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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2011</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                            |

|                                                                                                                                                                                                                   |                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                    | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                    |
| <b>1a</b> Name of plan<br><u>DEALER DOT COM, INC. 401(K) PLAN</u>                                                                                                                                                 | <b>1b</b> Three-digit plan number (PN) ► <u>001</u><br><b>1c</b> Effective date of plan<br><u>01/01/2003</u>                                                                                      |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>DEALER DOT COM, INC.</u><br><br><u>1 HOWARD STREET</u><br><u>BURLINGTON, VT 05401</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>03-0360483</u><br><b>2c</b> Sponsor's telephone number<br><u>802-658-0965</u><br><b>2d</b> Business code (see instructions)<br><u>517000</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.

|                  |                                                          |                   |                                                              |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>07/18/2012</u> | <u>JENNIFER GREGG</u>                                        |
|                  | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>07/18/2012</u> | <u>JENNIFER GREGG</u>                                        |
|                  | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |

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|                                                                                                                                                                |                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>DEALER DOT COM, INC.<br><br>1 HOWARD STREET<br>BURLINGTON, VT 05401 | <b>3b</b> Administrator's EIN<br>03-0360483<br><br><b>3c</b> Administrator's telephone number<br>802-658-0965 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 415 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 553 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 39  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 592 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 592 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 565 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 6   |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2F 2G 2J 2K 3D 2E

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | <b>2011</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | <b>This Form is Open to Public Inspection</b> |

For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

|                                                                                              |                                                                    |            |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>DEALER DOT COM, INC. 401(K) PLAN</b>                             | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
|                                                                                              |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DEALER DOT COM, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>03-0360483</b> |            |

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

**1** Coverage Information:

(a) Name of insurance carrier

**JOHN HANCOCK LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 01-0233346 | 65838         | 22207                                 | 597                                                                         | 01/01/2011              | 12/31/2011 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 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 |
| 21023                                | 237                           |

**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

**SALOMON SMITH BARNEY**  
**69 SWIFT STREET 4TH FLOOR**  
**BURLINGTON, VT 05403**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 21023                                         |                                 |             | 3                     |

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

**VANGUARD GROUP**  
**PO BOX 1110**  
**VALLEY FORGE, PA 19482**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                 | (e) Organization code |
|-----------------------------------------------|---------------------------------|-----------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose     |                       |
|                                               | 96                              | REDEMPTION FEES | 5                     |

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Schedule A (Form 5500) 2011  
 v.012611

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

MORGAN STANLEY SMITH BARNEY

2000 WESTCHESTER AVE  
PURCHASE, NY 10577

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
|                                               | 116                             | OTHER ALLOWANCES | 5                     |

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

RETIREMENT SOLUTIONS

162 N MAIN STREET STE 204  
BARRE, VT 05641

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                      | (e) Organization code |
|-----------------------------------------------|---------------------------------|----------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose          |                       |
|                                               | 25                              | IRA ROLLOVER PAYMENT | 5                     |

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

VANGUARD GROUP INC

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             | 5                     |

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

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

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

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

**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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 6774403 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year .....                                      | <b>7b</b>    | 1603 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                       | <b>7c(1)</b> | 2250 |
| (2) Dividends and credits .....                                                             | <b>7c(2)</b> |      |
| (3) Interest credited during the year .....                                                 | <b>7c(3)</b> | 34   |
| (4) Transferred from separate account .....                                                 | <b>7c(4)</b> | 6062 |
| (5) Other (specify below) .....                                                             | <b>7c(5)</b> |      |
| ▶                                                                                           |              |      |
| (6) Total additions .....                                                                   | <b>7c(6)</b> | 8346 |
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....               | <b>7d</b>    | 9949 |
| <b>e</b> Deductions:                                                                        |              |      |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....             | <b>7e(1)</b> |      |
| (2) Administration charge made by carrier .....                                             | <b>7e(2)</b> | 19   |
| (3) Transferred to separate account .....                                                   | <b>7e(3)</b> |      |
| (4) Other (specify below) .....                                                             | <b>7e(4)</b> |      |
| ▶                                                                                           |              |      |
| (5) Total deductions .....                                                                  | <b>7e(5)</b> | 19   |
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... | <b>7f</b>    | 9930 |

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</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, item 2 above, report amount. .... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

|                                                                                                     |                                                                            |            |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>DEALER DOT COM, INC. 401(K) PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>DEALER DOT COM, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>03-0360483</u>         |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                              |                               |                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFESTYLE AGGRESSIVE</u>                   |                               |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1020852</u></span> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFESTYLE GROWTH</u>                       |                               |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>2159986</u></span> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFESTYLE BALANCED</u>                     |                               |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1143493</u></span> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFESTYLE CONSERVATIVE</u>                 |                               |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>61988</u></span>   |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>REAL EST. SECURITIES FUND</u>              |                               |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>22296</u></span>   |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTL SMALL CAP FUND</u>                    |                               |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>10687</u></span>   |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>OPPENHEIMER DEVELOPING MKT</u>             |                               |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>228218</u></span>  |  |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ENERGY                                 |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 146347 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND               |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36096  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND                     |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1388   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH               |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29821  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH INDEX                 |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43440  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND                 |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63044  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND              |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25943  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL SERVICES FUN                 |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7838   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND                   |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28506  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE              |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30446  |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INV SMALL CAP GROWTH                   |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9279   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND                |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65627  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH              |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27710  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI               |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 213569 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND                   |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6128   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTHN FUND                 |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67879  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND                     |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49691  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL                     |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28666  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE                     |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131947 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND                         |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5427   |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND              |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10061 |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD                        |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30036 |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DOMINI SOCIAL EQUITY                   |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                          |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1783 |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP VALUE FUND                     |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18719 |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPM MIDCAP VALUE FUND                  |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14641 |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES                          |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74326 |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND          |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17558 |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME FUND                     |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38985 |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE            |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                          |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3552 |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE                 |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75073 |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">MONEY MARKET FUND</a>                      |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">244524</a> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">T ROWE PRICE EQUITY INC</a>                |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">58704</a> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">500 INDEX FUND</a>                         |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">101245</a> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">MUTUAL BEACON</a>                          |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">28152</a> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AMERICAN BALANCED FUND</a>                 |                                        |                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">8352</a> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">MUTUAL GLOBAL DISCOVERY</a>                |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">15419</a> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">US HIGH YIELD BOND FUND</a>                |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">57985</a> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">OPPENHEIMER INTL BOND</a>                  |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">69766</a> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">T ROWE PRICE SPECTRUM INC</a>              |                                        |                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                           |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">27413</a> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PIMCO TOTAL RETURN</a>                     |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">132403</a> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **SHORT TERM FEDERAL****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY****c** EIN-PN **01-0233346-000****d** Entity  
code **P****e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**79397****a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>DEALER DOT COM, INC. 401(K) PLAN</u>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>001</u>     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>DEALER DOT COM, INC.</u>                                                                                                                                                                             |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><br><u>03-0360483</u>                    |

