancock		American Century Heritage	**	5,928
*	John Hancock		JHFunds2 Real Estate Secs 1	**	10,096
*	John Hancock		T. Rowe Price Health Sciences	**	44,556
*	John Hancock		JHancock Financial Industries A	**	635
*	John Hancock		JHancock Fundamental All Cap Core I	**	4,610
*	John Hancock		JHVIT Mid Cap Index I	**	107,748
*	John Hancock		JHancock Small Cap Value A	**	3,345
*	John Hancock		JHancock Value Equity A	**	8,057
*	John Hancock		JHFunds2 All Cap Core NAV	**	715
*	John Hancock		JHancock Blue Chip Growth A	**	3,830
*	John Hancock		JHFunds2 Capital Appreciation Value NAV	**	3,356
*	John Hancock		JHancock Disciplined Value Mid Cap A	**	5,198
*	John Hancock	***	American Funds Growth Fund of Amer R2	**	416,784
*	John Hancock		American Funds Fundamental Invs A	**	74,821
*	John Hancock		JHVIT Total Stock Market Index I	**	158,923
*	John Hancock		JHVIT Utilities I	**	4,741
*	John Hancock		JHVIT 500 Index Tr B Ser I	**	55,994
*	John Hancock		American Funds Invmt Co of Amer A	**	11,941
*	John Hancock		American Funds Washington Mutual A	**	196,515
*	John Hancock		JHancock US Equity NAV	**	2,792
*	John Hancock		American Funds American Balanced A	**	84,588
*	John Hancock		JHancock Fundamental Large Cap Value A	**	608
*	John Hancock		JHancock Focused High Yield A	**	47,368
*	John Hancock		JHancock Strategic Income Opps A	**	3,173
*	John Hancock		JHFunds2 Global Bond 1	**	2,049
*	John Hancock		JHFunds2 Real Return Bond 1	**	5,729

SUPPLEMENTAL SCHEDULE

RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN
DENVER, CO

FEIN: 84-0562264
PLAN NUMBER 001

SCHEDULE OF ASSETS HELD AT END OF YEAR - CONTINUED
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4i

DECEMBER 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value ($)
*	John Hancock	Vanguard Short-Term Federal Inv	**	1,804
*	John Hancock	3 Year Comp	**	6,642
*	John Hancock	5 Year Comp	**	407
*	John Hancock	10 Year Comp	**	477
*	John Hancock	John Hancock Money Market Fund Class A	**	213,278
*	Participant Loans	Interest rate of 4.25%	0	164,669
		Total		$ 6,328,684

***Indicates investments that represent five percent or more of net assets.

**Column (d) is left blank as all investments are participant directed.

*Indicates investments with parties-in-interest.

See accompanying notes and independent auditors' report.

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
- ☒ a single-employer plan;
- ☐ a DFE (specify) ___

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Rickenbaugh Cadillac/Volvo Company 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1976

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)
RICKENBAUGH CADILLAC/VOLVO COMPANY

777 BROADWAY

DENVER CO 80203

2b Employer Identification Number (EIN)
84-0562264

2c Plan Sponsor's telephone number
303-573-7773

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	Mary Pacifico Valley	10/12/16	Mary Pacifico Valley
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

Schedule III

SUPPLEMENTAL SCHEDULE

RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN
DENVER, CO

FEIN: 84-0562264
PLAN NUMBER 001

SCHEDULE OF ASSETS HELD AT END OF YEAR
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4i

