

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 <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>OHIO MOTORCYCLE GROUP 401(K) PROFIT SHARING PLAN AND TRUST</u>	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>01/01/2014</u>
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) <u>H&M ACQUISITIONS, LLC</u> <u>1465 STATE ROUTE 39 NW</u> <u>DOVER, OH 44622</u>	2b Employer Identification Number (EIN) <u>11-3695025</u> 2c Plan Sponsor's telephone number <u>330-364-6519</u> 2d Business code (see instructions) <u>441228</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2016</u>	<u>LARRY BROWNING</u>
	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	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 159
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) 148
a(2) Total number of active participants at the end of the plan year	6a(2) 166
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 29
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 195
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 195
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 134
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 21
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: 2A 2E 2F 2G 2J 2K 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan OHIO MOTORCYCLE GROUP 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 H&M ACQUISITIONS, LLC	D Employer Identification Number (EIN) 11-3695025	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier NATIONWIDE TRUST COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	335-80339	4	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.
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(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	11979
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	5619
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	317
	(4) Transferred from separate account	7c(4)	108
	(5) Other (specify below)	7c(5)	19387
	▶ TRANSFER FROM OUTSIDE NW-PRINCIPAL		
	(6) Total additions	7c(6)	25431
d	Total of balance and additions (add lines 7b and 7c(6))	7d	25431
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	28
	(3) Transferred to separate account	7e(3)	13424
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	13452
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	11979

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 OHIO MOTORCYCLE GROUP 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 H&M ACQUISITIONS, LLC	D Employer Identification Number (EIN) 11-3695025	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 49 64 99	CUSTODIAN/RECORD KEEPER	7217	Yes ☒ No ☐	Yes ☐ No ☒	865	Yes ☐ No ☒

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

MOSKAL GROSS ORCHOSKY INC.

24400 CHAGRIN BLVD
STE 310
BEACHWOOD, OH 44122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 17	THIRD PARTY ADMINISTRATOR	0	Yes ☒ No ☐	Yes ☐ No ☒	1824	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
MOSKAL GROSS ORCHOSKY	15 16 17 37	1500

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY/SERVICE PROVIDER FEE

(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.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>OHIO MOTORCYCLE GROUP 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>H&M ACQUISITIONS, LLC</u>	D Employer Identification Number (EIN) <u>11-3695025</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a Total noninterest-bearing cash	1a			
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)	128502		128632
(2) Participant contributions	1b(2)			7837
(3) Other	1b(3)			
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)			
(2) U.S. Government securities	1c(2)			
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other	1c(3)(B)			
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)			
(B) Common	1c(4)(B)			
(5) Partnership/joint venture interests	1c(5)			
(6) Real estate (other than employer real property)	1c(6)			
(7) Loans (other than to participants)	1c(7)			
(8) Participant loans	1c(8)			
(9) Value of interest in common/collective trusts	1c(9)			
(10) Value of interest in pooled separate accounts	1c(10)			
(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)			2298220
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)			11979
(15) Other	1c(15)			

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	128502	2446668

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	128502	2446668
---	-----------	--------	---------

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)	296872	
(B) Participants	2a(1)(B)	216419	
(C) Others (including rollovers)	2a(1)(C)	36608	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		549899
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)		
(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)		954
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		550853

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	118209	
(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)		118209
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		118209

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		432644
l Transfers of assets:			
(1) To this plan	2l(1)		1885522
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: 415 GROUP

(2) EIN: 34-1341400

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.)		☒		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒		

	Yes	No	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.)		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.)		X		
e Was this plan covered by a fidelity bond?	X			325000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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 <u>OHIO MOTORCYCLE GROUP 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>H&M ACQUISITIONS, LLC</u>	D Employer Identification Number (EIN) <u>11-3695025</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4156830</u>	
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 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
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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
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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.
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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:		14a	
	a The current year		14b	
	b The plan year immediately preceding the current plan year		14c	
	c The second preceding plan year			
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
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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

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

YEARS ENDED DECEMBER 31, 2015 AND 2014

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

YEARS ENDED DECEMBER 31, 2015 AND 2014

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INDEPENDENT AUDITORS' REPORT

**To the Trustees of the
Ohio Motorcycle Group
401(k) Profit Sharing Plan and Trust
Dover, Ohio**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust** (Employer ID #11-3695025, Plan #002), which comprise the statement 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 year ended December 31, 2015, 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 the 2015 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 on the 2015 financial statements.

Basis for Disclaimer of Opinion on the 2015 Financial Statements

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 C, which was certified by The Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company and Capital Bank and Trust Company, the custodians of the Plan, except for comparing information with the related information included in the 2015 financial statements. We have been informed by the plan administrator that Capital Bank and Trust Company held the assets of participating employers transferred into the plan and executed investment transactions from January 1, 2015 to May 11, 2015. The plan administrator has obtained a certification from Nationwide Trust Company as of and for the year ended December 31, 2015, that the information provided to the plan administrator by Nationwide Trust Company is complete and accurate.

Disclaimer of Opinion on the 2015 Financial Statements

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

Other Matters – Report on Supplemental Schedule and Report on 2014 Financial Statements

The supplemental Schedule of Assets (Held at End of Year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is 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 on the 2015 Financial Statements paragraph, we do not express an opinion on the supplemental schedule referred to above.

We have audited the accompanying statement of net assets available for benefits of the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust as of December 31, 2014, and in our report dated September 29, 2015, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust as of December 31, 2014, and changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2015 Financial Statements

The form and content of the information included in the 2015 financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Fair - Fifteen Group". The signature is written in a cursive, flowing style.

Certified Public Accountants

**Canton, Ohio
October 13, 2016**

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Form 5500 - Schedule H - Part I)**

	December 31,	
	2015	2014
ASSETS:		
Investments, at fair value (See Note D):		
Mutual funds	\$ 2,298,220	\$ -
Fully benefit-responsive investment contract, at contract value	<u>11,979</u>	<u>-</u>
Total investments	2,310,199	-
Receivables:		
Employee contributions	7,837	-
Employer contribution	11,182	-
Employer profit sharing contribution	<u>117,450</u>	<u>128,502</u>
	<u>136,469</u>	<u>128,502</u>
TOTAL ASSETS	2,446,668	128,502
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,446,668</u>	<u>\$ 128,502</u>

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

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
(Form 5500 - Schedule H - Part II)**

	Year Ended December 31, 2015
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in investments including investment income and realized and unrealized gains in fair value of investments at quoted market prices:	
Mutual funds	\$ 954
Contributions:	
Employer	296,872
Employee	216,419
Rollover	36,608
	549,899
Transfers in (Note C)	1,885,522
Total additions	2,436,375
 DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefit payments	(118,209)
Administrative expenses	-
Total deductions	(118,209)
NET INCREASE	2,318,166
 NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	128,502
End of year	\$ 2,446,668

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

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2015 AND 2014

A. DESCRIPTION OF THE PLAN:

The following description of the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan agreement and summary plan description for a more complete description of the Plan’s provisions.

General - H & M Acquisitions, LLC (the “Company” and “Plan Sponsor”) established the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust effective January 1, 2014. The Plan is a type of qualified retirement plan commonly referred to as a 401(k) plan and covers all employees of the Company who have completed 90 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan’s Trustees oversee governance of the Plan. The Plan allows other employers to adopt its provisions. Ohio MC Riders, LLC, Erie Riders, LLC, Lakeview Motorsports, LLC and TDG Management Company have adopted the Plan as of January 1, 2015.

Contributions - Each year participants may contribute up to 100% of their pre-tax or post-tax (Roth) annual compensation, subject to the maximum amount allowed by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company has elected to match 100% of the participants’ voluntary contributions for the first 3% of compensation and 50% of the participants’ voluntary contributions for the next 2% of compensation, which resulted in matching contributions of \$152,809 for the year ended December 31 2015. Each year, the Company may make discretionary non-elective contributions to each participant. The Company shall provide the Plan administrator with written notification of the amount of the contribution to be allocated to each participant. Discretionary non-elective contributions amounted to \$144,063 and \$128,502 for the years ended December 31, 2015 and 2014, respectively.

With the consent of the Plan administrator, the Plan may accept a participant rollover contribution from other qualified retirement plans. The rollover amounts are allocated to the rollover account of the participant, which is 100% vested at all times and is not subject to forfeitures.

Participant Accounts - Each participant’s account is credited with the participant’s contribution including elective deferrals and rollover contributions and an allocation of the Company’s contribution and Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. All investments of the Plan are fully participant-directed.

Investment Options - Upon enrollment in the Plan, a participant may direct contributions to their accounts into various investment options offered by the Plan and may be changed daily. The Plan’s investment strategies include investments with varying degrees of risk that are subject to the volatility of financial markets.

Forfeited Accounts - Forfeitures which occur pursuant to the Plan may be made available to reinstate previously forfeited account balances of participants who have resumed participation in the Plan or be used to pay any administrative expenses of the Plan. Remaining forfeitures shall be used to reduce any employer discretionary or matching contributions. During the year ended December 31, 2015, no forfeitures were used and there was \$575 available at December 31, 2015.

