

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div> 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 <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>TAKUMI STAMPING TEXAS INC. 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>02/01/2007</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>TAKUMI STAMPING TEXAS INC.</u> <u>1 LONE STAR PASS BUILDING 40</u> <u>SAN ANTONIO, TX 78264</u>	2b	Employer Identification Number (EIN) <u>75-3178507</u>
		2c	Plan Sponsor's telephone number <u>210-924-3110</u>
		2d	Business code (see instructions) <u>336300</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	Filed with authorized/valid electronic signature.	03/24/2017	LINDA A. VILLARREAL
	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 0
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) 0
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ 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) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2015 <hr/> 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 TAKUMI STAMPING TEXAS INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TAKUMI STAMPING TEXAS INC.	D Employer Identification Number (EIN) 75-3178507	

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
GREAT WEST LIFE AND ANNUITY

(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
84-0467907	68322	940010-01	79	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 3697	(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 MARSH INSURANCE & INVESTMENTS CORP	4 COPLEY PL 6TH FL BOSTON, MA 02116
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1856			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid NFP ADVISOR SERVICES LLC	704 HAWICK CT MURRELLS INLET, SC 29576
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1107			3

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

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

NFP ADVISOR SERVICES LLC

26340 WHISPERING WOODS CIR
PLAINFIELD, IL 60585

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
734			3

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

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

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

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

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

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

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

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

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	60121
5 Current value of plan's interest under this contract in separate accounts at year end	5	687047

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	53740
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c Additions: (1) Contributions deposited during the year	7c(1)	11848	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	751	
(4) Transferred from separate account	7c(4)	13518	
(5) Other (specify below)	7c(5)	2420	
▶ LOAN PAYMENTS			

(6) Total additions	7c(6)	28537
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d Total of balance and additions (add lines 7b and 7c(6))	7d	82277
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3277	
(2) Administration charge made by carrier	7e(2)	753	
(3) Transferred to separate account	7e(3)	18126	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	22156
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	60121
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 TAKUMI STAMPING TEXAS INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TAKUMI STAMPING TEXAS INC.	D Employer Identification Number (EIN) 75-3178507	

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)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	5086	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	3873	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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:

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> 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 <u>TAKUMI STAMPING TEXAS INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TAKUMI STAMPING TEXAS INC.</u>	D Employer Identification Number (EIN) <u>75-3178507</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	30499	22703
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)	683481	687047
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	53740	60121
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	767720	769871

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	767720	769871
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	37133	
(B) Participants	2a(1)(B)	87762	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		124895
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	976	
(F) Other	2b(1)(F)	751	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1727
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-16915
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		-11825
d Total income. Add all income amounts in column (b) and enter total	2d		97882

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	71831	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		71831
f Corrective distributions (see instructions)	2f		21
g Certain deemed distributions of participant loans (see instructions)	2g		14920
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	8959	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8959
j Total expenses. Add all expense amounts in column (b) and enter total	2j		95731

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2151
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: BRITTS & ASSOCIATES, LLP

(2) EIN: 20-2039138

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			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.		X		
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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

<div>A Name of plan TAKUMI STAMPING TEXAS INC. 401(K) PLAN</div>	<div>B Three-digit plan number (PN) ► 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 TAKUMI STAMPING TEXAS INC.</div>	<div>D Employer Identification Number (EIN) 75-3178507</div>

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691708		
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.
---------	--

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): _____

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
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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

TAKUMI STAMPING TEXAS, INC. 401(k) PLAN

FINANCIAL STATEMENTS

Year Ended December 31, 2015

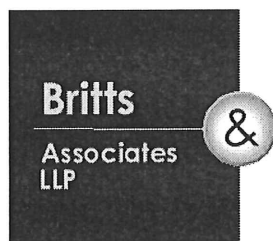
(See Independent Auditor's Report)

Britts & Associates L.L.P.
(A Registered Limited Liability Partnership)
Certified Public Accountants
San Antonio, Texas

Takumi Stamping Texas, Inc. 401(k) Plan

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Britts & Associates L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS
A Registered Limited Liability Partnership

INDEPENDENT AUDITOR'S REPORT

To Those Charged with Governance of
Takumi Stamping Texas, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Takumi Stamping Texas, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the 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 the modified cash basis of accounting, as described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Great-West Life and Annuity Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

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Disclaimer of Opinion

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

Other Matter

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

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

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

A handwritten signature in cursive script that reads "Britts & Associates LLP".