| Part I   | Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> | 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. <b>Round off amounts to the nearest dollar.</b> 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. |                 |                       |                 |
|          | <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
| <b>a</b> | Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 10212                 | 18053           |
| <b>b</b> | Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
|          | <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1b(1)</b>    |                       |                 |
|          | <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1b(2)</b>    |                       |                 |
|          | <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1b(3)</b>    |                       |                 |
| <b>c</b> | General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
|          | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(1)</b>    |                       |                 |
|          | <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(2)</b>    |                       |                 |
|          | <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                       |                 |
|          | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(A)</b> |                       |                 |
|          | <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(B)</b> |                       |                 |
|          | <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
|          | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(4)(A)</b> |                       |                 |
|          | <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(4)(B)</b> |                       |                 |
|          | <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(5)</b>    |                       |                 |
|          | <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(6)</b>    |                       |                 |
|          | <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(7)</b>    |                       |                 |
|          | <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(8)</b>    |                       |                 |
|          | <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(9)</b>    |                       |                 |
|          | <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c(10)</b>   | 4102216               | 6774403         |
|          | <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(11)</b>   |                       |                 |
|          | <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(12)</b>   |                       |                 |
|          | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(13)</b>   |                       |                 |
|          | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(14)</b>   | 1603                  | 9930            |
|          | <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 4114031               | 6802386         |

**Liabilities**

|                                                                           |           |   |  |
|---------------------------------------------------------------------------|-----------|---|--|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |  |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |  |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 |  |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 4114031 | 6802386 |
|-----------------------------------------------------------|-----------|---------|---------|

**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: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 627262     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1794078    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 702383     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3123723   |

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

|                                                                                                      |                 |    |    |
|------------------------------------------------------------------------------------------------------|-----------------|----|----|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 34 |    |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |    |    |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |    |    |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |    |    |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |    |    |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |    |    |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |    | 34 |

|                                                                                           |                 |  |  |
|-------------------------------------------------------------------------------------------|-----------------|--|--|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |  |  |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |  |  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |  |  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |  |  |
| (3) Rents .....                                                                           | <b>2b(3)</b>    |  |  |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |  |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  |  |

|                                                                                                          |                 | (a) Amount | (b) Total |
|----------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....              | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            |           |
| <b>(6)</b> Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| <b>(7)</b> Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | -227633   |
| <b>(8)</b> Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| <b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| <b>(10)</b> Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                               | <b>2c</b>       |            | 7842      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....                  | <b>2d</b>       |            | 2903966   |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| <b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....     | <b>2e(1)</b> | 182702 |        |
| <b>(2)</b> To insurance carriers for the provision of benefits .....                       | <b>2e(2)</b> |        |        |
| <b>(3)</b> Other .....                                                                     | <b>2e(3)</b> |        |        |
| <b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....         | <b>2e(4)</b> |        | 182702 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....                       | <b>2i(1)</b> | 32813  |        |
| <b>(2)</b> Contract administrator fees .....                                               | <b>2i(2)</b> |        |        |
| <b>(3)</b> Investment advisory and management fees .....                                   | <b>2i(3)</b> |        |        |
| <b>(4)</b> Other .....                                                                     | <b>2i(4)</b> | 96     |        |
| <b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....  | <b>2i(5)</b> |        | 32909  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 215611 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2688355 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| <b>(1)</b> To this plan.....                                                  | <b>2l(1)</b> |  |         |
| <b>(2)</b> From this plan .....                                               | <b>2l(2)</b> |  |         |

**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: MCSOLEY MCCOY & CO.

**(2)** EIN: 03-0327374

**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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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. ....                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |        |

- 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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

|                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>DEALER DOT COM, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>DEALER DOT COM, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>03-0360483</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                                                                                   |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                             | <b>1</b> |
| <b>2</b> 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):<br><br>EIN(s): <u>01-0233346</u><br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                   | <b>3</b> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 items 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 items 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 items 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 items 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 items 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 items 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 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 items (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 item 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

Dealer Dot Com, Inc. 401(k) Plan  
Financial Statements and Schedule  
(With Independent Auditors' Report)  
December 31, 2011 and 2010

Dealer Dot Com, Inc. 401(k) Plan  
December 31, 2011 and 2010

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Independent Auditors' Report

To the Retirement Committee  
Dealer Dot Com, Inc. 401(k) Plan  
Burlington, Vermont

We were engaged to audit the accompanying financial statements and schedule of the Dealer Dot Com, Inc. 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

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 described in Note 3, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. The Plan Administrator has informed us that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian, as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we were unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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.



