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
HOLZHAUER 401(K) AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1997

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)
HOLZHAUER AUTO & TRUCK SALES, INC.

17933 HOLZHAUER AUTOMALL DRIVE
NASHVILLE, IL 62263

2b Employer Identification Number (EIN) 37-1027077

2c Plan Sponsor's telephone number 618-327-8264

2d Business code (see instructions) 441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2016	BRAD HOLZHAUER
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	132
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)**	126
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	116
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	6
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	122
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	122
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	45
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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
HOLZHAUER 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOLZHAUER AUTO & TRUCK SALES, INC.

D Employer Identification Number (EIN)
37-1027077

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
LINCOLN NATIONAL LIFE INSURANCE CO.

(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
35-0472300	65676	GP 17892	43	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
6527	30

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

BENJAMIN F EDWARDS & CO
STE 850, 1 N BRENTWOOD BLVD
ST LOUIS, MO 63105

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6527	30	SALES/ADMINISTRATIVE	4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	39378
5	Current value of plan's interest under this contract in separate accounts at year end	5	1064203

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VAR ANNUITY W/GUAR FUND

b	Balance at the end of the previous year			7b	76348
c	Additions: (1) Contributions deposited during the year	7c(1)	29948		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	983		
	(4) Transferred from separate account	7c(4)	6248		
	(5) Other (specify below)	7c(5)	178		
	▶ LOAN REPAY/FORF/TAKEOVER/ADJUSTMENTS				
	(6) Total additions			7c(6)	37357
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	113705
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	72756		
	(2) Administration charge made by carrier	7e(2)	398		
	(3) Transferred to separate account	7e(3)	447		
	(4) Other (specify below)	7e(4)	726		
	▶ LOAN ISSUES/FORF/FEES/CORRECTIVES/ADJUSTMENTS/INS PREM				
	(5) Total deductions			7e(5)	74327
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	39378

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 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
HOLZHAUER 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOLZHAUER AUTO & TRUCK SALES, INC.

D Employer Identification Number (EIN)
37-1027077

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	432	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	64889	43796
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1044330	1064203
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	76348	39378
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	1185999	1147377
	Liabilities			
g	Benefit claims payable	1g	21868	35007
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	21868	35007
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1164131	1112370

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)	15881	
	(B) Participants	2a(1)(B)	192250	
	(C) Others (including rollovers)	2a(1)(C)	158	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		208289
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	2995	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2995
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(B) Other	2b(5)(B)	0	
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		-18473
d Total income. Add all **income** amounts in column (b) and enter total	2d		192811
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	197534	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		197534
f Corrective distributions (see instructions)	2f		35007
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	12031	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		12031
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		244572
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-51761
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: JOHN H. GIBBS, CPA **(2)** EIN: 62-0898119

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			119000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

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

A Name of plan
HOLZHAUER 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOLZHAUER AUTO & TRUCK SALES, INC.

D Employer Identification Number (EIN)
37-1027077

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): 35-0472300

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

HOLZHAUER 401(K) AND PROFIT SHARING PLAN
NASHVILLE, ILLINOIS

FINANCIAL STATEMENTS

DECEMBER 31, 2015

HOLZHAUER 401(K) AND PROFIT SHARING 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
Holzhauer 401(K) and Profit Sharing Plan
Nashville, TN

Report on the Financial Statements

We were engaged to audit the accompanying financial.statements of Holzhauer 401(k) and Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

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 Lincoln Financial Group, the trustee 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 and 2014, 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. Accordingly, we do not express an opinion on these financial statements.

Other Matters

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.

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

The form and content of the information included in the financial statements and supplemental 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 6, 2016
Cordova, Tennessee

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

HOLZHAUER 401(K) AND PROFIT SHARING PLAN
NASHVILLE, ILLINOIS

COMPARATIVE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2015 AND 2014

ASSETS

	2015	2014
Investments at Fair Value (Notes 3, 4, and 5)	$ 1,103,581	$ 1,120,678
Receivables		
Employer Contributions	0	432
Notes Receivable from Participants	43,796	64,889
Total Receivables	43,796	65,321
Total Assets	1,147,377	1,185,999

LIABILITIES

Excess Contributions Payable	35,007	21,868
Total Liabilities	35,007	21,868
Net Assets Available for Benefits	$ 1,112,370	$ 1,164,131

See accompanying notes and independent auditors' report.