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF THE PLAN (CONTINUED):

Payment of Benefits - Upon termination of employment due to death, disability or retirement, a participant having a balance of more than \$5,000 may elect to receive a lump-sum distribution equal to the value of the participant's vested interest in his or her account. A participant having a vested account balance less than \$5,000 will receive a lump-sum distribution regardless of whether they consent to receive it.

Non-terminated employees may make withdrawals of a minimum of \$1,000 up to 100% of their vested account balances as a hardship withdrawal prior to reaching normal retirement age. Hardship withdrawals are subject to additional rules and conditions as outlined in the Plan agreement.

Non-terminated employees who have reached age 59 ½ may make withdrawals of a minimum of \$1,000 up to 100% of their vested account balances as an in-service distribution.

Vesting - A participant is fully vested immediately in amounts rolled over from other qualified plans. Vesting attributable to employer matching and non-elective contributions is as follows:

<u>Years of Service</u>	<u>Vesting %</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting - The Plan's financial statements and the Annual Return/Report of Employee Benefit Plan - Form 5500 have been prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Valuation of Investments - 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. The Plan's Trustees determine the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company.

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 purchased and sold, as well as held, during the year.

Payment of Benefits - Benefits are recorded when paid.

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

NOTES TO FINANCIAL STATEMENTS

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

Administrative Expenses - Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain investment management and other fees are paid directly by the Plan. Investment related expenses are included in net appreciation of fair value of investments.

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

Subsequent Events - The Company has evaluated subsequent events through October 13, 2016, which is the date the financial statements were available to be issued.

Recent Accounting Pronouncements - In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-07, *Fair Value Measurement (Topic 820) Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or Its Equivalent)*, ("ASU 2015-07"). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value practical expedient provided by Accounting Standards Codification 820, Fair Value Measurement. Disclosures about investments in certain entities that calculate net asset value per share are limited under ASU 2015-07 to those investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. ASU 2015-07 is effective for entities (other than public business entities) for fiscal years beginning after December 15, 2016, with retrospective application to all periods presented. Early adoption is permitted. The Plan has elected to early adopt ASU 2015-07, and the disclosures in Note D are presented accordingly.

In July 2015, the FASB released ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960) Defined Contribution Pension Plans (Topic 962) Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*, ("ASU 2015-12"). Part I of the ASU eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II of the ASU eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III of the ASU is not applicable to the Plan. ASU 2015-12 is effective for fiscal years beginning after December 31, 2015. Parts I and II are to be applied retrospectively. Management has elected to early adopt Parts I and II and the presentation of the financial statements and notes herein are presented accordingly.

OHIO MOTORCYCLE GROUP
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(Employer Federal ID #11-3695025, Plan #002)

NOTES TO FINANCIAL STATEMENTS

C. INFORMATION PROVIDED BY THE CUSTODIANS:

Information including investments held as shown on the statement of net assets available for benefits, and interest and dividend income and net depreciation in fair value as shown on the statement of changes in net assets available for benefits as of December 31, 2015 and for the year then ended, was prepared by or derived from information provided by the Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, the custodian of the Plan as of December 31, 2015, and furnished to the plan administrator. The plan administrator obtained certification of this information from the custodian that the information provided to the plan administrator was complete and accurate.

On May 4, 2015, the trustees of the Company, approved the merger of Ohio MC Riders, LLC, Erie Riders, LLC, and H&M Acquisitions, LLC ("Participating Employers") into the Plan, effective January 1, 2015. As a result, all investments amounting to \$1,885,522 were transferred to the Plan from their respective plans on May 11, 2015.

Capital Bank and Trust Company has certified as to the completeness and accuracy of the investment activity for the period January 1, 2015 to May 11, 2015 for all of the Participating Employers merged into the Plan.

D. FAIR VALUE MEASUREMENTS:

The authoritative accounting guidance establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the authoritative accounting guidance are described as follows:

Level 1 - Fair values are based on quoted prices (unadjusted) in active markets for identical assets that the plan has the ability to access at the measurement date.

Level 2 - Fair values are based on inputs other than quoted price included within level 1 that are observable for valuing the asset or liability, either directly or indirectly. Observable inputs include quoted price for similar assets or liabilities in active or non-active markets. Level 2 inputs may also include insignificant adjustments to market observable inputs.

Level 3 - Fair values are based on unobservable inputs used for valuing the asset or liability. Unobservable inputs are those that reflect the plans own assumptions about the assumptions that market participants would use in pricing the asset, based on the best information available in the circumstances.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

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NOTES TO FINANCIAL STATEMENTS

D. FAIR VALUE MEASUREMENTS (CONTINUED):

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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 method is 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015. No assets were held by the Plan as of December 31, 2014.

Fair Value Measurements at December 31, 2015:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 2,298,220	\$ -	\$ -	\$ 2,298,220

E. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT:

The Plan has entered into the Nationwide Fixed Select Option, which is a group fixed annuity contract issued by Nationwide Life Insurance Company to Nationwide Financial Services, Inc., as custodian. The Nationwide Fixed Select Option is a traditional investment contract guaranteed by Nationwide Life Insurance Company that guarantees a rate of interest that will be credited to participant accounts. This contract meets the fully benefit-responsive investment contract criteria and is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Due to the nature of the contract, there are no specific underlying assets assigned. As a result, the average yield earned by the Plan is the yield earned (i.e. interest credited) on the group annuity contract. Under the terms of the existing contract, the crediting rate is reset on a quarterly basis. The crediting interest rate is net of administrative fees.

The contract is backed by the full faith and creditworthiness of the issuer. Guarantees are based on the claims-paying ability of the issuer and not on the value of the securities within the insurer's general account. Key factors that could influence future crediting interest rates are changes in interest rates, and default or credit failures of the securities in the insurer's general assets. Past interest rates are not indicative of future interest rates.

OHIO MOTORCYCLE GROUP
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NOTES TO FINANCIAL STATEMENTS

E. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (CONTINUED):

The Fixed Select Option contract does not have a maturity date. The provisions do not provide for a distribution at book value at some specified future date. A contract holder can request a lump sum distribution with a market value adjustment, or an installment payout, at book value, over a period of years. The Fixed Select Option contract continues in force until all assets have been distributed, or no further payments are due. The plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with the plan participants are probable of occurring.

F. 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 will become 100% vested in their accounts.

G. INCOME TAX STATUS:

The Plan has adopted a volume submitter profit sharing plan document. The volume submitter practitioner obtained a determination letter dated March 31, 2014, in which the Internal Revenue Service stated that the volume submitter profit sharing plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC").

The authoritative accounting guidance requires the plan administrator to evaluate uncertain income tax positions taken by the Plan. The plan administrator has concluded that as of December 31, 2015, there were no uncertain income tax positions taken or expected to be taken by the Plan. The Plan has not recognized any interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

H. TRANSACTIONS WITH PARTIES-IN-INTEREST:

Nationwide Financial Services, Inc., is the custodian of the Plan and holds all of the Plan's investments. Nationwide Financial Services, Inc. is a party-in-interest of the Plan as defined by ERISA Section 3(14), and accordingly investment transactions in the funds are parties-in-interest transactions. Certain legal and accounting fees and certain administrative expenses relating to the maintenance of participant eligibility records are absorbed by the Company.

I. 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.

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500 - Schedule H - Part IV, Item 4(i))

(See Independent Auditors' Report)

December 31, 2015

(a)	(b)	(c)	(c)	(d)	(e)
Identity of Issuer	Description, including Number of Shares and Interest Rates	Units	Cost	Current Value	
MUTUAL FUNDS:					
	AllianzGI Technology Institutional	17,949.5733	**	\$ 32,366	
	Emerald Growth Institutional	22,785.0977	**	19,976	
	Franklin Utilities Adv	9,753.0126	**	12,478	
	Ivy Real Estate Securities I	17,426.0575	**	21,202	
	JPMorgan Small Cap Value R6	18,710.6031	**	21,230	
	Oppenheimer Gold & Special Minerals Y	81,453.2639	**	31,900	
	Pioneer Bond Y	164,137.7618	**	164,764	
	Victory Incore Fund for Income I	22,844.4963	**	23,274	
	Wells Fargo Adjustable Rate Govt Inst	1,152.9291	**	1,163	
	Wells Fargo Special Mid Cap Value Inst	32,461.3124	**	41,200	
	American Funds 2055 Trgt Date Retire R6	20,179.3624	**	31,785	
	Fidelity Advisor New Insights I	43,780.1670	**	67,292	
	Franklin Small Cap Growth Adv	219.5247	**	254	
	Franklin US Government Secs Adv	7,205.3322	**	7,363	
	Gateway Y	20,325.4639	**	22,985	
	Franklin Mutual European Z	18,573.0515	**	19,689	
	Dreyfus Cash Mgmt Inst Shs	29,621.2555	**	29,123	
	American Century Mid Cap Value Instl	1,334.7563	**	1,938	
	Oppenheimer Senior Floating Rate Y	4,645.1945	**	4,546	
	Goldman Sachs Strategic Income Instl	7,128.0837	**	6,916	
	Vanguard 500 Index Admiral	550,911.6578	**	583,029	
	Nationwide Small Cap Index Instl	184,350.4988	**	290,962	
	Oppenheimer International Bond Y	588.4448	**	647	
	Pioneer Growth Opportunity Y	17,569.8955	**	35,238	
	PIMCO Real Return Instl	3,010.0020	**	4,275	
	American Funds Europacific Growth R6	140,368.7396	**	203,134	
	American Funds 2025 Trgt Date Retire R6	42,177.7439	**	69,557	
	American Funds 2030 Trgt Date Retire R6	3,633.0696	**	6,157	
	American Funds 2035 Trgt Date Retire R6	22,683.3679	**	38,524	
	American Funds 2040 Trgt Date Retire R6	10,823.1576	**	18,449	
	American Funds 2045 Trgt Date Retire R6	7,566.0448	**	12,617	
	American Funds 2050 Trgt Date Retire R6	21,809.6324	**	36,393	
	American Funds 2015 Trgt Date Retire R6	57.1050	**	85	
	American Funds 2010 Trgt Date Retire R6	58.5476	**	85	
	American Funds Income Fund of Amer R6	133,873.3537	**	227,221	
	American Funds Capital Income Bldr R6	4,785.1597	**	7,100	
	American Funds 2020 Trgt Date Retire R6	10,805.0678	**	16,832	
	American Funds Washington Mutual R6	56,790.4204	**	116,134	
	BlackRock Health Sciences Opps Instl	13,918.2476	**	31,329	
	Vanguard Strategic Equity Inv	20,193.8576	**	39,008	
	Total mutual funds			2,298,220	

FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT:

*	Nationwide	Nationwide Fixed Select	11,717.8916	**	11,979
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\$ 2,310,199

* Indicates a party-in-interest (See Note I).

** Costs have been omitted due to participant-directed transactions under and individual account plan.

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
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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	Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust	1b Three-digit plan number (PN)	002
		1c Effective date of plan	01/01/2014
2a Plan sponsor's name (employer, if for a single-employer plan)	IRS COPY		
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)			
H&M Acquisitions, LLC			
1465 State Route 39 NW		2b Employer Identification Number (EIN)	11-3695025
Dover	OH 44622	2c Plan Sponsor's telephone number (330)	364-6519
		2d Business code (see instructions)	441228

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

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

SIGN HERE		10/17/16	Larry Browning
	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

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 	
5 Total number of participants at the beginning of the plan year		4b EIN	
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).		4c PN	
6a(1) Total number of active participants at the beginning of the plan year		5	159
6a(2) Total number of active participants at the end of the plan year			
b Retired or separated participants receiving benefits		6a(1)	148
c Other retired or separated participants entitled to future benefits		6a(2)	166
d Subtotal. Add lines 6a(2), 6b, and 6c.		6b	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6c	29
f Total. Add lines 6d and 6e.		6d	195
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6e	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6f	195
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		6g	134
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T		6h	21
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		7	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ 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 incompl etc.)

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 Ohio Motorcycle Group 401(K) PSP & T		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 H&M Acquisitions, LLC		D Employer Identification Number (EIN) 11-3695025
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 Nationwide Trust Company		
(b) EIN	(c) NAIC code	(d) Contract or identification number
31-4156830	66869	335-80339
(e) Approximate number of persons covered at end of policy or contract year		4
Policy or contract year		(f) From 01/01/2015 (g) To 12/31/2015
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.		
(a) Total amount of commissions paid		(b) Total amount of fees paid
0		0
3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid		
(b) Amount of sales and base commissions paid	Fees and other commissions paid	
	(c) Amount	(d) Purpose
(e) Organization code		
(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	
	(c) Amount	(d) Purpose
(e) Organization code		

(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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	11,979

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 ▶**b** Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year	7c(1)	5,619
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	317
(4) Transferred from separate account	7c(4)	108
(5) Other (specify below)	7c(5)	19,387

▶ Transfer from outside NW-Principal

(6) Total additions **7c(6)** 25,431**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 25,431**e Deductions:**

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	28
(3) Transferred to separate account	7e(3)	13,424
(4) Other (specify below)	7e(4)	

▶

(5) Total deductions **7e(5)** 13,452**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 11,979

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 organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form Is Open to Public Inspection.
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan Ohio Motorcycle Group 401(K) PSP & T	B Three-digit plan number (PN) ▶ <u>002</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 H&M Acquisitions, LLC	D Employer Identification Number (EIN) 11-3695025	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

Nationwide

One Nationwide Plaza

Columbus

OH 43215

(b) Service Code(s) 15 26 49 64 99

(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?
Custodian/Record Keeper	7,217	Yes ☒ No ☐	Yes ☐ No ☒	865	Yes ☐ No ☒

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

Moskal Gross Orchosky Inc.

24400 Chagrin Blvd

STE 310

Beachwood

OH 44122

(b) Service Code(s) 15 16 17

(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?
Third Party Administrator	0	Yes ☒ No ☐	Yes ☐ No ☒	1,824	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
Moskal Gross Orchosky	15 16 17 37	1,500
(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.	
Nationwide One Nationwide Plaza Columbus OH 43215	Advisory/Service Provider Fee	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>				
A Name of plan Ohio Motorcycle Group 401(K) PSP & T	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">002</td> </tr> </table>		B Three-digit plan number (PN) ►	002
B Three-digit plan number (PN) ►	002			
C Plan sponsor's name as shown on line 2a of Form 5500 H&M Acquisitions, LLC	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">D Employer Identification Number (EIN) 11-3695025</td> <td style="width: 40%;"></td> </tr> </table>		D Employer Identification Number (EIN) 11-3695025	
D Employer Identification Number (EIN) 11-3695025				

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 th is plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	128,502	128,632
(2) Participant contributions	1b(2)		7,837
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)		2,298,220
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		11,979
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	128,502	2,446,668

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	128,502	2,446,668
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	296,872	
(B) Participants	2a(1)(B)	216,419	
(C) Others (including rollovers)	2a(1)(C)	36,608	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		549,899

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(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)	
(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)	954
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total	2d	550,853

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	118,209
(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)	118,209
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)	
(3) Investment advisory and management fees	2i(3)	
(4) Other	2i(4)	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	0
j Total expenses. Add all expense amounts in column (b) and enter total	2j	118,209

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	432,644
l Transfers of assets:		
(1) To this plan	2l(1)	1,885,522
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

☒ Yes ☐ No

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

(1) Name: 415 Group

(2) EIN: 34-1341400

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.)		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.)		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			325,000
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

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

YEARS ENDED DECEMBER 31, 2015 AND 2014

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

YEARS ENDED DECEMBER 31, 2015 AND 2014

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INDEPENDENT AUDITORS' REPORT

**To the Trustees of the
Ohio Motorcycle Group
401(k) Profit Sharing Plan and Trust
Dover, Ohio**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust** (Employer ID #11-3695025, Plan #002), which comprise the statement 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 year ended December 31, 2015, 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 the 2015 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 on the 2015 financial statements.

Basis for Disclaimer of Opinion on the 2015 Financial Statements

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 C, which was certified by The Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company and Capital Bank and Trust Company, the custodians of the Plan, except for comparing information with the related information included in the 2015 financial statements. We have been informed by the plan administrator that Capital Bank and Trust Company held the assets of participating employers transferred into the plan and executed investment transactions from January 1, 2015 to May 11, 2015. The plan administrator has obtained a certification from Nationwide Trust Company as of and for the year ended December 31, 2015, that the information provided to the plan administrator by Nationwide Trust Company is complete and accurate.

Disclaimer of Opinion on the 2015 Financial Statements

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

Other Matters – Report on Supplemental Schedule and Report on 2014 Financial Statements

The supplemental Schedule of Assets (Held at End of Year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is 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 on the 2015 Financial Statements paragraph, we do not express an opinion on the supplemental schedule referred to above.

We have audited the accompanying statement of net assets available for benefits of the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust as of December 31, 2014, and in our report dated September 29, 2015, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust as of December 31, 2014, and changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2015 Financial Statements

The form and content of the information included in the 2015 financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Certified Public Accountants

**Canton, Ohio
October 13, 2016**

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Form 5500 - Schedule H - Part I)

	December 31,	
	2015	2014
ASSETS:		
Investments, at fair value (See Note D):		
Mutual funds	\$ 2,298,220	\$ -
Fully benefit-responsive investment contract,		
at contract value	<u>11,979</u>	<u>-</u>
Total investments	2,310,199	-
Receivables:		
Employee contributions	7,837	-
Employer contribution	11,182	-
Employer profit sharing contribution	<u>117,450</u>	<u>128,502</u>
	<u>136,469</u>	<u>128,502</u>
TOTAL ASSETS	2,446,668	128,502
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,446,668</u>	<u>\$ 128,502</u>

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

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
(Form 5500 - Schedule H - Part II)**

	Year Ended December 31, 2015
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in investments including investment income and realized and unrealized gains in fair value of investments at quoted market prices:	
Mutual funds	\$ 954
Contributions:	
Employer	296,872
Employee	216,419
Rollover	36,608
	<u>549,899</u>
Transfers in (Note C)	<u>1,885,522</u>
Total additions	2,436,375
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefit payments	(118,209)
Administrative expenses	-
Total deductions	<u>(118,209)</u>
NET INCREASE	2,318,166
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	<u>128,502</u>
End of year	<u><u>\$ 2,446,668</u></u>

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

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2015 AND 2014

A. DESCRIPTION OF THE PLAN:

The following description of the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement and summary plan description for a more complete description of the Plan's provisions.