Britts & Associates, LLP
Certified Public Accountants

March 24, 2017

Takumi Stamping Texas, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits
(Modified Cash Basis)
As of December 31, 2015 and 2014

Plan Sponsor EIN: 75-3178507
Plan Number: 940010-01
IRS Plan Number: 001

	<u>2015</u>	<u>2014</u>
ASSETS:		
Participant directed investments:		
Pooled separate accounts - Note C	\$ 687,047	\$ 683,480
Key guaranteed portfolio - Note C	<u>59,871</u>	<u>52,440</u>
Total investments at fair value	<u>746,918</u>	<u>735,920</u>
Other assets:		
Forfeiture account	250	1,300
Contributions receivable - Note A	-	-
Notes receivable-participant loans-net of allowance for uncollectible loans of \$4,420 in 2015 and \$8,787 in 2014 - Note A	<u>18,283</u>	<u>21,713</u>
Total other assets	<u>18,533</u>	<u>23,013</u>
Total assets at fair value	<u><u>765,451</u></u>	<u><u>758,933</u></u>
LIABILITIES:	<u>-</u>	<u>-</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ <u><u>765,451</u></u>	 \$ <u><u>758,933</u></u>

See independent auditor's report and accompanying notes to financial statements.

Takumi Stamping Texas, Inc. 401(k) Plan
Statement of Changes in Net Assets
Available for Benefits
(Modified Cash Basis)
For the Year Ended December 31, 2015

Plan Sponsor EIN: 75-3178507
Plan Number: 940010-01
IRS Plan Number: 001

	<u>2015</u>
ADDITIONS:	
Investment Income:	
Interest income	\$ 751
Participant loan interest income	976
Other Income	(11,825)
Net investment return (loss) - Note C	<u>(16,915)</u>
	(27,013)
Contributions and Deposits:	
Participant deferrals - Note I	87,762
Employer match - Note A	37,133
Employer match paid by forfeitures - Note A	<u>1,073</u>
	125,968
TOTAL ADDITIONS	<u>98,955</u>
DEDUCTIONS:	
Benefits paid to participants	71,173
Corrective distributions	21
Participant loan deemed distributions	14,920
Provision for uncollectible notes receivable-participant loan	(2,636)
Administrative expenses - Note F	<u>8,959</u>
TOTAL DEDUCTIONS	<u>92,437</u>
NET INCREASE	<u>6,518</u>
Net assets available for benefits - beginning of year	<u>758,933</u>
NET ASSETS AVAILABLE FOR	
BENEFITS - END OF YEAR	<u><u>\$ 765,451</u></u>

See independent auditor's report and accompanying notes to financial statements.

Takumi Stamping Texas, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2015

NOTE A – DESCRIPTION OF PLAN

Takumi Stamping Texas, Inc. (Plan Sponsor) formed the Takumi Stamping Texas, Inc. 401 (k) Plan (the Plan) on February 1, 2007. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Eligible employees are those that are 21 years of age and have completed one year of service. The Plan has not elected for automatic enrollment as of December 31, 2015.

Employee Contributions

Each year, participants may contribute up to the lesser of the statutory maximum amount of compensation of 100% of pre-tax annual compensation, as defined by the Plan. Employees over the age of 50 are entitled to make additional catch up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers approximately 30 mutual funds and one money market account as investment options for participants. The Plan is tested on an annual basis for compliance with the discrimination regulations and corrective distributions are made, as necessary. The corrective distributions, if any, are included in the benefit payments to participants.