HOLZHAUER 401(K) AND PROFIT SHARING PLAN
NASHVILLE, ILLINOIS

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2015

Additions in Net Assets Attributed to:		
Investment Income:		
Interest Income on Notes Receivable from Participants	$	2,995
Contributions by:		
Employers		15,881
Participants		192,250
Other		158
Total Additions		211,284
Deductions from Net Assets Attributed to:		
Net Depreciation in Fair Value of Investments (Note 4)		18,473
Benefit Payments to Participants		197,534
Excess Contributions		35,007
Administrative Expenses		12,031
Total Deductions		263,045
Net Decrease		(51,761)
Net Assets Available for Benefits:		
Beginning of Year		1,164,131
End of Year	$	1,112,370

See accompanying notes and independent auditors' report.

NOTE 1 - DESCRIPTION OF THE PLAN

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

General - The Plan is a defined contribution plan which was effective July 1, 1997 and covers all full-time employees of Holzhauer Auto and Truck Sales, Inc. who have one thousand hours of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The accounts of the Plan are administered by July Business Services, the third party administrator. Lincoln Financial Group is the trustee of the Plan.

Contributions - Each year, participants may contribute 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 the years 2015 and 2014 is $18,000 and $17,500, respectively. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The IRS catch-up contribution limit for the years 2015 and 2014 is $6,000 and $5,500, respectively. Participants may also contribute amounts representing distributions from other qualified defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. Employer contributions, if any, are at the discretion of the Board of Directors of the Company. Allocation of employer contributions is based on the proportion that each participant's compensation for the plan year bears to the total compensation of all participants for the plan year.

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.

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 six years of credited service.

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance, reduced by any outstanding loan balance. Employees may only have one loan outstanding at any time. The loans are secured by the balance in the participant's account and bear interest at the rate of prime interest plus 1% determined at the time the loan is taken out, which is commensurate with local prevailing rates as determined by the loan administrator. Principal and interest on notes are repaid ratably through payroll deductions. Notes receivable from participants are measured at their unpaid principal balance, plus any unaccrued, 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 based on the terms of the Plan document.

NOTE 1 - DESCRIPTION OF THE PLAN - CONTINUED

Payment of Benefits - On termination of service due to death, disability, or retirement, a participant may receive a distribution of their vested account under the Plan's normal distribution rules or as designated on the appropriate designated beneficiary election forms. In general, employees who have attained the age of sixty-five are eligible for normal retirement.

Administrative Expenses - Except for loan origination fees associated with notes receivable from participants and distribution fees for participants requesting partial or complete distributions from their vested account balances, expenses of maintaining the Plan are paid by the plan and allocated among participants unless paid by the employer.

Forfeited Accounts - At December 31, 2015 and 2014, forfeited nonvested accounts totaled $9,382 and $8,668, respectively. These accounts are used to reduce future plan expenses and employer contributions paid by the Company. In 2015 and 2014, reduction in forfeiture accounts from plan expenses were $2,682 and $3,025, respectively.

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 have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), using the accrual method of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts.

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. 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.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Payment of Benefits - Benefits are recorded when paid.