General - H & M Acquisitions, LLC (the "Company" and "Plan Sponsor") established the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust effective January 1, 2014. The Plan is a type of qualified retirement plan commonly referred to as a 401(k) plan and covers all employees of the Company who have completed 90 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan's Trustees oversee governance of the Plan. The Plan allows other employers to adopt its provisions. Ohio MC Riders, LLC, Erie Riders, LLC, Lakeview Motorsports, LLC and TDG Management Company have adopted the Plan as of January 1, 2015.

Contributions - Each year participants may contribute up to 100% of their pre-tax or post-tax (Roth) annual compensation, subject to the maximum amount allowed by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company has elected to match 100% of the participants' voluntary contributions for the first 3% of compensation and 50% of the participants' voluntary contributions for the next 2% of compensation, which resulted in matching contributions of \$152,809 for the year ended December 31, 2015. Each year, the Company may make discretionary non-elective contributions to each participant. The Company shall provide the Plan administrator with written notification of the amount of the contribution to be allocated to each participant. Discretionary non-elective contributions amounted to \$144,063 and \$128,502 for the years ended December 31, 2015 and 2014, respectively.

With the consent of the Plan administrator, the Plan may accept a participant rollover contribution from other qualified retirement plans. The rollover amounts are allocated to the rollover account of the participant, which is 100% vested at all times and is not subject to forfeitures.

Participant Accounts - Each participant's account is credited with the participant's contribution including elective deferrals and rollover contributions and an allocation of the Company's contribution and Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All investments of the Plan are fully participant-directed.

Investment Options - Upon enrollment in the Plan, a participant may direct contributions to their accounts into various investment options offered by the Plan and may be changed daily. The Plan's investment strategies include investments with varying degrees of risk that are subject to the volatility of financial markets.

Forfeited Accounts - Forfeitures which occur pursuant to the Plan may be made available to reinstate previously forfeited account balances of participants who have resumed participation in the Plan or be used to pay any administrative expenses of the Plan. Remaining forfeitures shall be used to reduce any employer discretionary or matching contributions. During the year ended December 31, 2015, no forfeitures were used and there was \$575 available at December 31, 2015.

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF THE PLAN (CONTINUED):

Payment of Benefits - Upon termination of employment due to death, disability or retirement, a participant having a balance of more than \$5,000 may elect to receive a lump-sum distribution equal to the value of the participant's vested interest in his or her account. A participant having a vested account balance less than \$5,000 will receive a lump-sum distribution regardless of whether they consent to receive it.

Non-terminated employees may make withdrawals of a minimum of \$1,000 up to 100% of their vested account balances as a hardship withdrawal prior to reaching normal retirement age. Hardship withdrawals are subject to additional rules and conditions as outlined in the Plan agreement.

Non-terminated employees who have reached age 59 ½ may make withdrawals of a minimum of \$1,000 up to 100% of their vested account balances as an in-service distribution.

Vesting - A participant is fully vested immediately in amounts rolled over from other qualified plans. Vesting attributable to employer matching and non-elective contributions is as follows:

<u>Years of Service</u>	<u>Vesting %</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting - The Plan's financial statements and the Annual Return/Report of Employee Benefit Plan - Form 5500 have been prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Valuation of Investments - 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. The Plan's Trustees determine the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company.

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 purchased and sold, as well as held, during the year.

Payment of Benefits - Benefits are recorded when paid.

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

NOTES TO FINANCIAL STATEMENTS

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

Administrative Expenses - Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain investment management and other fees are paid directly by the Plan. Investment related expenses are included in net appreciation of fair value of investments.

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

Subsequent Events - The Company has evaluated subsequent events through October 13, 2016, which is the date the financial statements were available to be issued.

Recent Accounting Pronouncements - In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-07, *Fair Value Measurement (Topic 820) Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or Its Equivalent)*, ("ASU 2015-07"). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value practical expedient provided by Accounting Standards Codification 820, Fair Value Measurement. Disclosures about investments in certain entities that calculate net asset value per share are limited under ASU 2015-07 to those investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. ASU 2015-07 is effective for entities (other than public business entities) for fiscal years beginning after December 15, 2016, with retrospective application to all periods presented. Early adoption is permitted. The Plan has elected to early adopt ASU 2015-07, and the disclosures in Note D are presented accordingly.

In July 2015, the FASB released ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960) Defined Contribution Pension Plans (Topic 962) Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*, ("ASU 2015-12"). Part I of the ASU eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II of the ASU eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III of the ASU is not applicable to the Plan. ASU 2015-12 is effective for fiscal years beginning after December 31, 2015. Parts I and II are to be applied retrospectively. Management has elected to early adopt Parts I and II and the presentation of the financial statements and notes herein are presented accordingly.

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

NOTES TO FINANCIAL STATEMENTS

C. INFORMATION PROVIDED BY THE CUSTODIANS:

Information including investments held as shown on the statement of net assets available for benefits, and interest and dividend income and net depreciation in fair value as shown on the statement of changes in net assets available for benefits as of December 31, 2015 and for the year then ended, was prepared by or derived from information provided by the Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, the custodian of the Plan as of December 31, 2015, and furnished to the plan administrator. The plan administrator obtained certification of this information from the custodian that the information provided to the plan administrator was complete and accurate.

On May 4, 2015, the trustees of the Company, approved the merger of Ohio MC Riders, LLC, Erie Riders, LLC, and H&M Acquisitions, LLC ("Participating Employers") into the Plan, effective January 1, 2015. As a result, all investments amounting to \$1,885,522 were transferred to the Plan from their respective plans on May 11, 2015.

Capital Bank and Trust Company has certified as to the completeness and accuracy of the investment activity for the period January 1, 2015 to May 11, 2015 for all of the Participating Employers merged into the Plan.

D. FAIR VALUE MEASUREMENTS:

The authoritative accounting guidance establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the authoritative accounting guidance are described as follows:

Level 1 - Fair values are based on quoted prices (unadjusted) in active markets for identical assets that the plan has the ability to access at the measurement date.

Level 2 - Fair values are based on inputs other than quoted price included within level 1 that are observable for valuing the asset or liability, either directly or indirectly. Observable inputs include quoted price for similar assets or liabilities in active or non-active markets. Level 2 inputs may also include insignificant adjustments to market observable inputs.

Level 3 - Fair values are based on unobservable inputs used for valuing the asset or liability. Unobservable inputs are those that reflect the plans own assumptions about the assumptions that market participants would use in pricing the asset, based on the best information available in the circumstances.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

NOTES TO FINANCIAL STATEMENTS

D. FAIR VALUE MEASUREMENTS (CONTINUED):

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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 method is 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015. No assets were held by the Plan as of December 31, 2014.

Fair Value Measurements at December 31, 2015:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 2,298,220	\$ -	\$ -	\$ 2,298,220

E. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT:

The Plan has entered into the Nationwide Fixed Select Option, which is a group fixed annuity contract issued by Nationwide Life Insurance Company to Nationwide Financial Services, Inc., as custodian. The Nationwide Fixed Select Option is a traditional investment contract guaranteed by Nationwide Life Insurance Company that guarantees a rate of interest that will be credited to participant accounts. This contract meets the fully benefit-responsive investment contract criteria and is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Due to the nature of the contract, there are no specific underlying assets assigned. As a result, the average yield earned by the Plan is the yield earned (i.e. interest credited) on the group annuity contract. Under the terms of the existing contract, the crediting rate is reset on a quarterly basis. The crediting interest rate is net of administrative fees.

The contract is backed by the full faith and creditworthiness of the issuer. Guarantees are based on the claims-paying ability of the issuer and not on the value of the securities within the insurer's general account. Key factors that could influence future crediting interest rates are changes in interest rates, and default or credit failures of the securities in the insurer's general assets. Past interest rates are not indicative of future interest rates.

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

NOTES TO FINANCIAL STATEMENTS

E. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (CONTINUED):

The Fixed Select Option contract does not have a maturity date. The provisions do not provide for a distribution at book value at some specified future date. A contract holder can request a lump sum distribution with a market value adjustment, or an installment payout, at book value, over a period of years. The Fixed Select Option contract continues in force until all assets have been distributed, or no further payments are due. The plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with the plan participants are probable of occurring.

F. 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 will become 100% vested in their accounts.

G. INCOME TAX STATUS:

The Plan has adopted a volume submitter profit sharing plan document. The volume submitter practitioner obtained a determination letter dated March 31, 2014, in which the Internal Revenue Service stated that the volume submitter profit sharing plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC").

The authoritative accounting guidance requires the plan administrator to evaluate uncertain income tax positions taken by the Plan. The plan administrator has concluded that as of December 31, 2015, there were no uncertain income tax positions taken or expected to be taken by the Plan. The Plan has not recognized any interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

H. TRANSACTIONS WITH PARTIES-IN-INTEREST:

Nationwide Financial Services, Inc., is the custodian of the Plan and holds all of the Plan's investments. Nationwide Financial Services, Inc. is a party-in-interest of the Plan as defined by ERISA Section 3(14), and accordingly investment transactions in the funds are parties-in-interest transactions. Certain legal and accounting fees and certain administrative expenses relating to the maintenance of participant eligibility records are absorbed by the Company.