Rollover Contributions

Participants may contribute amounts representing distributions from other pre-tax retirement benefit plans. There were no rollovers in 2015 and 2014.

Employer Contributions

The Plan Sponsor may make discretionary matching contribution equal to a uniform percentage or dollar amount of a participant's elective deferrals each payroll period. For 2015 and 2014, the employer's matching is in an amount of 50% of elected deferral up to 5% of the gross wages per payroll period.

For the year ended December 31, 2015, the Plan Sponsor contributed \$38,206 in matching contributions and the Forfeiture Account provided \$1,073 in matching contributions.

For the year ended December 31, 2014, the Plan Sponsor contributed \$27,823 in matching contributions and the Forfeiture Account provided \$1,544 in matching contributions.

Takumi Stamping Texas, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (continued)
December 31, 2015

NOTE A – DESCRIPTION OF PLAN (continued)

Investment Options

Participants have the privilege and responsibility to direct the investment of their account balance. The Plan offers participants approximately 30 investment options to choose from. Participants may change their investment options at any time by contacting the Trustee directly or by going online and managing their individual account. The Plan has been designed to meet the ERISA Section 404(c) requirements, which means the participants and not the Plan fiduciaries are responsible for the investment decisions relating to the assets in a participant's individual account.

Notes Receivable-Participant Loans and Allowance for Uncollectible Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their account balance, whichever is less. The loans are secured by the vested balance in the participant's account and bear an interest rate of 4.25% which is commensurate with local prevailing rates as determined quarterly by the Plan administrator.

As of December 31, 2015, five loans were determined to be in default and an allowance for uncollectible loans has been recorded in the amount of \$4,420. The Plan allows for suspension of loan repayments due to leave of absence, however, the suspension period cannot exceed 12 months. The participants have not met the minimum quarterly loan repayment requirements. All other participant loans outstanding as of December 31, 2015 were considered in current status and are within the Plan requirements for repayment.

Notes Receivable-Participant Loans and Allowance for Uncollectible Loans (continued)

As of December 31, 2014, four loans were determined to be in default and an allowance for uncollectible loans has been recorded in the amount of \$8,787. The Plan allows for suspension of loan repayments due to leave of absence, however, the suspension period cannot exceed 12 months. The participants have not met the minimum quarterly loan repayment requirements. All other participant loans outstanding as of December 31, 2014 were considered in current status and are within the Plan requirements for repayment.

Participant Accounts

Each participant account is credited with the participant contribution and allocations of (a) the Plan Sponsor contribution and (b) the Plan earnings, and charged with certain administrative expenses. Allocation of Plan earnings depends on account balances and the investment options selected by the participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant vested account.

Takumi Stamping Texas, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (continued)
December 31, 2015

NOTE A – DESCRIPTION OF PLAN (continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants vested in the Plan Sponsor's contribution portion of their account plus actual earnings thereon are based on the following vesting schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
0	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Forfeitures

The Plan provides that if a participant terminates employment before being fully vested in the employer contribution portion of his account, the participant forfeits the unvested amount and it remains in the Plan. Forfeitures may be used to pay administrative expenses and reduce matching employer contributions. The Forfeiture Account paid \$1,073 and \$1,544 in employer matches during 2015 and 2014, respectively. The forfeiture account balance as of December 31, 2015 and 2014 was \$250 and \$1,300, respectively.

Payment of Benefits

The Plan generally provides that upon termination of employment, a participant will be required to take a lump-sum distribution if his or her vested account balance is less than \$1,000, regardless of consent. The Plan Administrator may direct the Trustee to make an automatic rollover of a terminated participant account if the participant has not returned the required distribution authorizations and the account balance is between \$1,001 and \$5,000. Terminated participants with account balances in excess of \$5,000 will only receive distributions with distribution authorizations. As required by law, participants over the age of 70 ½ must receive minimum required distributions. Accordingly, participants over the age of 70 ½ must complete the appropriate documentation in order that the Trustee can make the required distributions.