June 20, 2012  
VT Reg. No. 92-349

Dealer Dot Com, Inc. 401(k) Plan  
Statements of Net Assets Available for Plan Benefits  
December 31, 2011 and 2010

|                                                           | <u>2011</u>         | <u>2010</u>         |
|-----------------------------------------------------------|---------------------|---------------------|
| Investment contract with John Hancock Life Insurance Co.: |                     |                     |
| Interest in pooled separate accounts                      | \$ 6,774,403        | \$ 4,102,216        |
| Guaranteed interest account                               | 9,930               | 1,603               |
| Cash account                                              | <u>18,053</u>       | <u>10,212</u>       |
| Net assets available for plan benefits                    | <u>\$ 6,802,386</u> | <u>\$ 4,114,031</u> |

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

Dealer Dot Com, Inc. 401(k) Plan  
Statements of Changes in Net Assets Available for Plan Benefits  
For the Years Ended December 31, 2011 and 2010

|                                                            | <u>2011</u>         | <u>2010</u>         |
|------------------------------------------------------------|---------------------|---------------------|
| Additions to net assets attributed to:                     |                     |                     |
| Investment income (loss):                                  |                     |                     |
| Net investment income (loss) from pooled separate accounts | \$ (228,330)        | \$ 486,908          |
| Interest and dividends                                     | 34                  | 17                  |
| Other                                                      | <u>-</u>            | <u>4,568</u>        |
| Total investment income (loss)                             | <u>(228,296)</u>    | <u>491,493</u>      |
| Contributions:                                             |                     |                     |
| Participant deferrals                                      | 1,794,775           | 930,100             |
| Participant rollovers                                      | 692,360             | 49,481              |
| Employer match                                             | <u>631,649</u>      | <u>331,568</u>      |
| Total contributions                                        | <u>3,118,784</u>    | <u>1,311,149</u>    |
| Total additions                                            | <u>2,890,488</u>    | <u>1,802,642</u>    |
| Deductions from net assets attributed to:                  |                     |                     |
| Benefits paid to participants                              | 169,224             | 147,743             |
| Administration fees                                        | <u>32,909</u>       | <u>21,105</u>       |
| Total deductions                                           | <u>202,133</u>      | <u>168,848</u>      |
| Increase in net assets available for plan benefits         | 2,688,355           | 1,633,794           |
| Net assets available for plan benefits:                    |                     |                     |
| Beginning of year                                          | <u>4,114,031</u>    | <u>2,480,237</u>    |
| End of year                                                | <u>\$ 6,802,386</u> | <u>\$ 4,114,031</u> |

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

Dealer Dot Com, Inc. 401(k) Plan  
Notes to Financial Statements  
December 31, 2011 and 2010

1. DESCRIPTION OF PLAN

The following description of the Dealer Dot Com, Inc. (the "Company" or "Employer") 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

- (a) General - The Plan is a defined contribution 401(k) plan covering substantially all employees of the Company. Participants may join the Plan on the first day of the month after 90 days of service, as defined in the Plan, and the attainment of 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- (b) Contributions - Participants may contribute up to 100% of pretax annual compensation, as defined in the Plan, up to Internal Revenue Code (IRC) contribution limits. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company matches 50 percent of the first 5 percent of compensation that a participant contributes to the Plan. Additional amounts may be contributed at the discretion of the Company's Board of Directors and are invested according to participant direction. No discretionary contributions were made during 2011 and 2010. The Plan was amended effective July 1, 2011 to provide for automatic enrollment at 3% upon meeting the eligibility requirements.
- (c) Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of investment expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- (d) Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 33% vested after one year of credited service and 100% vested after two years of credited service.
- (e) Withdrawals and Benefits - Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Non-vested portions are maintained by the Plan in the forfeiture account to be used to reduce future Company matches. Hardship distributions are permitted in an amount not to exceed the total participant's elective deferral amount. A participant shall be prohibited from making elective deferrals for six months following a hardship distribution. No other in-service distributions are allowed.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- (a) Basis of Accounting - The financial statements of the Plan are prepared under the accrual basis of accounting.
- (b) Cash and Cash Equivalents - The Plan considers all cash and highly liquid, short-term investment funds held to be cash equivalents.
- (c) Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Dealer Dot Com, Inc. 401(k) Plan  
Notes to Financial Statements  
December 31, 2011 and 2010

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

- (d) Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Quoted market prices are used to value investments, which represent the net asset value of shares held by the Plan at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

- (e) Administrative Fees - The Plan pays certain record keeping and custodian fees. All other administrative costs of the Plan are paid by the Company.
- (f) Risks and Uncertainties - The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.
- (g) Payment of Benefits - Benefits are recorded when paid.
- (h) Participant Loans - The Plan does not allow participant loans.
- (i) Forfeited Accounts - Forfeitures are used to reduce future employer contributions and in 2011 and 2010, no forfeitures were used to reduce employer contributions. At December 31, 2011 and 2010, there was \$18,053 and \$10,212, respectively in forfeited nonvested accounts.
- (j) Subsequent Events - In accordance with FASB ASC 855, the Plan evaluated subsequent events through June 20, 2012, the date the Plan's financial statements were available to be used no events or transactions have occurred.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN

The plan administrator has elected the method of compliance 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. Accordingly, John Hancock Life Insurance Company, the custodian of the Plan assets, certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for plan benefits as of December 31, 2011 and 2010, the schedule of assets held for investment purposes as of December 31, 2011 and the related investment activity reflected in the statements of changes in net assets available for plan benefits for the years ended December 31, 2011 and 2010.

4. INVESTMENTS

The following investments at December 31, 2011 and 2010 represent 5% or more of the Plan's net assets:

|                                  | <u>2011</u>  | <u>2010</u> |
|----------------------------------|--------------|-------------|
| John Hancock Life Insurance Co.: |              |             |
| Lifestyle- Balance               | \$ 1,143,493 | \$ 573,800  |
| Lifestyle- Growth                | 2,159,986    | 1,069,696   |
| Lifestyle- Aggressive            | 1,020,852    | 851,622     |

The net unrealized appreciation or depreciation is reported together with realized gains and losses in the statements of changes in net assets available for plan benefits.