DECEMBER 31, 2015

(a)	(b)		(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party		Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value ($)
*	John Hancock		JHancock Retire Living through 2055 A	**	$ 6,353
*	John Hancock		JHancock Retire Living through 2045 A	**	1,903
*	John Hancock		JHancock Retire Living through 2040 A	**	5,582
*	John Hancock		JHancock Retire Living through 2035 A	**	12,165
*	John Hancock		JHancock Retire Living through 2030 A	**	9,852
*	John Hancock		JHancock Retire Living through 2025 A	**	44,317
*	John Hancock	***	JHancock Lifestyle Aggressive A	**	625,485
*	John Hancock	***	JHancock Lifestyle Growth A	**	1,766,228
*	John Hancock	***	JHancock Lifestyle Balanced A	**	1,331,032
*	John Hancock		JHancock Lifestyle Moderate A	**	256,671
*	John Hancock		JHancock Lifestyle Conservative A	**	214,990
*	John Hancock		JHancock International Value Equity A	**	3,084
*	John Hancock		DFA US Targeted Value I	**	4,964
*	John Hancock		JHancock International Core A	**	534
*	John Hancock		JHancock New Opportunities C	**	5,444
*	John Hancock		JHFunds2 Intl Small Cap 1	**	104,588
*	John Hancock		Vanguard Small Cap Growth Index Inv	**	1,942
*	John Hancock		JHVIT International Eq Idx Tr B Ser I	**	984
*	John Hancock		JHFunds2 Mid Cap Stock NAV	**	396
*	John Hancock		JHVIT Small Cap Index I	**	61,603
*	John Hancock		JHFunds2 Science & Technology NAV	**	25,413
*	John Hancock		Templeton World	**	902
*	John Hancock		American Funds Europacific Growth R5	**	4,821
*	John Hancock		JHancock Small Company A	**	82,765
*	John Hancock		Invesco Small Cap Growth	**	104,665

Schedule III

SUPPLEMENTAL SCHEDULE

RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN
DENVER, CO

FEIN: 84-0562264
PLAN NUMBER 001

SCHEDULE OF ASSETS HELD AT END OF YEAR - CONTINUED
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4i

DECEMBER 31, 2015

(a)	(b)		(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party		Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value ($)
*	John Hancock		American Funds SMALLCAP World A	**	624
*	John Hancock		American Century Heritage	**	5,928
*	John Hancock		JHFunds2 Real Estate Secs 1	**	10,096
*	John Hancock		T. Rowe Price Health Sciences	**	44,556
*	John Hancock		JHancock Financial Industries A	**	635
*	John Hancock		JHancock Fundamental All Cap Core I	**	4,610
*	John Hancock		JHVIT Mid Cap Index I	**	107,748
*	John Hancock		JHancock Small Cap Value A	**	3,345
*	John Hancock		JHancock Value Equity A	**	8,057
*	John Hancock		JHFunds2 All Cap Core NAV	**	715
*	John Hancock		JHancock Blue Chip Growth A	**	3,830
*	John Hancock		JHFunds2 Capital Appreciation Value NAV	**	3,356
*	John Hancock		JHancock Disciplined Value Mid Cap A	**	5,198
*	John Hancock	***	American Funds Growth Fund of Amer R2	**	416,784
*	John Hancock		American Funds Fundamental Invs A	**	74,821
*	John Hancock		JHVIT Total Stock Market Index I	**	158,923
*	John Hancock		JHVIT Utilities I	**	4,741
*	John Hancock		JHVIT 500 Index Tr B Ser I	**	55,994
*	John Hancock		American Funds Invmt Co of Amer A	**	11,941
*	John Hancock		American Funds Washington Mutual A	**	196,515
*	John Hancock		JHancock US Equity NAV	**	2,792
*	John Hancock		American Funds American Balanced A	**	84,588
*	John Hancock		JHancock Fundamental Large Cap Value A	**	608
*	John Hancock		JHancock Focused High Yield A	**	47,368
*	John Hancock		JHancock Strategic Income Opps A	**	3,173
*	John Hancock		JHFunds2 Global Bond 1	**	2,049
*	John Hancock		JHFunds2 Real Return Bond 1	**	5,729

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SUPPLEMENTAL SCHEDULE

RICKENBAUGH CADILLAC/VOLVO COMPANY 401(K) PLAN
DENVER, CO

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SCHEDULE OF ASSETS HELD AT END OF YEAR - CONTINUED
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4i

DECEMBER 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value ($)
*	John Hancock	Vanguard Short-Term Federal Inv	**	1,804
*	John Hancock	3 Year Comp	**	6,642
*	John Hancock	5 Year Comp	**	407
*	John Hancock	10 Year Comp	**	477
*	John Hancock	John Hancock Money Market Fund Class A	**	213,278
*	Participant Loans	Interest rate of 4.25%	0	164,669
		Total		$ 6,328,684

***Indicates investments that represent five percent or more of net assets

**Column (d) is left blank as all investments are participant directed

*Indicates investments with parties-in-interest.

See accompanying notes and independent auditors' report