Takumi Stamping Texas, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (continued)
December 31, 2015

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Administrative Expenses at the Plan Level

During 2015, the Plan Sponsor has paid \$375 on a quarterly basis to Great West Retirement Services for the general administration and maintenance of the Plan for a total of \$1,500 for the year. These are fees paid directly by the Plan Sponsor to Great-West and are not a part of the Plan financial transactions.

Basis of Accounting

The Plan Administrator has elected to prepare the Plan's financial statements on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under the modified cash basis of accounting, contributions and investment earnings are recorded as they are received and Plan expenses are recorded as they are paid, except for material untransmitted contributions and matches which are recorded as contributions receivable. Also, a provision for uncollectible loans is recorded and interest accrued on participant loans is recorded which are also departures from the unmodified cash basis of accounting. The modified cash basis of accounting is an acceptable method of accounting for employee benefit plans in accordance with Internal Revenue Service and Department of Labor regulations.

Investment Valuation

FASB ASC 820, *Fair Value Measurements and Disclosures*, 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 FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Takumi Stamping Texas, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (continued)
December 31, 2015

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation (continued)

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

The Plan investments are stated at fair value based on Level 2 quoted market prices for similar assets in active markets and have a contractual term which represent the net asset value of shares held by the Plan at year end. Participant loans are based on Level 2 and are valued at amortized, contract cost, which approximates fair value.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and December 31, 2014.

<u>Investments at Fair Value as of December 31, 2015</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>TOTAL</u>
Key Guaranteed Portfolio Fund	\$ -	\$ 59,871	\$ -	\$ 59,871
Forfeitures Account	\$ -	\$ 250	\$ -	\$ 250
Pooled Separate Accounts:	<u>\$ -</u>	<u>\$687,047</u>	<u>\$ -</u>	<u>\$687,047</u>
TOTAL	<u>\$ -</u>	<u>\$747,168</u>	<u>\$ -</u>	<u>\$747,168</u>

<u>Investments at Fair Value as of December 31, 2014</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>TOTAL</u>
Key Guaranteed Portfolio Fund	\$ -	\$ 52,440	\$ -	\$ 52,440
Forfeitures Account	\$ -	\$ 1,300	\$ -	\$ 1,300
Pooled Separate Accounts:	<u>\$ -</u>	<u>\$683,480</u>	<u>\$ -</u>	<u>\$683,480</u>
TOTAL	<u>\$ -</u>	<u>\$737,220</u>	<u>\$ -</u>	<u>\$737,220</u>

Estimates

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

Takumi Stamping Texas, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (continued)
December 31, 2015

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent Events

For the year ended December 31, 2015, the Plan Sponsor has evaluated subsequent events and determined that there were none for the potential recognition and disclosure through March 24, 2017, the date of financial statement issuance.

NOTE C – INVESTMENTS

As of December 31, 2015, the Plan held total investments at fair value of \$747,168. The investments are in pooled separate accounts mutual funds with a fair market value of \$687,047, an unallocated key guaranteed portfolio with a fair market value of \$59,871 and a forfeitures account with a fair market value of \$250. Realized losses total \$(1,838) and unrealized losses total \$(15,077). Total net investments lossess are \$(16,915).

As of December 31, 2014, the Plan held total investments at fair value of \$737,220. The investments are in pooled separate accounts mutual funds with a fair market value of \$683,480, an unallocated key guaranteed portfolio with a fair market value of \$52,440 and a forfeitures account with a fair market value of \$1,300. Realized gains total \$10,341 and unrealized gains total \$15,357. Total net investments gains are \$25,709.