## 5. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a 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 or similar 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.

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

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. There have been no changes in the methodologies used at December 31, 2011 and 2010.

*Pooled separate accounts and guaranteed investment accounts:* The guaranteed income funds are presumed to be at contract value in light of the credit worthiness of the issuer. The pooled separate accounts whose sole asset is an underlying mutual fund are reported at fair value based on the quoted market prices of the underlying mutual funds. Pooled separate accounts that consist of investment funds made up of a variety of different investment assets are valued on the aggregate fair value of the underlying assets. The units of these pooled separate accounts are not actively traded. Accordingly, each individual underlying assets is evaluated to determine where its fair value measurement falls within the fair value hierarchy. The entire pooled separate account fund is included within the fair value hierarchy based on the lowest level of any asset, or group of assets, that is significant to the overall fair value measurement.

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

Dealer Dot Com, Inc. 401(k) Plan  
Notes to Financial Statements  
December 31, 2011 and 2010

FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

Assets at Fair Value as of December 31, 2011

|                           | <u>(Level 1)</u>    | <u>(Level 2)</u> | <u>(Level 3)</u> | <u>Total</u>        |
|---------------------------|---------------------|------------------|------------------|---------------------|
| Guaranteed interest acct  | \$ -                | \$ 9,930         | \$ -             | \$ 9,930            |
| Cash account              | 18,053              | -                | -                | 18,053              |
| Pooled separate accounts: |                     |                  |                  |                     |
| Lifestyle funds           | 4,518,266           | -                | -                | 4,518,266           |
| Income funds              | 366,964             | -                | -                | 366,964             |
| Growth funds              | 449,043             | -                | -                | 449,043             |
| Growth and income funds   | 255,359             | -                | -                | 255,359             |
| Aggressive growth funds   | 940,247             | -                | -                | 940,247             |
| Conservative funds        | 244,524             | -                | -                | 244,524             |
| Total                     | <u>\$ 6,792,456</u> | <u>\$ 9,930</u>  | <u>\$ -</u>      | <u>\$ 6,802,386</u> |

Assets at Fair Value as of December 31, 2010

|                           | <u>(Level 1)</u>    | <u>(Level 2)</u> | <u>(Level 3)</u> | <u>Total</u>        |
|---------------------------|---------------------|------------------|------------------|---------------------|
| Guaranteed interest acct  | \$ -                | \$ 1,603         | \$ -             | \$ 1,603            |
| Cash account              | 10,212              | -                | -                | 10,212              |
| Pooled separate accounts: |                     |                  |                  |                     |
| Lifestyle funds           | 2,629,294           | -                | -                | 2,629,294           |
| Income funds              | 105,141             | -                | -                | 105,141             |
| Growth funds              | 283,924             | -                | -                | 283,924             |
| Growth and income funds   | 163,335             | -                | -                | 163,335             |
| Aggressive growth funds   | 679,428             | -                | -                | 679,428             |
| Conservative funds        | 241,094             | -                | -                | 241,094             |
| Total                     | <u>\$ 4,112,428</u> | <u>\$ 1,603</u>  | <u>\$ -</u>      | <u>\$ 4,114,031</u> |

6. 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 one hundred percent (100%) vested in their accounts.

7. INCOME TAX STATUS

A determination letter was received on March 31, 2008, indicating that the Plan, as a prototype non-standardized plan, is acceptable under Section 401 of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Dealer Dot Com, Inc. 401(k) Plan  
Notes to Financial Statements  
December 31, 2011 and 2010

INCOME TAX STATUS (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions and as discussed in Note 10, the Plan completed a review in 2011. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

8. PARTIES IN INTEREST

Plan investments consist of investment contracts managed by John Hancock Life Insurance Company. John Hancock is the custodian of the Plan, and therefore, these transactions qualify as party-in-interest transactions. Total amounts paid to John Hancock for the years ended December 31, 2011 and 2010 was \$32,909 and \$21,105, respectively.

9. WITHDRAWING PARTICIPANTS

All participants who have withdrawn from the Plan and requested their benefits have been paid as of December 31, 2011.

10. PROHIBITED TRANSACTIONS

The United States Department of Labor and the IRS require employers who sponsor defined contribution retirement plans to remit employee contributions as soon as administratively possible. The Plan completed a review by the Department of Labor for the period of January 10, 2008 through August 26, 2011 and it was determined that the Plan's sponsor failed to remit employee contributions to the Plan within the required timeframe for 17 payrolls. The Plan sponsor will bear the cost of the lost earnings, IRS penalties and any liabilities that may arise from noncompliance issues with the Department of Labor. The failures did not relate to 2011.

Dealer Dot Com, Inc. 401(k) Plan  
Schedule H, Line 4i - Schedule of Assets (Held at the End of the Year)  
December 31, 2011

Plan Sponsor: Dealer Dot Com, Inc.