I. 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.

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500 - Schedule H - Part IV, Item 4(i))

(See Independent Auditors' Report)

December 31, 2015

(a)	Identity of Issuer (b)	Description, including Number of Shares and Interest Rates (c)	Units (c)	Cost (d)	Current Value (e)
MUTUAL FUNDS:					
		AllianzGI Technology Institutional	17,949.5733	**	\$ 32,366
		Emerald Growth Institutional	22,785.0977	**	19,976
		Franklin Utilities Adv	9,753.0126	**	12,478
		Ivy Real Estate Securities I	17,426.0575	**	21,202
		JPMorgan Small Cap Value R6	18,710.6031	**	21,230
		Oppenheimer Gold & Special Minerals Y	81,453.2639	**	31,900
		Pioneer Bond Y	164,137.7618	**	164,764
		Victory Incore Fund for Income I	22,844.4963	**	23,274
		Wells Fargo Adjustable Rate Govt Inst	1,152.9291	**	1,163
		Wells Fargo Special Mid Cap Value Inst	32,461.3124	**	41,200
		American Funds 2055 Trgt Date Retire R6	20,179.3624	**	31,785
		Fidelity Advisor New Insights I	43,780.1670	**	67,292
		Franklin Small Cap Growth Adv	219.5247	**	254
		Franklin US Government Secs Adv	7,205.3322	**	7,363
		Gateway Y	20,325.4639	**	22,985
		Franklin Mutual European Z	18,573.0515	**	19,689
		Dreyfus Cash Mgmt Inst Shs	29,621.2555	**	29,123
		American Century Mid Cap Value Instl	1,334.7563	**	1,938
		Oppenheimer Senior Floating Rate Y	4,645.1945	**	4,546
		Goldman Sachs Strategic Income Instl	7,128.0837	**	6,916
		Vanguard 500 Index Admiral	550,911.6578	**	583,029
		Nationwide Small Cap Index Instl	184,350.4988	**	290,962
		Oppenheimer International Bond Y	588.4448	**	647
		Pioneer Growth Opportunity Y	17,569.8955	**	35,238
		PIMCO Real Return Instl	3,010.0020	**	4,275
		American Funds Europacific Growth R6	140,368.7396	**	203,134
		American Funds 2025 Trgt Date Retire R6	42,177.7439	**	69,557
		American Funds 2030 Trgt Date Retire R6	3,633.0696	**	6,157
		American Funds 2035 Trgt Date Retire R6	22,683.3679	**	38,524
		American Funds 2040 Trgt Date Retire R6	10,823.1576	**	18,449
		American Funds 2045 Trgt Date Retire R6	7,566.0448	**	12,617
		American Funds 2050 Trgt Date Retire R6	21,809.6324	**	36,393
		American Funds 2015 Trgt Date Retire R6	57.1050	**	85
		American Funds 2010 Trgt Date Retire R6	58.5476	**	85
		American Funds Income Fund of Amer R6	133,873.3537	**	227,221
		American Funds Capital Income Bldr R6	4,785.1597	**	7,100
		American Funds 2020 Trgt Date Retire R6	10,805.0678	**	16,832
		American Funds Washington Mutual R6	56,790.4204	**	116,134
		BlackRock Health Sciences Opps Instl	13,918.2476	**	31,329
		Vanguard Strategic Equity Inv	20,193.8576	**	39,008
		Total mutual funds			<u>2,298,220</u>

FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT:

*	Nationwide	Nationwide Fixed Select	11,717.8916	**	<u>11,979</u>
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\$ 2,310,199

* Indicates a party-in-interest (See Note I).

** Costs have been omitted due to participant-directed transactions under and individual account plan.

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.
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For calendar plan year 2015 or fiscal plan year beginning	01/01/2015	and ending	12/31/2015
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A Name of plan Ohio Motorcycle Group 401(K) PSP & T	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">002</td> </tr> </table>	B Three-digit plan number (PN) ►	002
B Three-digit plan number (PN) ►	002		
C Plan sponsor's name as shown on line 2a of Form 5500 H&M Acquisitions, LLC	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 11-3695025</td> </tr> </table>	D Employer Identification Number (EIN) 11-3695025	
D Employer Identification Number (EIN) 11-3695025			

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-4156830		
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 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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes	☐ No	☐ N/A
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
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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

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

Schedule R (Form 5500) 2015
v. 150123

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): _____		

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

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

A Name of filer, plan administrator, or plan sponsor (see Instructions) H&M Acquisitions, LLC Number, street, and room or suite no. (If a P.O. box, see instructions) 1465 State Route 39 NW City or town, state, and ZIP code Dover OH 44622	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 11-3695025 Social security number (SSN) (9 digits XXX-XX-XXXX)					
	Plan number	Plan year ending—	MM	DD	YYYY	
C Plan name Ohio Motorcycle Group 401(K) PSP & T	0	0	2	12	31	2015

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2 I request an extension of time until 10 / 15 / 2016 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10 / 15 / 2016 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4** I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax

b Enter the payment amount attached

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date.

- 5 State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

YEARS ENDED DECEMBER 31, 2015 AND 2014

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

YEARS ENDED DECEMBER 31, 2015 AND 2014

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INDEPENDENT AUDITORS' REPORT

**To the Trustees of the
Ohio Motorcycle Group
401(k) Profit Sharing Plan and Trust
Dover, Ohio**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust** (Employer ID #11-3695025, Plan #002), which comprise the statement 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 year ended December 31, 2015, 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 the 2015 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 on the 2015 financial statements.

Basis for Disclaimer of Opinion on the 2015 Financial Statements

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 C, which was certified by The Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company and Capital Bank and Trust Company, the custodians of the Plan, except for comparing information with the related information included in the 2015 financial statements. We have been informed by the plan administrator that Capital Bank and Trust Company held the assets of participating employers transferred into the plan and executed investment transactions from January 1, 2015 to May 11, 2015. The plan administrator has obtained a certification from Nationwide Trust Company as of and for the year ended December 31, 2015, that the information provided to the plan administrator by Nationwide Trust Company is complete and accurate.

Disclaimer of Opinion on the 2015 Financial Statements

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

Other Matters – Report on Supplemental Schedule and Report on 2014 Financial Statements

The supplemental Schedule of Assets (Held at End of Year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is 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 on the 2015 Financial Statements paragraph, we do not express an opinion on the supplemental schedule referred to above.

We have audited the accompanying statement of net assets available for benefits of the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust as of December 31, 2014, and in our report dated September 29, 2015, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust as of December 31, 2014, and changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2015 Financial Statements

The form and content of the information included in the 2015 financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Fair - Fifteen Group". The signature is written in a cursive, flowing style.

Certified Public Accountants

**Canton, Ohio
October 13, 2016**

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Form 5500 - Schedule H - Part I)**

	December 31,	
	2015	2014
ASSETS:		
Investments, at fair value (See Note D):		
Mutual funds	\$ 2,298,220	\$ -
Fully benefit-responsive investment contract, at contract value	<u>11,979</u>	<u>-</u>
Total investments	2,310,199	-
Receivables:		
Employee contributions	7,837	-
Employer contribution	11,182	-
Employer profit sharing contribution	<u>117,450</u>	<u>128,502</u>
	<u>136,469</u>	<u>128,502</u>
TOTAL ASSETS	2,446,668	128,502
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,446,668</u>	<u>\$ 128,502</u>

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

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
(Form 5500 - Schedule H - Part II)**

	Year Ended December 31, 2015
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in investments including investment income and realized and unrealized gains in fair value of investments at quoted market prices:	
Mutual funds	\$ 954
Contributions:	
Employer	296,872
Employee	216,419
Rollover	36,608
	549,899
Transfers in (Note C)	1,885,522
Total additions	2,436,375
 DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefit payments	(118,209)
Administrative expenses	-
Total deductions	(118,209)
NET INCREASE	2,318,166
 NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	128,502
End of year	\$ 2,446,668

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

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2015 AND 2014

A. DESCRIPTION OF THE PLAN:

The following description of the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan agreement and summary plan description for a more complete description of the Plan’s provisions.

General - H & M Acquisitions, LLC (the “Company” and “Plan Sponsor”) established the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust effective January 1, 2014. The Plan is a type of qualified retirement plan commonly referred to as a 401(k) plan and covers all employees of the Company who have completed 90 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan’s Trustees oversee governance of the Plan. The Plan allows other employers to adopt its provisions. Ohio MC Riders, LLC, Erie Riders, LLC, Lakeview Motorsports, LLC and TDG Management Company have adopted the Plan as of January 1, 2015.