Takumi Stamping Texas, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (continued)
December 31, 2015

NOTE C – INVESTMENTS (continued)

The following presents investments at December 31, 2015 that represent 5% or more of the Plan's net assets:

2015 Investment	Number of Shares Held	Fair Market Value
Key Guaranteed Portfolio Fund		\$ 59,870.90
International Index Fund I	9,226.3248	\$ 73,175.46
Ariel Mid Cap Value Fund I	834.071009	\$ 42,260.97
S&P Mid Cap 400 Index Fund I	4,839.1118	\$ 46,315.10
Ridgeworth Mid-Cap Value Equity A	2,755.4885	\$ 84,742.36
Bond Index Fund I	2,659.9736	\$ 52,503.01
PIMCO Total Return Admin	1,172.6740	\$ 40,285.58

The following presents investments at December 31, 2014 that represent 5% or more of the Plan's net assets:

2014 Investment	Number of Shares Held	Fair Market Value
Key Guaranteed Portfolio Fund		\$ 52,439.50
International Index Fund I	9,226.3248	\$ 97,255.70
S&P Small Cap 600 Index Fund I	1,349.8800	\$ 37,597.02
S&P Mid Cap 400 Index Fund I	4,839.1118	\$ 70,359.97
Ridgeworth Mid-Cap Value Equity A	2,755.4885	\$ 40,283.82
S&P 500 Index Fund I	5,579.6914	\$112,162.42
Invesco Comstock R	2,659.9736	\$ 41,455.16
Great-West Bond Index Fund I	1,172.6740	\$ 57,267.83

During the year ended December 31, 2015 the Plan investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$(16,915) (all level 2 valuation). The funds offered are diversified in accordance with Department of Labor regulations.

During the year ended December 31, 2014 the Plan investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$25,709 (all level 2 valuation). The funds offered are diversified in accordance with Department of Labor regulations.

The investment transactions are recorded on the trade date.

Takumi Stamping Texas, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (continued)
December 31, 2015

NOTE D – FULLY-BENEFIT RESPONSIVE INVESTMENT CONTRACT

The Plan holds a fully-benefit responsive group annuity contract for participant initiated transactions. The Key Guaranteed Portfolio Fund Investment choice in Takumi Stamping Texas, Inc. 401(k) Plan Group Annuity Contract is a general, unallocated account and complies with the FASB fully-responsive requirements, and thus is reportable at contract value in the financial statements. This is not a guaranteed investment contract.

Since contract value is fair value according to FASB standards, the average yield earned by the Plan is equal to the average yield earned by the Plan adjusted to reflect the actual interest rate credited to the Plan participants.

The contract operates as follows:

The contract may be modified at any time as necessary to conform to changes in tax or other law. The contract is non-participating. Existing account offerings may be altered with a 60 day advance written notice. The interest crediting rate is reset quarterly.

The average yield for 2015 and 2014 are as noted:

	<u>2015</u>	<u>2014</u>
Based on annualized earnings:	1.20%	1.30%
Based on actual interest rate credited to participants:	1.20%	1.30%

These values are derived by averaging the quarterly gross interest rates for the funds over the year.

NOTE E – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Trustee as of and for the year ended December 31, 2015 and 2014. Contract value is fair market value.

	2015	2014
Pooled Separate Investment Accounts (contract value)	\$687,047	\$683,480
Key Guaranteed Portfolio Account (contract value)	\$ 59,871	\$ 52,440
Forfeiture Account	\$ 250	\$ 1,300
Interest Income	\$ 751	\$ 257
Net Investment Return (Loss)	\$ (16,915)	\$ 25,709
Participant Loans (at gross)	\$ 44,379	\$ 30,499

Takumi Stamping Texas, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (continued)
December 31, 2015

**NOTE F – RELATED PARTY (PARTY-IN-INTEREST) TRANSACTIONS AND
FEES CHARGED TO INDIVIDUAL PARTICIPANT ACCOUNTS**

Great-West Life & Annuity Insurance Company, a party-in interest and Plan Service Provider, charges annual fees for each participant account maintained by the Trustee, which is charged directly to the individual participant accounts. In addition, Great-West Retirement Services, Plan Investment Advisor, a party-in-interest, also charges certain transaction fees which are charged directly to the individual participant accounts. Orchard Trust Company is the Trustee as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions.