Administrator's EIN: 03-0360483

Plan Number: 001

| (a) | (b)                                    | (c)<br>Description of investment including maturity dates,<br>rate of interest, collateral, par or maturity value | (d)<br>Cost | (e)<br>Current<br>value |
|-----|----------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| *   | Lifestyle- Conservative                | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         | \$          | 61,988                  |
| *   | Lifestyle- Moderate                    | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 131,947                 |
| *   | Lifestyle- Balance                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 1,143,493               |
| *   | Lifestyle- Growth                      | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 2,159,986               |
| *   | Lifestyle- Aggressive                  | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 1,020,852               |
| *   | Short Term Federal                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 79,397                  |
| *   | PIMCO Total Return Fund                | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 132,403                 |
| *   | T Rowe Price Spectrum Inc.             | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 27,413                  |
| *   | Oppenheimer International Bond         | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 69,766                  |
| *   | American Balanced Fund                 | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 8,352                   |
| *   | T Rowe Price Equity Inc.               | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 58,704                  |
| *   | Davis New York Venture                 | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 75,073                  |
| *   | Mutual Beacon                          | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 28,152                  |
| *   | JPM MidCap Value Fund                  | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 14,641                  |
| *   | Mutual Discovery                       | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 15,419                  |
| *   | MFS Utilities Fund                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 74,326                  |
| *   | Domini Social Equity                   | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 1,783                   |
| *   | Templeton World                        | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 30,035                  |
| *   | Oppenheimer Global                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 28,666                  |
| *   | EuroPacific Growth Fund                | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 65,627                  |
| *   | Energy                                 | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 146,347                 |
| *   | Small Cap Growth Index                 | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 43,440                  |
| *   | Franklin Small-Mid Growth              | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 27,710                  |
| *   | AIM Small Cap Growth                   | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 9,279                   |
| *   | T Rowe Price Health Sciences Fund      | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 213,569                 |
| *   | Oppenheimer Developing Market          | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 228,218                 |
| *   | T Rowe Price Science & Technology Fund | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 29,820                  |
| *   | Money Market Fund                      | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 244,524                 |
| *   | U.S. High Yield Bond Fund              | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 57,985                  |
| *   | Optimized Value Fund                   | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 3,552                   |
| *   | 500 Index Fund                         | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 101,245                 |
| *   | All Cap Value Fund                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 18,719                  |
| *   | Total Stock Market Index Fund          | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 17,558                  |
| *   | Blue Chip Growth Fund                  | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 67,879                  |
| *   | Mid Cap Index Fund                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 49,691                  |
| *   | Mid Value Fund                         | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 5,427                   |
| *   | Real Estate Securities Fund            | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 22,296                  |
| *   | International Value Fund               | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 36,096                  |
| *   | International Equity Index Fund        | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 63,044                  |
| *   | International Small Cap Fund           | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 10,687                  |
| *   | Small Cap Index Fund                   | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 28,506                  |
| *   | Science & Technology Fund              | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 25,943                  |
| *   | Financial Services Fund                | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 7,838                   |
| *   | Mid Cap Stock Fund                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 1,388                   |
| *   | Capital Appreciation Fund              | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 10,061                  |
| *   | Small Cap Value Fund                   | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 6,128                   |
| *   | American Century Heritage              | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 30,445                  |
| *   | Equity Income Fund                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 38,985                  |
| *   | 3 Year Compound                        | John Hancock Life Insurance Co - Guaranteed Interest Accounts                                                     |             | 909                     |
| *   | 5 Year Compound                        | John Hancock Life Insurance Co - Guaranteed Interest Accounts                                                     |             | 1,650                   |
| *   | 10 Year Compound                       | John Hancock Life Insurance Co - Guaranteed Interest Accounts                                                     |             | 7,371                   |
| *   | Cash Account                           |                                                                                                                   |             | 18,053                  |
|     |                                        |                                                                                                                   |             | <u>\$ 6,802,386</u>     |

|                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4085 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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1510-0110<br>1510-0089<br><br><b>2011</b><br><br>This Form Is Open to Public Inspection |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                                                                                                              |                                                                                                               |                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                       |                                                                                                               |                                                                                                                                      |
| For the calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                                                               |                                                                                                                                      |
| A This return/report is for:                                                                                 | <input type="checkbox"/> a multiemployer plan;<br><input checked="" type="checkbox"/> a single-employer plan; | <input type="checkbox"/> a multiple-employer plan; or<br><input type="checkbox"/> a DFE (specify) _____                              |
| B This return/report is:                                                                                     | <input type="checkbox"/> the first return/report;<br><input type="checkbox"/> an amended return/report;       | <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here <input type="checkbox"/>                          |                                                                                                               |                                                                                                                                      |
| D Check box if filing under:                                                                                 | <input type="checkbox"/> Form 5558;<br><input type="checkbox"/> special extension (enter description) _____   | <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;                                             |

|                                                                                                                                                                                                    |                                                              |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----|
| <b>Part II Basic Plan Information</b> - enter all requested information.                                                                                                                           |                                                              |     |
| <b>1a</b> Name of plan<br>DEALER DOT COM, INC. 401 (K) PLAN                                                                                                                                        | <b>1b</b> Three-digit plan number (PN) ▶                     | 001 |
| <b>1c</b> Effective date of plan<br>01/01/2003                                                                                                                                                     |                                                              |     |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br>DEALER DOT COM, INC.<br><br>1 HOWARD STREET<br><br>US BURLINGTON VT 05401 | <b>2b</b> Employer Identification Number (EIN)<br>03-0360483 |     |
|                                                                                                                                                                                                    | <b>2c</b> Sponsor's telephone number<br>(802) 658-0965       |     |
|                                                                                                                                                                                                    | <b>2d</b> Business code (see instructions)<br>517000         |     |
|                                                                                                                                                                                                    |                                                              |     |

**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<br>      | 7/9/12<br>Date | JENNIFER GREGG<br>Enter name of individual signing as plan administrator       |
| SIGN HERE<br>      | 7/9/12<br>Date | JENNIFER GREGG<br>Enter name of individual signing as employer or plan sponsor |
| SIGN HERE<br>_____ | _____<br>Date  | _____<br>Enter name of individual signing as DFE                               |