NOTE 3 - INVESTMENTS

The Plan's assets are held by Lincoln Financial Group. These assets are comprised of participant directed investments in the following funds: State Street Global Advisors S&P Index - Class N, Lincoln Variable Insurance Products Trust CBRE Clarion Global Real Estate Income Fund, LVIP BlackRock Inflation Protected Bond Fund Investor A Shares, Oppenheimer Developing Markets Fund - Class A, LVIP Managed Risk Profile 2010 Fund, LVIP Managed Risk Profile 2020 Fund, LVIP Managed Risk Profile 2030 Fund, LVIP Managed Risk Profile 2050 Fund, SSgA S&P MidCap® Index Non-Lending Series Fund, SSgA Russell Small Cap Value Index Non-Lending Series Fund, SSgA Russell Small Cap Growth Index Non-Lending Series Fund, BlackRock Global Allocation Fund Investor A Shares, Managed Principal Protected Portfolio, Guaranteed Stable Value Growth, Stadion Managed Growth SATG, Stadion Managed Moderate SATM, Stadion Managed Capital Preserve SATP, Federated Government Ultrashort Duration Fund, Franklin High Income Fund - Class A, Invesco Growth and Income Fund - Class A, Vanguard Lifestrategy Growth Investment Fund, LVIP American Funds Europacific Growth Fund - Class A, MFS® Growth B, SSgA International Index and Stadion Managed Max Growth SATT.

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

Stadion Managed Growth SATG	$	89,186
SSgA Russell Small Cap Growth Index Non-Lending Series Fund		128,391
SSgA S&P MidCap® Index Non-Lending Series Fund		58,975
MFS® Growth B		240,886
American Funds Europacific Growth A		78,257
Invesco Growth and Income A		76,270
Total Investments Representing Five Percent or More of Plan Net Assets	$	671,965

Total participant-directed investments at December 31, 2015 and 2014 equaled $1,103,581 and $1,120,678, respectively.

During the 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 $17,097 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.

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.

Unallocated General Account Fund: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the investor. (See Note 5).

NOTE 4 - FAIR VALUE MEASUREMENTS - CONTINUED

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 Accounts	$ 516,079	$ 548,124	$ 0	$ 1,064,203
Unallocated General	39,378	0	0	39,378
Total Assets at Fair Value	$ 555,457	$ 548,124	$ 0	$ 1,103,581

At December 31, 2015 the mutual funds held for investment were categorized as follows: 8% retirement income funds, 22% large cap growth, 5% mid cap blended, 3% inflation-protected bonds, 12% small cap growth, 3% diversified emerging markets, 1% stable value, 11% conservative growth allocation, 5% aggressive allocation, 4% moderate allocation, 1% ultrashort govt bond, 7% foreign large growth, 3% principle protected portfolio, 3% world allocation, 2% real estate, 2% small cap blend and 8% large value.

2014:	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	$ 652,504	$ 391,826	$ 0	$ 1,044,330
Unallocated General	76,348	0	0	76,348
Total Assets at Fair Value	$ 728,852	$ 391,826	$ 0	$ 1,120,678

At December 31, 2014 the mutual funds held for investment were categorized as follows: 7% retirement income funds, 18% large cap growth, 5% mid cap blended, 2% inflation-protected bonds, 10% small cap growth, 4% diversified emerging markets, 2% stable value, 6% conservative allocation, 12% conservative growth allocation, 9% moderate allocation, 1% ultrashort govt bond, 6% foreign large growth, 5% principle protected portfolio, 3% world allocation, 3% real estate, 1% large cap blend and 6% large value.

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

NOTE 5 - UNALLOCATED GENERAL ACCOUNT FUND WITH LINCOLN

The Lincoln Guaranteed Stable Value Account is reported at contract value. The contract value represents the amount participants would receive if they were to initiate a transaction under the terms of the ongoing plan. Interest is credited daily at an interest rate not less than the guaranteed minimum interest rate. The interest crediting rate is declared on a quarterly basis. The contract amount maintained is guaranteed against loss of principal, minus all withdrawals, including charges and adjustments. The guarantee is based on Lincoln's ability to meet its financial obligations from general assets.

Lincoln's methodology used to calculate the interest crediting rate is discretionary to Lincoln. The crediting rates are set to be at least as high as the guaranteed minimum interest rate for a given contract, are communicated to the plan sponsor before they go into effect, and are guaranteed for at least a quarter.