The Trustee charges individual participant accounts for certain transaction fees relating to the maintenance of the participant accounts. For the Plan year ended December 31, 2015, the fees were:

Managed Account Fees (Qtly Fund Expense)	\$3,873
Quarterly Group Annuity Contract Charges	4,597
Plan Withdrawal-Disbursement Backend Load Penalties	<u>489</u>
Total Fees	<u><u>\$8,959</u></u>

The Trustee also deducts loan origination fees and disbursement fees from the net loan proceeds for participant loans. For the Plan year ended December 31, 2015, these fees were:

Loan Disbursement Fees (Withdrawal Charge)	
(withheld directly from participant disbursements)	\$155
Loan Origination Fees	\$525

Other parties-in-interest are the Plan Sponsor, Takumi Stamping Texas, Inc., and the owners, directors, officers and employees of Takumi Stamping Texas, Inc.

NOTE G – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested on all amounts credited to their accounts.

Takumi Stamping Texas, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (continued)
December 31, 2015

NOTE H – TAX STATUS

The Prototype Non-standard Profit Sharing Plan with CODA (cash or deferred arrangement) obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC), and that any employee benefit plans adopting such prototype plan, will be similarly qualified.

The Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Since the Takumi Stamping Texas, Inc. 401(k) Plan is such a plan, the Plan and Trust are also designed in accordance with the applicable sections of the IRC.

The Plan was updated during 2014 to comply with the PPA (Pension Protection Act). All Defined Contributions plan documents must be restated no later than April 30, 2016 to incorporate these provisions. The significant provisions of PPA provides statutory authority to enroll workers in 401(k) plans automatically, allows automatic contributions to be returned without tax penalty upon employee opt-out within 90 days of enrollment, provides for protection from loss of employee contributions during the opt out period, expands disclosure requirements and incorporates previous amendments.

The Plan Administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. As of December 31, 2015 the tax years that remain subject to examination by taxing authorities begin with 2012.

**NOTE I – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H
OF FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2015 and 2014, to Schedule H of Form 5500 (reconciles to beginning net assets available for benefits for current year):

	2015	2014
Net assets available for benefits per Schedule H of Form 5500	\$769,871	\$767,720
Accrued Participant Contributions and Employer Match	-	-
Allowance for Uncollectible Loans	(4,420)	(8,787)
Net assets available for benefits per Financial Statements	<u>\$765,451</u>	<u>\$758,933</u>

Takumi Stamping Texas, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS (continued)
December 31, 2015

**NOTE I – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H
OF FORM 5500 (continued)**

See **Note A** for Contributions Receivable: Delinquent and Untransmitted Contributions and Matches and Notes Receivable-Participant Loans and Allowance for Uncollectible Loans.

NOTE J – MATERIAL CONCENTRATIONS OF RISK

There are no material concentrations of investments and other risks other than those of the general economy.

NOTE K – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities and there are no significant concentrations of credit risk. 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.

SUPPLEMENTAL SCHEDULES

Takumi Stamping Texas, Inc. 401(K) Plan
Plan Sponsor's Employer Identification Number: 75-3178507
Plan Number: 940010-01, IRS Plan Number: 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