Contributions - Each year participants may contribute up to 100% of their pre-tax or post-tax (Roth) annual compensation, subject to the maximum amount allowed by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company has elected to match 100% of the participants’ voluntary contributions for the first 3% of compensation and 50% of the participants’ voluntary contributions for the next 2% of compensation, which resulted in matching contributions of \$152,809 for the year ended December 31 2015. Each year, the Company may make discretionary non-elective contributions to each participant. The Company shall provide the Plan administrator with written notification of the amount of the contribution to be allocated to each participant. Discretionary non-elective contributions amounted to \$144,063 and \$128,502 for the years ended December 31, 2015 and 2014, respectively.

With the consent of the Plan administrator, the Plan may accept a participant rollover contribution from other qualified retirement plans. The rollover amounts are allocated to the rollover account of the participant, which is 100% vested at all times and is not subject to forfeitures.

Participant Accounts - Each participant’s account is credited with the participant’s contribution including elective deferrals and rollover contributions and an allocation of the Company’s contribution and Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. All investments of the Plan are fully participant-directed.

Investment Options - Upon enrollment in the Plan, a participant may direct contributions to their accounts into various investment options offered by the Plan and may be changed daily. The Plan’s investment strategies include investments with varying degrees of risk that are subject to the volatility of financial markets.

Forfeited Accounts - Forfeitures which occur pursuant to the Plan may be made available to reinstate previously forfeited account balances of participants who have resumed participation in the Plan or be used to pay any administrative expenses of the Plan. Remaining forfeitures shall be used to reduce any employer discretionary or matching contributions. During the year ended December 31, 2015, no forfeitures were used and there was \$575 available at December 31, 2015.

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF THE PLAN (CONTINUED):

Payment of Benefits - Upon termination of employment due to death, disability or retirement, a participant having a balance of more than \$5,000 may elect to receive a lump-sum distribution equal to the value of the participant's vested interest in his or her account. A participant having a vested account balance less than \$5,000 will receive a lump-sum distribution regardless of whether they consent to receive it.

Non-terminated employees may make withdrawals of a minimum of \$1,000 up to 100% of their vested account balances as a hardship withdrawal prior to reaching normal retirement age. Hardship withdrawals are subject to additional rules and conditions as outlined in the Plan agreement.

Non-terminated employees who have reached age 59 ½ may make withdrawals of a minimum of \$1,000 up to 100% of their vested account balances as an in-service distribution.

Vesting - A participant is fully vested immediately in amounts rolled over from other qualified plans. Vesting attributable to employer matching and non-elective contributions is as follows:

<u>Years of Service</u>	<u>Vesting %</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting - The Plan's financial statements and the Annual Return/Report of Employee Benefit Plan - Form 5500 have been prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Valuation of Investments - 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. The Plan's Trustees determine the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company.

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 purchased and sold, as well as held, during the year.

Payment of Benefits - Benefits are recorded when paid.

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

NOTES TO FINANCIAL STATEMENTS

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

Administrative Expenses - Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain investment management and other fees are paid directly by the Plan. Investment related expenses are included in net appreciation of fair value of investments.

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

Subsequent Events - The Company has evaluated subsequent events through October 13, 2016, which is the date the financial statements were available to be issued.

Recent Accounting Pronouncements - In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-07, *Fair Value Measurement (Topic 820) Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or Its Equivalent)*, ("ASU 2015-07"). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value practical expedient provided by Accounting Standards Codification 820, Fair Value Measurement. Disclosures about investments in certain entities that calculate net asset value per share are limited under ASU 2015-07 to those investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. ASU 2015-07 is effective for entities (other than public business entities) for fiscal years beginning after December 15, 2016, with retrospective application to all periods presented. Early adoption is permitted. The Plan has elected to early adopt ASU 2015-07, and the disclosures in Note D are presented accordingly.

In July 2015, the FASB released ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960) Defined Contribution Pension Plans (Topic 962) Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*, ("ASU 2015-12"). Part I of the ASU eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II of the ASU eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III of the ASU is not applicable to the Plan. ASU 2015-12 is effective for fiscal years beginning after December 31, 2015. Parts I and II are to be applied retrospectively. Management has elected to early adopt Parts I and II and the presentation of the financial statements and notes herein are presented accordingly.

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

NOTES TO FINANCIAL STATEMENTS

C. INFORMATION PROVIDED BY THE CUSTODIANS:

Information including investments held as shown on the statement of net assets available for benefits, and interest and dividend income and net depreciation in fair value as shown on the statement of changes in net assets available for benefits as of December 31, 2015 and for the year then ended, was prepared by or derived from information provided by the Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, the custodian of the Plan as of December 31, 2015, and furnished to the plan administrator. The plan administrator obtained certification of this information from the custodian that the information provided to the plan administrator was complete and accurate.

On May 4, 2015, the trustees of the Company, approved the merger of Ohio MC Riders, LLC, Erie Riders, LLC, and H&M Acquisitions, LLC ("Participating Employers") into the Plan, effective January 1, 2015. As a result, all investments amounting to \$1,885,522 were transferred to the Plan from their respective plans on May 11, 2015.

Capital Bank and Trust Company has certified as to the completeness and accuracy of the investment activity for the period January 1, 2015 to May 11, 2015 for all of the Participating Employers merged into the Plan.

D. FAIR VALUE MEASUREMENTS:

The authoritative accounting guidance establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the authoritative accounting guidance are described as follows:

Level 1 - Fair values are based on quoted prices (unadjusted) in active markets for identical assets that the plan has the ability to access at the measurement date.

Level 2 - Fair values are based on inputs other than quoted price included within level 1 that are observable for valuing the asset or liability, either directly or indirectly. Observable inputs include quoted price for similar assets or liabilities in active or non-active markets. Level 2 inputs may also include insignificant adjustments to market observable inputs.

Level 3 - Fair values are based on unobservable inputs used for valuing the asset or liability. Unobservable inputs are those that reflect the plans own assumptions about the assumptions that market participants would use in pricing the asset, based on the best information available in the circumstances.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

NOTES TO FINANCIAL STATEMENTS

D. FAIR VALUE MEASUREMENTS (CONTINUED):

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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 method is 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015. No assets were held by the Plan as of December 31, 2014.

Fair Value Measurements at December 31, 2015:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 2,298,220	\$ -	\$ -	\$ 2,298,220

E. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT:

The Plan has entered into the Nationwide Fixed Select Option, which is a group fixed annuity contract issued by Nationwide Life Insurance Company to Nationwide Financial Services, Inc., as custodian. The Nationwide Fixed Select Option is a traditional investment contract guaranteed by Nationwide Life Insurance Company that guarantees a rate of interest that will be credited to participant accounts. This contract meets the fully benefit-responsive investment contract criteria and is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Due to the nature of the contract, there are no specific underlying assets assigned. As a result, the average yield earned by the Plan is the yield earned (i.e. interest credited) on the group annuity contract. Under the terms of the existing contract, the crediting rate is reset on a quarterly basis. The crediting interest rate is net of administrative fees.

The contract is backed by the full faith and creditworthiness of the issuer. Guarantees are based on the claims-paying ability of the issuer and not on the value of the securities within the insurer's general account. Key factors that could influence future crediting interest rates are changes in interest rates, and default or credit failures of the securities in the insurer's general assets. Past interest rates are not indicative of future interest rates.

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

NOTES TO FINANCIAL STATEMENTS

E. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (CONTINUED):

The Fixed Select Option contract does not have a maturity date. The provisions do not provide for a distribution at book value at some specified future date. A contract holder can request a lump sum distribution with a market value adjustment, or an installment payout, at book value, over a period of years. The Fixed Select Option contract continues in force until all assets have been distributed, or no further payments are due. The plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with the plan participants are probable of occurring.

F. 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 will become 100% vested in their accounts.

G. INCOME TAX STATUS:

The Plan has adopted a volume submitter profit sharing plan document. The volume submitter practitioner obtained a determination letter dated March 31, 2014, in which the Internal Revenue Service stated that the volume submitter profit sharing plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC").

The authoritative accounting guidance requires the plan administrator to evaluate uncertain income tax positions taken by the Plan. The plan administrator has concluded that as of December 31, 2015, there were no uncertain income tax positions taken or expected to be taken by the Plan. The Plan has not recognized any interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

H. TRANSACTIONS WITH PARTIES-IN-INTEREST:

Nationwide Financial Services, Inc., is the custodian of the Plan and holds all of the Plan's investments. Nationwide Financial Services, Inc. is a party-in-interest of the Plan as defined by ERISA Section 3(14), and accordingly investment transactions in the funds are parties-in-interest transactions. Certain legal and accounting fees and certain administrative expenses relating to the maintenance of participant eligibility records are absorbed by the Company.