The contracts continue in-force until they are terminated by either the plan or Lincoln. For this reason, such contracts are referred to as "evergreen" contracts. Unlike a traditional guaranteed investment contract (GIC) with a defined maturity date, evergreen contracts do not have a specified maturity date. Therefore, unlike a traditional GIC contract, there are no known scheduled cash flows associated with these contracts.

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

Certain Plan investments are shares of mutual funds held by Lincoln Financial Group, the custodian of the plan. Plan investments also include a general account-backed obligation account issued by Lincoln Financial Group, the custodian and holder of the Plan's assets; 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 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 terminate the plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in the company contribution portion of their account.

NOTE 8 - TAX STATUS

The Internal Revenue Service (IRS) has provided an opinion letter for the Volume Submitter Plan presented by July Business Services dated April 2, 2012 and adopted by the Company effective March 31, 2014. The opinion letter states 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 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 July Business Services, the third-party administrator, 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 an amount equal to 10% or $500,000, whichever amount was less. The plan was not top heavy as of December 31, 2015.

NOTE 11 - SUMMARY OF INFORMATION CERTIFIED BY 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 - EXCESS CONTRIBUTIONS PAYABLE

Distributions are increased by excess deferral contributions in the amounts of $35,007 and $21,868 respectively, for plan years ended December 31, 2015 and 2014. Distributions of these excess contributions are required to be remitted by March 15th of the subsequent plan year to certain active plan participants as required to satisfy the relevant nondiscrimination provisions of the plan.

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 disclose 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 6, 2016, the date the financial statements were available to be issued for possible recognition and disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

SUPPLEMENTAL SCHEDULE

Schedule II

HOLZHAUER 401(K) AND PROFIT SHARING PLAN
NASHVILLE, ILLINOIS

FEIN 37-1027077
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 $17,097 as follows:

Investments at Fair Value as Determined by Quoted Market Price:		
SSgA S&P 500 Index N	$	849
CBRE Clarion Global Real Est Income		(5,217)
BlackRock Inflation Protected Bond Inv A		6,590
Oppenheimer Developing Markets Fund - Class A		(6,561)
LVIP Managed Risk Profile 2010 Fund		535
LVIP Managed Risk Profile 2020 Fund		796
LVIP Managed Risk Profile 2030 Fund		1,780
LVIP Managed Risk Profile 2050 Fund		7,874
SSgA Russell Large Cap Value® Index Non-Lending Series Fund		(518)
SSgA Russell Large Cap Growth® Index Non-Lending Series Fund		(106,519)
SSgA S&P MidCap® Index Non-Lending Series Fund		6,524
SSgA Russell Small Cap Value Index Non-Lending Series Fund		(228)
SSgA Russell Small Cap Growth Index Non-Lending Series Fund		14,547
BlackRock Global Allocation Inv A		2,145
Mgd Prin Protect Portfolio		(16,832)
Guaranteed Stable Value Account		(20,138)
Stadion Managed Conservative SATC		(52,298)
Stadion Managed Growth SATG		(41,290)
Stadion Managed Moderate SATM		(58,045)
Stadion Managed Capital Preserve SATP		16,335
Federated Government Ultrashort Duration		714
Franklin High Income A		(530)
Invesco Growth and Income A		8,506
Vanguard LifeStrategy Growth Inv		6,759
American Funds Europacific Growth A		8,047
Vanguard Total International Stock ETF		(1,369)
MFS® Growth B		149,015
SSgA International Index		18,147
Stadion Managed Max Growth SATT		43,285
Net Change in Fair Value		(17,097)
Fair Value of Investments at Beginning of Year		1,120,678
Fair Value of Investments at End of Year	$	1,103,581

See accompanying notes and independent auditors' report.