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

Form 5500 (2011)  
v.012611

|                                                                                                 |                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>Same | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 20px; width: 100%;"></div> |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                   |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                   |          |            |
|-----------------------------------------------------------------------------------|----------|------------|
| <b>5</b> Total number of participants at the beginning of the plan year . . . . . | <b>5</b> | <b>415</b> |
|-----------------------------------------------------------------------------------|----------|------------|

|                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                        |           |            |
|----------------------------------------|-----------|------------|
| <b>a</b> Active participants . . . . . | <b>6a</b> | <b>553</b> |
|----------------------------------------|-----------|------------|

|                                                                         |           |          |
|-------------------------------------------------------------------------|-----------|----------|
| <b>b</b> Retired or separated participants receiving benefits . . . . . | <b>6b</b> | <b>0</b> |
|-------------------------------------------------------------------------|-----------|----------|

|                                                                                        |           |           |
|----------------------------------------------------------------------------------------|-----------|-----------|
| <b>c</b> Other retired or separated participants entitled to future benefits . . . . . | <b>6c</b> | <b>39</b> |
|----------------------------------------------------------------------------------------|-----------|-----------|

|                                                                              |           |            |
|------------------------------------------------------------------------------|-----------|------------|
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> . . . . . | <b>6d</b> | <b>592</b> |
|------------------------------------------------------------------------------|-----------|------------|

|                                                                                                                |           |          |
|----------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits . . . . . | <b>6e</b> | <b>0</b> |
|----------------------------------------------------------------------------------------------------------------|-----------|----------|

|                                                             |           |            |
|-------------------------------------------------------------|-----------|------------|
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . . . . . | <b>6f</b> | <b>592</b> |
|-------------------------------------------------------------|-----------|------------|

|                                                                                                                                                     |           |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . . | <b>6g</b> | <b>565</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|

|                                                                                                                                                 |           |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . . | <b>6h</b> | <b>6</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|

|                                                                                                                                    |          |  |
|------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer complete this item) . . . . . | <b>7</b> |  |
|------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2F 2G 2J 2K 3D 2E

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>1</b> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Dealer Dot Com, Inc. 401(k) Plan  
Financial Statements and Schedule  
(With Independent Auditors' Report)  
December 31, 2011 and 2010

Dealer Dot Com, Inc. 401(k) Plan  
December 31, 2011 and 2010

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Statements of Changes in Net Assets Available for Plan Benefits 3

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Supplemental Schedule:

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Independent Auditors' Report

To the Retirement Committee  
Dealer Dot Com, Inc. 401(k) Plan  
Burlington, Vermont

We were engaged to audit the accompanying financial statements and schedule of the Dealer Dot Com, Inc. 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

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 described in Note 3, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. The Plan Administrator has informed us that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian, as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we were unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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.



June 20, 2012  
VT Reg. No. 92-349

Dealer Dot Com, Inc. 401(k) Plan  
Statements of Net Assets Available for Plan Benefits  
December 31, 2011 and 2010

|                                                           | <u>2011</u>         | <u>2010</u>         |
|-----------------------------------------------------------|---------------------|---------------------|
| Investment contract with John Hancock Life Insurance Co.: |                     |                     |
| Interest in pooled separate accounts                      | \$ 6,774,403        | \$ 4,102,216        |
| Guaranteed interest account                               | 9,930               | 1,603               |
| Cash account                                              | <u>18,053</u>       | <u>10,212</u>       |
| Net assets available for plan benefits                    | <u>\$ 6,802,386</u> | <u>\$ 4,114,031</u> |

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

Dealer Dot Com, Inc. 401(k) Plan  
Statements of Changes in Net Assets Available for Plan Benefits  
For the Years Ended December 31, 2011 and 2010

|                                                            | <u>2011</u>         | <u>2010</u>         |
|------------------------------------------------------------|---------------------|---------------------|
| Additions to net assets attributed to:                     |                     |                     |
| Investment income (loss):                                  |                     |                     |
| Net investment income (loss) from pooled separate accounts | \$ (228,330)        | \$ 486,908          |
| Interest and dividends                                     | 34                  | 17                  |
| Other                                                      | <u>-</u>            | <u>4,568</u>        |
| Total investment income (loss)                             | <u>(228,296)</u>    | <u>491,493</u>      |
| Contributions:                                             |                     |                     |
| Participant deferrals                                      | 1,794,775           | 930,100             |
| Participant rollovers                                      | 692,360             | 49,481              |
| Employer match                                             | <u>631,649</u>      | <u>331,568</u>      |
| Total contributions                                        | <u>3,118,784</u>    | <u>1,311,149</u>    |
| Total additions                                            | <u>2,890,488</u>    | <u>1,802,642</u>    |
| Deductions from net assets attributed to:                  |                     |                     |
| Benefits paid to participants                              | 169,224             | 147,743             |
| Administration fees                                        | <u>32,909</u>       | <u>21,105</u>       |
| Total deductions                                           | <u>202,133</u>      | <u>168,848</u>      |
| Increase in net assets available for plan benefits         | 2,688,355           | 1,633,794           |
| Net assets available for plan benefits:                    |                     |                     |
| Beginning of year                                          | <u>4,114,031</u>    | <u>2,480,237</u>    |
| End of year                                                | <u>\$ 6,802,386</u> | <u>\$ 4,114,031</u> |

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

Dealer Dot Com, Inc. 401(k) Plan  
Notes to Financial Statements  
December 31, 2011 and 2010

1. DESCRIPTION OF PLAN

The following description of the Dealer Dot Com, Inc. (the "Company" or "Employer") 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