I. 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.

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500 - Schedule H - Part IV, Item 4(i))

(See Independent Auditors' Report)

December 31, 2015

(a)	(b)	(c)	(c)	(d)	(e)
Identity of Issuer	Description, including Number of Shares and Interest Rates	Units	Cost	Current Value	
MUTUAL FUNDS:					
	AllianzGI Technology Institutional	17,949.5733	**	\$ 32,366	
	Emerald Growth Institutional	22,785.0977	**	19,976	
	Franklin Utilities Adv	9,753.0126	**	12,478	
	Ivy Real Estate Securities I	17,426.0575	**	21,202	
	JPMorgan Small Cap Value R6	18,710.6031	**	21,230	
	Oppenheimer Gold & Special Minerals Y	81,453.2639	**	31,900	
	Pioneer Bond Y	164,137.7618	**	164,764	
	Victory Incore Fund for Income I	22,844.4963	**	23,274	
	Wells Fargo Adjustable Rate Govt Inst	1,152.9291	**	1,163	
	Wells Fargo Special Mid Cap Value Inst	32,461.3124	**	41,200	
	American Funds 2055 Trgt Date Retire R6	20,179.3624	**	31,785	
	Fidelity Advisor New Insights I	43,780.1670	**	67,292	
	Franklin Small Cap Growth Adv	219.5247	**	254	
	Franklin US Government Secs Adv	7,205.3322	**	7,363	
	Gateway Y	20,325.4639	**	22,985	
	Franklin Mutual European Z	18,573.0515	**	19,689	
	Dreyfus Cash Mgmt Inst Shs	29,621.2555	**	29,123	
	American Century Mid Cap Value Instl	1,334.7563	**	1,938	
	Oppenheimer Senior Floating Rate Y	4,645.1945	**	4,546	
	Goldman Sachs Strategic Income Instl	7,128.0837	**	6,916	
	Vanguard 500 Index Admiral	550,911.6578	**	583,029	
	Nationwide Small Cap Index Instl	184,350.4988	**	290,962	
	Oppenheimer International Bond Y	588.4448	**	647	
	Pioneer Growth Opportunity Y	17,569.8955	**	35,238	
	PIMCO Real Return Instl	3,010.0020	**	4,275	
	American Funds Europacific Growth R6	140,368.7396	**	203,134	
	American Funds 2025 Trgt Date Retire R6	42,177.7439	**	69,557	
	American Funds 2030 Trgt Date Retire R6	3,633.0696	**	6,157	
	American Funds 2035 Trgt Date Retire R6	22,683.3679	**	38,524	
	American Funds 2040 Trgt Date Retire R6	10,823.1576	**	18,449	
	American Funds 2045 Trgt Date Retire R6	7,566.0448	**	12,617	
	American Funds 2050 Trgt Date Retire R6	21,809.6324	**	36,393	
	American Funds 2015 Trgt Date Retire R6	57.1050	**	85	
	American Funds 2010 Trgt Date Retire R6	58.5476	**	85	
	American Funds Income Fund of Amer R6	133,873.3537	**	227,221	
	American Funds Capital Income Bldr R6	4,785.1597	**	7,100	
	American Funds 2020 Trgt Date Retire R6	10,805.0678	**	16,832	
	American Funds Washington Mutual R6	56,790.4204	**	116,134	
	BlackRock Health Sciences Opps Instl	13,918.2476	**	31,329	
	Vanguard Strategic Equity Inv	20,193.8576	**	39,008	
	Total mutual funds			2,298,220	

FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT:

*	Nationwide	Nationwide Fixed Select	11,717.8916	**	11,979
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\$ 2,310,199

* Indicates a party-in-interest (See Note I).

** Costs have been omitted due to participant-directed transactions under and individual account plan.

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

YEARS ENDED DECEMBER 31, 2015 AND 2014

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

YEARS ENDED DECEMBER 31, 2015 AND 2014

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INDEPENDENT AUDITORS' REPORT

**To the Trustees of the
Ohio Motorcycle Group
401(k) Profit Sharing Plan and Trust
Dover, Ohio**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust** (Employer ID #11-3695025, Plan #002), which comprise the statement 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 year ended December 31, 2015, 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 the 2015 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 on the 2015 financial statements.

Basis for Disclaimer of Opinion on the 2015 Financial Statements

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 C, which was certified by The Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company and Capital Bank and Trust Company, the custodians of the Plan, except for comparing information with the related information included in the 2015 financial statements. We have been informed by the plan administrator that Capital Bank and Trust Company held the assets of participating employers transferred into the plan and executed investment transactions from January 1, 2015 to May 11, 2015. The plan administrator has obtained a certification from Nationwide Trust Company as of and for the year ended December 31, 2015, that the information provided to the plan administrator by Nationwide Trust Company is complete and accurate.

Disclaimer of Opinion on the 2015 Financial Statements

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

Other Matters – Report on Supplemental Schedule and Report on 2014 Financial Statements

The supplemental Schedule of Assets (Held at End of Year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is 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 on the 2015 Financial Statements paragraph, we do not express an opinion on the supplemental schedule referred to above.

We have audited the accompanying statement of net assets available for benefits of the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust as of December 31, 2014, and in our report dated September 29, 2015, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust as of December 31, 2014, and changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2015 Financial Statements

The form and content of the information included in the 2015 financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Fair-Fifteen Group". The script is cursive and stylized.

Certified Public Accountants

**Canton, Ohio
October 13, 2016**

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Form 5500 - Schedule H - Part I)**

	December 31,	
	2015	2014
ASSETS:		
Investments, at fair value (See Note D):		
Mutual funds	\$ 2,298,220	\$ -
Fully benefit-responsive investment contract, at contract value	<u>11,979</u>	<u>-</u>
Total investments	2,310,199	-
Receivables:		
Employee contributions	7,837	-
Employer contribution	11,182	-
Employer profit sharing contribution	<u>117,450</u>	<u>128,502</u>
	<u>136,469</u>	<u>128,502</u>
TOTAL ASSETS	2,446,668	128,502
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,446,668</u>	<u>\$ 128,502</u>

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

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
(Form 5500 - Schedule H - Part II)**

	Year Ended December 31, 2015
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in investments including investment income and realized and unrealized gains in fair value of investments at quoted market prices:	
Mutual funds	\$ 954
Contributions:	
Employer	296,872
Employee	216,419
Rollover	36,608
	549,899
Transfers in (Note C)	1,885,522
Total additions	2,436,375
 DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefit payments	(118,209)
Administrative expenses	-
Total deductions	(118,209)
NET INCREASE	2,318,166
 NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	128,502
End of year	\$ 2,446,668

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

**OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2015 AND 2014

A. DESCRIPTION OF THE PLAN:

The following description of the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan agreement and summary plan description for a more complete description of the Plan’s provisions.

General - H & M Acquisitions, LLC (the “Company” and “Plan Sponsor”) established the Ohio Motorcycle Group 401(k) Profit Sharing Plan and Trust effective January 1, 2014. The Plan is a type of qualified retirement plan commonly referred to as a 401(k) plan and covers all employees of the Company who have completed 90 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan’s Trustees oversee governance of the Plan. The Plan allows other employers to adopt its provisions. Ohio MC Riders, LLC, Erie Riders, LLC, Lakeview Motorsports, LLC and TDG Management Company have adopted the Plan as of January 1, 2015.

Contributions - Each year participants may contribute up to 100% of their pre-tax or post-tax (Roth) annual compensation, subject to the maximum amount allowed by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company has elected to match 100% of the participants’ voluntary contributions for the first 3% of compensation and 50% of the participants’ voluntary contributions for the next 2% of compensation, which resulted in matching contributions of \$152,809 for the year ended December 31 2015. Each year, the Company may make discretionary non-elective contributions to each participant. The Company shall provide the Plan administrator with written notification of the amount of the contribution to be allocated to each participant. Discretionary non-elective contributions amounted to \$144,063 and \$128,502 for the years ended December 31, 2015 and 2014, respectively.

With the consent of the Plan administrator, the Plan may accept a participant rollover contribution from other qualified retirement plans. The rollover amounts are allocated to the rollover account of the participant, which is 100% vested at all times and is not subject to forfeitures.

Participant Accounts - Each participant’s account is credited with the participant’s contribution including elective deferrals and rollover contributions and an allocation of the Company’s contribution and Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. All investments of the Plan are fully participant-directed.

Investment Options - Upon enrollment in the Plan, a participant may direct contributions to their accounts into various investment options offered by the Plan and may be changed daily. The Plan’s investment strategies include investments with varying degrees of risk that are subject to the volatility of financial markets.

Forfeited Accounts - Forfeitures which occur pursuant to the Plan may be made available to reinstate previously forfeited account balances of participants who have resumed participation in the Plan or be used to pay any administrative expenses of the Plan. Remaining forfeitures shall be used to reduce any employer discretionary or matching contributions. During the year ended December 31, 2015, no forfeitures were used and there was \$575 available at December 31, 2015.

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF THE PLAN (CONTINUED):

Payment of Benefits - Upon termination of employment due to death, disability or retirement, a participant having a balance of more than \$5,000 may elect to receive a lump-sum distribution equal to the value of the participant's vested interest in his or her account. A participant having a vested account balance less than \$5,000 will receive a lump-sum distribution regardless of whether they consent to receive it.

Non-terminated employees may make withdrawals of a minimum of \$1,000 up to 100% of their vested account balances as a hardship withdrawal prior to reaching normal retirement age. Hardship withdrawals are subject to additional rules and conditions as outlined in the Plan agreement.

Non-terminated employees who have reached age 59 ½ may make withdrawals of a minimum of \$1,000 up to 100% of their vested account balances as an in-service distribution.

Vesting - A participant is fully vested immediately in amounts rolled over from other qualified plans. Vesting attributable to employer matching and non-elective contributions is as follows:

<u>Years of Service</u>	<u>Vesting %</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting - The Plan's financial statements and the Annual Return/Report of Employee Benefit Plan - Form 5500 have been prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Valuation of Investments - 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. The Plan's Trustees determine the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company.