SUPPLEMENTAL SCHEDULE

Schedule I

HOLZHAUER 401(K) AND PROFIT SHARING PLAN
NASHVILLE, ILLINOIS

FEIN 37-1027077
PLAN NUMBER 001

FAIR VALUE OF INVESTMENTS

DECEMBER 31, 2015

		Fair Value
Investments at Fair Value as Determined by Quoted Market Price:		
	SSgA S&P 500 Index N	$ 3,563
	CBRE Clarion Global Real Est Income	20,958
	BlackRock Inflation Protected Bond Inv A	27,238
	Oppenheimer Developing Markets Fund - Class A	35,192
	LVIP Managed Risk Profile 2010 Fund	22,149
	LVIP Managed Risk Profile 2020 Fund	15,667
	LVIP Managed Risk Profile 2030 Fund	19,246
	LVIP Managed Risk Profile 2050 Fund	34,950
*	SSgA S&P MidCap® Index Non-Lending Series Fund	58,975
	SSgA Russell Small Cap Value Index Non-Lending Series Fund	25,657
*	SSgA Russell Small Cap Growth Index Non-Lending Series Fund	128,391
	BlackRock Global Allocation Inv A	33,442
	Mgd Prin Protect Portfolio	33,733
	Guaranteed Stable Value Account	5,645
*	Stadion Managed Growth SATG	89,186
	Stadion Managed Moderate SATM	47,650
	Stadion Managed Capital Preserve SATP	25,088
	Federated Government Ultrashort Duration	9,382
	Franklin High Income A	1,588
*	Invesco Growth and Income A	76,270
	Vanguard LifeStrategy Growth Inv	9,036
*	American Funds Europacific Growth A	78,257
*	MFS® Growth B	240,886
	SSgA International Index	18,147
	Stadion Managed Max Growth SATT	43,285
	Total Assets Held for Investment at Fair Value	$ 1,103,581

*Indicates investments that represent 5% or more of net plan assets

See accompanying notes and independent auditors' report.

SUPPLEMENTAL SCHEDULE

HOLZHAUER 401(K) AND PROFIT SHARING PLAN
NASHVILLE, ILLINOIS

FEIN: 37-1027077
PLAN NUMBER 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4i

DECEMBER 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party		(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value ($)
*	SSgA		S&P 500 Index N	**	$ 3,563
*	CBRE		Clarion Global Real Est Income	**	20,958
*	BlackRock		Inflation Protected Bond Inv A	**	27,238
*	Oppenheimer		Developing Markets Fund - Class A	**	35,192
*	LVIP		Managed Risk Profile 2010 Fund	**	22,149
*	LVIP		Managed Risk Profile 2020 Fund	**	15,667
*	LVIP		Managed Risk Profile 2030 Fund	**	19,246
*	LVIP		Managed Risk Profile 2050 Fund	**	34,950
*	SSgA	***	S&P MidCap® Index Non-Lending Series Fund	**	58,975
*	SSgA		Russell Small Cap Value Index Non-Lending	**	25,657
*	SSgA	***	Russell Small Cap Growth Index Non-Lending	**	128,391
*	Black		Rock Global Allocation Inv A	**	33,442
*	Mgd Principle		Protect Portfolio	**	33,733
*	Guaranteed		Stable Value Account	**	5,645
*	Stadion	***	Managed Growth SATG	**	89,186
*	Stadion		Managed Moderate SATM	**	47,650
*	Stadion		Managed Capital Preserve SATP	**	25,088
*	Federated		Government Ultrashort Duration	**	9,382
*	Franklin		High Income A	**	1,588
*	Invesco	***	Growth and Income A	**	76,270
*	Vanguard		LifeStrategy Growth Inv	**	9,036
*	American Funds	***	Europacific Growth A	**	78,257

SUPPLEMENTAL SCHEDULE

HOLZHAUER AUTO & TRUCK SALES RETIREMENT PLAN
NASHVILLE, ILLINOIS

FEIN: 37-1027077
PLAN NUMBER 001

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

DECEMBER 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party		(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value ($)
*	MFS®	***	Growth B	**	240,886
*	SSgA		International Index		18,147
*	Stadion		Managed Max Growth SATT		43,285
	Total Mutual Funds				1,103,581
*	Participant Loans		Interest rate of 4.25%	0	43,796
	Grand Total				$ 1,147,377

*Represents investment with party-in-interest

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

***Indicates investments that represent 5% or more of net plan assets

See accompanying notes and independent auditors' report.