- (a) General - The Plan is a defined contribution 401(k) plan covering substantially all employees of the Company. Participants may join the Plan on the first day of the month after 90 days of service, as defined in the Plan, and the attainment of 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- (b) Contributions - Participants may contribute up to 100% of pretax annual compensation, as defined in the Plan, up to Internal Revenue Code (IRC) contribution limits. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company matches 50 percent of the first 5 percent of compensation that a participant contributes to the Plan. Additional amounts may be contributed at the discretion of the Company's Board of Directors and are invested according to participant direction. No discretionary contributions were made during 2011 and 2010. The Plan was amended effective July 1, 2011 to provide for automatic enrollment at 3% upon meeting the eligibility requirements.
- (c) Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of investment expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- (d) Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 33% vested after one year of credited service and 100% vested after two years of credited service.
- (e) Withdrawals and Benefits - Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Non-vested portions are maintained by the Plan in the forfeiture account to be used to reduce future Company matches. Hardship distributions are permitted in an amount not to exceed the total participant's elective deferral amount. A participant shall be prohibited from making elective deferrals for six months following a hardship distribution. No other in-service distributions are allowed.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- (a) Basis of Accounting - The financial statements of the Plan are prepared under the accrual basis of accounting.
- (b) Cash and Cash Equivalents - The Plan considers all cash and highly liquid, short-term investment funds held to be cash equivalents.
- (c) Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Dealer Dot Com, Inc. 401(k) Plan  
Notes to Financial Statements  
December 31, 2011 and 2010

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

- (d) Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Quoted market prices are used to value investments, which represent the net asset value of shares held by the Plan at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

- (e) Administrative Fees - The Plan pays certain record keeping and custodian fees. All other administrative costs of the Plan are paid by the Company.
- (f) Risks and Uncertainties - The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.
- (g) Payment of Benefits - Benefits are recorded when paid.
- (h) Participant Loans - The Plan does not allow participant loans.
- (i) Forfeited Accounts - Forfeitures are used to reduce future employer contributions and in 2011 and 2010, no forfeitures were used to reduce employer contributions. At December 31, 2011 and 2010, there was \$18,053 and \$10,212, respectively in forfeited nonvested accounts.
- (j) Subsequent Events - In accordance with FASB ASC 855, the Plan evaluated subsequent events through June 20, 2012, the date the Plan's financial statements were available to be used no events or transactions have occurred.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN

The plan administrator has elected the method of compliance 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. Accordingly, John Hancock Life Insurance Company, the custodian of the Plan assets, certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for plan benefits as of December 31, 2011 and 2010, the schedule of assets held for investment purposes as of December 31, 2011 and the related investment activity reflected in the statements of changes in net assets available for plan benefits for the years ended December 31, 2011 and 2010.

4. INVESTMENTS

The following investments at December 31, 2011 and 2010 represent 5% or more of the Plan's net assets:

|                                  | <u>2011</u>  | <u>2010</u> |
|----------------------------------|--------------|-------------|
| John Hancock Life Insurance Co.: |              |             |
| Lifestyle- Balance               | \$ 1,143,493 | \$ 573,800  |
| Lifestyle- Growth                | 2,159,986    | 1,069,696   |
| Lifestyle- Aggressive            | 1,020,852    | 851,622     |

The net unrealized appreciation or depreciation is reported together with realized gains and losses in the statements of changes in net assets available for plan benefits.

## 5. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a 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 or similar 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.

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

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. There have been no changes in the methodologies used at December 31, 2011 and 2010.

*Pooled separate accounts and guaranteed investment accounts:* The guaranteed income funds are presumed to be at contract value in light of the credit worthiness of the issuer. The pooled separate accounts whose sole asset is an underlying mutual fund are reported at fair value based on the quoted market prices of the underlying mutual funds. Pooled separate accounts that consist of investment funds made up of a variety of different investment assets are valued on the aggregate fair value of the underlying assets. The units of these pooled separate accounts are not actively traded. Accordingly, each individual underlying assets is evaluated to determine where its fair value measurement falls within the fair value hierarchy. The entire pooled separate account fund is included within the fair value hierarchy based on the lowest level of any asset, or group of assets, that is significant to the overall fair value measurement.

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

Dealer Dot Com, Inc. 401(k) Plan  
Notes to Financial Statements  
December 31, 2011 and 2010

FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

Assets at Fair Value as of December 31, 2011

|                           | <u>(Level 1)</u>    | <u>(Level 2)</u> | <u>(Level 3)</u> | <u>Total</u>        |
|---------------------------|---------------------|------------------|------------------|---------------------|
| Guaranteed interest acct  | \$ -                | \$ 9,930         | \$ -             | \$ 9,930            |
| Cash account              | 18,053              | -                | -                | 18,053              |
| Pooled separate accounts: |                     |                  |                  |                     |
| Lifestyle funds           | 4,518,266           | -                | -                | 4,518,266           |
| Income funds              | 366,964             | -                | -                | 366,964             |
| Growth funds              | 449,043             | -                | -                | 449,043             |
| Growth and income funds   | 255,359             | -                | -                | 255,359             |
| Aggressive growth funds   | 940,247             | -                | -                | 940,247             |
| Conservative funds        | 244,524             | -                | -                | 244,524             |
| Total                     | <u>\$ 6,792,456</u> | <u>\$ 9,930</u>  | <u>\$ -</u>      | <u>\$ 6,802,386</u> |

Assets at Fair Value as of December 31, 2010

|                           | <u>(Level 1)</u>    | <u>(Level 2)</u> | <u>(Level 3)</u> | <u>Total</u>        |
|---------------------------|---------------------|------------------|------------------|---------------------|
| Guaranteed interest acct  | \$ -                | \$ 1,603         | \$ -             | \$ 1,603            |
| Cash account              | 10,212              | -                | -                | 10,212              |
| Pooled separate accounts: |                     |                  |                  |                     |
| Lifestyle funds           | 2,629,294           | -                | -                | 2,629,294           |
| Income funds              | 105,141             | -                | -                | 105,141             |
| Growth funds              | 283,924             | -                | -                | 283,924             |
| Growth and income funds   | 163,335             | -                | -                | 163,335             |
| Aggressive growth funds   | 679,428             | -                | -                | 679,428             |
| Conservative funds        | 241,094             | -                | -                | 241,094             |
| Total                     | <u>\$ 4,112,428</u> | <u>\$ 1,603</u>  | <u>\$ -</u>      | <u>\$ 4,114,031</u> |

6. 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 one hundred percent (100%) vested in their accounts.