	December 31, 2015										Column (e) Current value
	Column (a)		Column (b)		Column (c)				Column (d)		
	Identity of issue, borrower lessor or similar party	Fund ID	Description of investment including maturity date, rate of interest, collateral, par or maturity value				2015 Interest Rate 1.200%	2015 Unit value N/A	Cost	Participant Directed	
*	Great-West Life & Annuity Insurance Co.	IK GPF	Key Guaranteed Portfolio Fund						\$ 58,007.66	\$ 59,870.90	
*	Great-West Life & Annuity Insurance Co.	IPBAXCP	Great-West Conserv Profile II Fund I				Units	Unit value	3,162.69	3,096.43	
*	Great-West Life & Annuity Insurance Co.	IPBAXMP	Great-West Moderate Profile II Fund I				1551.9219	0.0732	3,088.78	4,169.90	
*	Great-West Life & Annuity Insurance Co.	IPBAXAP	Great-West Aggressive Profile II Fund I				363.8947	11.4591	13,513.07	18,728.71	
*	Great-West Life & Annuity Insurance Co.	192AFEP	American Funds Europacific Growth R3				955.1568	19.6080	17,905.49	16,737.51	
*	Great-West Life & Annuity Insurance Co.	1296MI	Great-West International Index Fund I				1223.7394	13.6773	75,547.60	73,175.46	
*	Great-West Life & Annuity Insurance Co.	1381GN	Great-West MFS Intl Value Fund I				9226.3248	7.9312	33,277.66	33,001.82	
*	Great-West Life & Annuity Insurance Co.	186OGA	Oppenheimer Global A				729.7035	50.7211	37,495.97	37,011.38	
*	Great-West Life & Annuity Insurance Co.	1434REI	Great-West Real Estate Index Initial				1790.9326	12.8966	21,349.42	23,096.97	
*	Great-West Life & Annuity Insurance Co.	1SVAXAS	Great-West Ariel Mid Cap Value Fund I						43,467.25	42,260.97	
*	Great-West Life & Annuity Insurance Co.	1492GV	Great-West Invesco Small Cap Value Fund I						7,907.72	7,697.36	
*	Great-West Life & Annuity Insurance Co.	193MX6	Great-West S&P Smallcap 600 Index Fund I				1349.8800	25.9154	29,335.69	34,982.72	
*	Great-West Life & Annuity Insurance Co.	1371LI	Clearbridge Samill Cap Growth A						3,098.55	3,116.33	
*	Great-West Life & Annuity Insurance Co.	1245RTK	Royce Total Return K				450.8821	3.9914	1,828.63	1,799.63	
*	Great-West Life & Annuity Insurance Co.	175AA	Ariel Appreciation				387.3014	74.7529	31,043.86	28,951.92	
*	Great-West Life & Annuity Insurance Co.	1295MM	Great-West S&P Mid Cap 400 Index Fund I				4839.1118	9.5710	45,355.42	46,315.10	
*	Great-West Life & Annuity Insurance Co.	IMGRXTM	Great-West T. Rowe Price Midcap Gr Fund I				422.1905	63.8747	18,879.46	26,967.31	
*	Great-West Life & Annuity Insurance Co.	1292RQ	Ridgworth Mid-Cap Value Equity A				2755.4885	10.9549	24,773.43	30,186.05	
*	Great-West Life & Annuity Insurance Co.	195AFGF	American Funds Growth Fund of Amer R3				533.1652	21.7616	11,484.98	11,602.53	
*	Great-West Life & Annuity Insurance Co.	1294CD	Columbia Diversified Equity Income A				410.9203	24.7158	10,157.16	10,156.22	
*	Great-West Life & Annuity Insurance Co.	1293MA	Great-West American Century Gr Fund I				0.0309	77,361.8937	2,432.00	2,389.09	
*	Great-West Life & Annuity Insurance Co.	194MX5	Great-West S&P 500 Index Fund I				5579.6914	15.1876	79,972.53	84,742.36	
*	Great-West Life & Annuity Insurance Co.	180TEIX	Great-West T. Rowe Price Eq Inc Fund I				527.4600	2.4264	1,313.79	1,279.83	
*	Great-West Life & Annuity Insurance Co.	1147VS	Invesco Comstock R				2659.9736	6.9550	18,087.62	18,500.19	
*	Great-West Life & Annuity Insurance Co.	13262JD	JD Morgan Disciplined Equity A						32,301.45	31,984.15	
*	Great-West Life & Annuity Insurance Co.	ILGRMAR	Marisco Focus				117.2255	19.6955	2,316.65	2,308.82	
*	Great-West Life & Annuity Insurance Co.	IBIMXBI	Great-West Bond Index Fund I				1172.6740	44.7720	52,771.83	52,503.01	
*	Great-West Life & Annuity Insurance Co.	IBIMPTR	PIMCO Total Return Admin				1051.2323	38.3222	40623.59	40,285.58	
			Total Mutual Funds							687,047.35	
*	Participant Loans-net of allowance for uncollectible loans of \$4,420		14 Participant Loans				4.25% rate of interest, maturity 12-60 months		-0-	18,283.10	
	* - Party in interest		Total						\$	765,201.35	