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 purchased and sold, as well as held, during the year.

Payment of Benefits - Benefits are recorded when paid.

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

NOTES TO FINANCIAL STATEMENTS

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

Administrative Expenses - Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain investment management and other fees are paid directly by the Plan. Investment related expenses are included in net appreciation of fair value of investments.

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

Subsequent Events - The Company has evaluated subsequent events through October 13, 2016, which is the date the financial statements were available to be issued.

Recent Accounting Pronouncements - In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-07, *Fair Value Measurement (Topic 820) Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or Its Equivalent)*, ("ASU 2015-07"). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value practical expedient provided by Accounting Standards Codification 820, Fair Value Measurement. Disclosures about investments in certain entities that calculate net asset value per share are limited under ASU 2015-07 to those investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. ASU 2015-07 is effective for entities (other than public business entities) for fiscal years beginning after December 15, 2016, with retrospective application to all periods presented. Early adoption is permitted. The Plan has elected to early adopt ASU 2015-07, and the disclosures in Note D are presented accordingly.

In July 2015, the FASB released ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960) Defined Contribution Pension Plans (Topic 962) Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*, ("ASU 2015-12"). Part I of the ASU eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II of the ASU eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III of the ASU is not applicable to the Plan. ASU 2015-12 is effective for fiscal years beginning after December 31, 2015. Parts I and II are to be applied retrospectively. Management has elected to early adopt Parts I and II and the presentation of the financial statements and notes herein are presented accordingly.

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

NOTES TO FINANCIAL STATEMENTS

C. INFORMATION PROVIDED BY THE CUSTODIANS:

Information including investments held as shown on the statement of net assets available for benefits, and interest and dividend income and net depreciation in fair value as shown on the statement of changes in net assets available for benefits as of December 31, 2015 and for the year then ended, was prepared by or derived from information provided by the Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, the custodian of the Plan as of December 31, 2015, and furnished to the plan administrator. The plan administrator obtained certification of this information from the custodian that the information provided to the plan administrator was complete and accurate.

On May 4, 2015, the trustees of the Company, approved the merger of Ohio MC Riders, LLC, Erie Riders, LLC, and H&M Acquisitions, LLC ("Participating Employers") into the Plan, effective January 1, 2015. As a result, all investments amounting to \$1,885,522 were transferred to the Plan from their respective plans on May 11, 2015.

Capital Bank and Trust Company has certified as to the completeness and accuracy of the investment activity for the period January 1, 2015 to May 11, 2015 for all of the Participating Employers merged into the Plan.

D. FAIR VALUE MEASUREMENTS:

The authoritative accounting guidance establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the authoritative accounting guidance are described as follows:

Level 1 - Fair values are based on quoted prices (unadjusted) in active markets for identical assets that the plan has the ability to access at the measurement date.

Level 2 - Fair values are based on inputs other than quoted price included within level 1 that are observable for valuing the asset or liability, either directly or indirectly. Observable inputs include quoted price for similar assets or liabilities in active or non-active markets. Level 2 inputs may also include insignificant adjustments to market observable inputs.

Level 3 - Fair values are based on unobservable inputs used for valuing the asset or liability. Unobservable inputs are those that reflect the plans own assumptions about the assumptions that market participants would use in pricing the asset, based on the best information available in the circumstances.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

NOTES TO FINANCIAL STATEMENTS

D. FAIR VALUE MEASUREMENTS (CONTINUED):

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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 method is 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015. No assets were held by the Plan as of December 31, 2014.

Fair Value Measurements at December 31, 2015:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 2,298,220	\$ -	\$ -	\$ 2,298,220

E. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT:

The Plan has entered into the Nationwide Fixed Select Option, which is a group fixed annuity contract issued by Nationwide Life Insurance Company to Nationwide Financial Services, Inc., as custodian. The Nationwide Fixed Select Option is a traditional investment contract guaranteed by Nationwide Life Insurance Company that guarantees a rate of interest that will be credited to participant accounts. This contract meets the fully benefit-responsive investment contract criteria and is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Due to the nature of the contract, there are no specific underlying assets assigned. As a result, the average yield earned by the Plan is the yield earned (i.e. interest credited) on the group annuity contract. Under the terms of the existing contract, the crediting rate is reset on a quarterly basis. The crediting interest rate is net of administrative fees.

The contract is backed by the full faith and creditworthiness of the issuer. Guarantees are based on the claims-paying ability of the issuer and not on the value of the securities within the insurer's general account. Key factors that could influence future crediting interest rates are changes in interest rates, and default or credit failures of the securities in the insurer's general assets. Past interest rates are not indicative of future interest rates.

OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

NOTES TO FINANCIAL STATEMENTS

E. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (CONTINUED):

The Fixed Select Option contract does not have a maturity date. The provisions do not provide for a distribution at book value at some specified future date. A contract holder can request a lump sum distribution with a market value adjustment, or an installment payout, at book value, over a period of years. The Fixed Select Option contract continues in force until all assets have been distributed, or no further payments are due. The plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with the plan participants are probable of occurring.

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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 will become 100% vested in their accounts.

G. INCOME TAX STATUS:

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The authoritative accounting guidance requires the plan administrator to evaluate uncertain income tax positions taken by the Plan. The plan administrator has concluded that as of December 31, 2015, there were no uncertain income tax positions taken or expected to be taken by the Plan. The Plan has not recognized any interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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OHIO MOTORCYCLE GROUP
401(k) PROFIT SHARING PLAN AND TRUST
(Employer Federal ID #11-3695025, Plan #002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500 - Schedule H - Part IV, Item 4(i))

(See Independent Auditors' Report)

December 31, 2015

(a)	(b)	(c)	(c)	(d)	(e)
Identity of Issuer	Description, including Number of Shares and Interest Rates	Units	Cost	Current Value	
MUTUAL FUNDS:					
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	Franklin Utilities Adv	9,753.0126	**	12,478	
	Ivy Real Estate Securities I	17,426.0575	**	21,202	
	JPMorgan Small Cap Value R6	18,710.6031	**	21,230	
	Oppenheimer Gold & Special Minerals Y	81,453.2639	**	31,900	
	Pioneer Bond Y	164,137.7618	**	164,764	
	Victory Incore Fund for Income I	22,844.4963	**	23,274	
	Wells Fargo Adjustable Rate Govt Inst	1,152.9291	**	1,163	
	Wells Fargo Special Mid Cap Value Inst	32,461.3124	**	41,200	
	American Funds 2055 Trgt Date Retire R6	20,179.3624	**	31,785	
	Fidelity Advisor New Insights I	43,780.1670	**	67,292	
	Franklin Small Cap Growth Adv	219.5247	**	254	
	Franklin US Government Secs Adv	7,205.3322	**	7,363	
	Gateway Y	20,325.4639	**	22,985	
	Franklin Mutual European Z	18,573.0515	**	19,689	
	Dreyfus Cash Mgmt Inst Shs	29,621.2555	**	29,123	
	American Century Mid Cap Value Instl	1,334.7563	**	1,938	
	Oppenheimer Senior Floating Rate Y	4,645.1945	**	4,546	
	Goldman Sachs Strategic Income Instl	7,128.0837	**	6,916	
	Vanguard 500 Index Admiral	550,911.6578	**	583,029	
	Nationwide Small Cap Index Instl	184,350.4988	**	290,962	
	Oppenheimer International Bond Y	588.4448	**	647	
	Pioneer Growth Opportunity Y	17,569.8955	**	35,238	
	PIMCO Real Return Instl	3,010.0020	**	4,275	
	American Funds Europacific Growth R6	140,368.7396	**	203,134	
	American Funds 2025 Trgt Date Retire R6	42,177.7439	**	69,557	
	American Funds 2030 Trgt Date Retire R6	3,633.0696	**	6,157	
	American Funds 2035 Trgt Date Retire R6	22,683.3679	**	38,524	
	American Funds 2040 Trgt Date Retire R6	10,823.1576	**	18,449	
	American Funds 2045 Trgt Date Retire R6	7,566.0448	**	12,617	
	American Funds 2050 Trgt Date Retire R6	21,809.6324	**	36,393	
	American Funds 2015 Trgt Date Retire R6	57.1050	**	85	
	American Funds 2010 Trgt Date Retire R6	58.5476	**	85	
	American Funds Income Fund of Amer R6	133,873.3537	**	227,221	
	American Funds Capital Income Bldr R6	4,785.1597	**	7,100	
	American Funds 2020 Trgt Date Retire R6	10,805.0678	**	16,832	
	American Funds Washington Mutual R6	56,790.4204	**	116,134	
	BlackRock Health Sciences Opps Instl	13,918.2476	**	31,329	
	Vanguard Strategic Equity Inv	20,193.8576	**	39,008	
	Total mutual funds			2,298,220	

FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT:

*	Nationwide	Nationwide Fixed Select	11,717.8916	**	11,979
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\$ 2,310,199

* Indicates a party-in-interest (See Note I).

** Costs have been omitted due to participant-directed transactions under and individual account plan.