7. INCOME TAX STATUS

A determination letter was received on March 31, 2008, indicating that the Plan, as a prototype non-standardized plan, is acceptable under Section 401 of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Dealer Dot Com, Inc. 401(k) Plan  
Notes to Financial Statements  
December 31, 2011 and 2010

INCOME TAX STATUS (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions and as discussed in Note 10, the Plan completed a review in 2011. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

8. PARTIES IN INTEREST

Plan investments consist of investment contracts managed by John Hancock Life Insurance Company. John Hancock is the custodian of the Plan, and therefore, these transactions qualify as party-in-interest transactions. Total amounts paid to John Hancock for the years ended December 31, 2011 and 2010 was \$32,909 and \$21,105, respectively.

9. WITHDRAWING PARTICIPANTS

All participants who have withdrawn from the Plan and requested their benefits have been paid as of December 31, 2011.

10. PROHIBITED TRANSACTIONS

The United States Department of Labor and the IRS require employers who sponsor defined contribution retirement plans to remit employee contributions as soon as administratively possible. The Plan completed a review by the Department of Labor for the period of January 10, 2008 through August 26, 2011 and it was determined that the Plan's sponsor failed to remit employee contributions to the Plan within the required timeframe for 17 payrolls. The Plan sponsor will bear the cost of the lost earnings, IRS penalties and any liabilities that may arise from noncompliance issues with the Department of Labor. The failures did not relate to 2011.

Dealer Dot Com, Inc. 401(k) Plan  
Schedule H, Line 4i - Schedule of Assets (Held at the End of the Year)  
December 31, 2011

Plan Sponsor: Dealer Dot Com, Inc.

Administrator's EIN: 03-0360483

Plan Number: 001

| (a) | (b)                                    | (c)<br>Description of investment including maturity dates,<br>rate of interest, collateral, par or maturity value | (d)<br>Cost | (e)<br>Current<br>value |
|-----|----------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| *   | Lifestyle- Conservative                | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         | \$          | 61,988                  |
| *   | Lifestyle- Moderate                    | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 131,947                 |
| *   | Lifestyle- Balance                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 1,143,493               |
| *   | Lifestyle- Growth                      | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 2,159,986               |
| *   | Lifestyle- Aggressive                  | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 1,020,852               |
| *   | Short Term Federal                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 79,397                  |
| *   | PIMCO Total Return Fund                | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 132,403                 |
| *   | T Rowe Price Spectrum Inc.             | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 27,413                  |
| *   | Oppenheimer International Bond         | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 69,766                  |
| *   | American Balanced Fund                 | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 8,352                   |
| *   | T Rowe Price Equity Inc.               | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 58,704                  |
| *   | Davis New York Venture                 | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 75,073                  |
| *   | Mutual Beacon                          | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 28,152                  |
| *   | JPM MidCap Value Fund                  | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 14,641                  |
| *   | Mutual Discovery                       | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 15,419                  |
| *   | MFS Utilities Fund                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 74,326                  |
| *   | Domini Social Equity                   | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 1,783                   |
| *   | Templeton World                        | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 30,035                  |
| *   | Oppenheimer Global                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 28,666                  |
| *   | EuroPacific Growth Fund                | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 65,627                  |
| *   | Energy                                 | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 146,347                 |
| *   | Small Cap Growth Index                 | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 43,440                  |
| *   | Franklin Small-Mid Growth              | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 27,710                  |
| *   | AIM Small Cap Growth                   | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 9,279                   |
| *   | T Rowe Price Health Sciences Fund      | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 213,569                 |
| *   | Oppenheimer Developing Market          | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 228,218                 |
| *   | T Rowe Price Science & Technology Fund | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 29,820                  |
| *   | Money Market Fund                      | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 244,524                 |
| *   | U.S. High Yield Bond Fund              | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 57,985                  |
| *   | Optimized Value Fund                   | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 3,552                   |
| *   | 500 Index Fund                         | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 101,245                 |
| *   | All Cap Value Fund                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 18,719                  |
| *   | Total Stock Market Index Fund          | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 17,558                  |
| *   | Blue Chip Growth Fund                  | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 67,879                  |
| *   | Mid Cap Index Fund                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 49,691                  |
| *   | Mid Value Fund                         | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 5,427                   |
| *   | Real Estate Securities Fund            | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 22,296                  |
| *   | International Value Fund               | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 36,096                  |
| *   | International Equity Index Fund        | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 63,044                  |
| *   | International Small Cap Fund           | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 10,687                  |
| *   | Small Cap Index Fund                   | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 28,506                  |
| *   | Science & Technology Fund              | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 25,943                  |
| *   | Financial Services Fund                | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 7,838                   |
| *   | Mid Cap Stock Fund                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 1,388                   |
| *   | Capital Appreciation Fund              | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 10,061                  |
| *   | Small Cap Value Fund                   | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 6,128                   |
| *   | American Century Heritage              | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 30,445                  |
| *   | Equity Income Fund                     | John Hancock Life Insurance Co - Pooled Separate Accounts                                                         |             | 38,985                  |
| *   | 3 Year Compound                        | John Hancock Life Insurance Co - Guaranteed Interest Accounts                                                     |             | 909                     |
| *   | 5 Year Compound                        | John Hancock Life Insurance Co - Guaranteed Interest Accounts                                                     |             | 1,650                   |
| *   | 10 Year Compound                       | John Hancock Life Insurance Co - Guaranteed Interest Accounts                                                     |             | 7,371                   |
| *   | Cash Account                           |                                                                                                                   |             | 18,053                  |
|     |                                        |                                                                                                                   |             | <u>\$ 6,802,386</u>     |