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IPBAXCP			3,162.69	3,096.43
IPBAXMP			3,088.78	4,169.90
IPBAXAP			13,513.07	18,728.71
192AFEP			17,905.49	16,737.51
1296MI			75,547.60	73,175.46
1381GN			33,277.66	33,001.82
186OGA			37,495.97	37,011.38
1434REI			21,349.42	23,096.97
ISVAXAS			43,467.25	42,260.97
1492GV			7,907.72	7,697.36
193MX6			29,335.69	34,982.72
1371LI			3,098.55	3,116.33
1245RTK			1,828.63	1,799.63
175AA			31,043.86	28,951.92
1295MM			45,355.42	46,315.10
IMGRXTM			18,879.46	26,967.31
1292RQ			24,773.43	30,186.05
195AFGF			11,484.98	11,602.53
1294CD			10,157.16	10,156.22
1293MA			2,432.00	2,389.09
194MX5			79,972.53	84,742.36
180TEIX			1,313.79	1,279.83
1147VS			18,087.62	18,500.19
1362JD			32,301.45	31,984.15
ILGRMAR			2,316.65	2,308.82
IBIMXBI			52,771.83	52,503.01
IBIMPTR			40,623.59	40,285.58
IKGPF		1.200	58,007.66	59,870.90
			720,499.95	746,918.25
PARTICIPANT LOANS				
	VARIOUS	4.250-4.250	22,650.45	22,703.10
FORFEITURES			34.98	250.08

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1PBAXCP	Great-West Conserv Profile II Fund I	1PBAXMP	Great-West Moderate Profile II Fund I
1PBAXAP	Great-West Aggressive Profile II Fund I	192AFEP	American Funds EuroPacific Growth R3
1296MI	Great-West International Index Fund I	1381GN	Great-West MFS Intl Value Fund I
186OGA	Oppenheimer Global A	1434REI	Great-West Real Estate Index Initial
1SVAXAS	Great-West Ariel Mid Cap Value Fund I	1492GV	Great-West Invesco SmallCap Value Fund I
193MX6	Great-West S&P SmallCap 600 Index Fund I	1371LI	ClearBridge Small Cap Growth A
1245RTK	Royce Total Return K	175AA	Ariel Appreciation
1295MM	Great-West S&P Mid Cap 400 Index Fund I	1MGRXTM	Great-West T Rowe Price MidCap Gr Fund I
1292RQ	RidgeWorth Mid-Cap Value Equity A	195AFGF	American Funds Growth Fund of Amer R3
1294CD	Columbia Diversified Equity Income A	1293MA	Great-West American Century Gr Fund I
194MX5	Great-West S&P 500 Index Fund I	180TEIX	Great-West T. Rowe Price Eq Inc Fund I
1147VS	Invesco Comstock R	1362JD	JPMorgan Disciplined Equity A
1LGRMAR	Marsico Focus	1BIMXBI	Great-West Bond Index Fund I
1BIMPTR	PIMCO Total Return Admin	1KGPF	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year