Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HOFFMAN CAR WASH, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1986

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

HOFFMAN CAR WASH, INC.

1757 CENTRAL AVE
ALBANY, NY 12205

2b Employer Identification Number (EIN) 14-1515338

2c Sponsor's telephone number 518-389-2126

2d Business code (see instructions) 811190

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2012	THOMAS J HOFFMAN JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2012	THOMAS J HOFFMAN JR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
HOFFMAN CAR WASH, INC.

1757 CENTRAL AVE
ALBANY, NY 12205

3b Administrator's EIN
14-1515338

3c Administrator's telephone number
518-389-2126

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	245
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	229
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	16
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	245
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	245
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	221
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
HOFFMAN CAR WASH, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOFFMAN CAR WASH, INC.

D Employer Identification Number (EIN)
14-1515338

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD 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
06-0974148	88072	GA-827914	221	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
19688	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

MERRILL LYNCH LIFE AGENCY
1215 4TH AVENUE 26TH FL
SEATTLE, WA 98161

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19688			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	6686539

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP FUNDING AGREEMENT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add **b** and **c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

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

A Name of plan
HOFFMAN CAR WASH, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOFFMAN CAR WASH, INC.

D Employer Identification Number (EIN)
14-1515338

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

HARTFORD LIFE INSURANCE COMPANY

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66	NONE	181	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
67 99			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MESIROW FINANCIAL INVESTMENT MGMT

36-3429599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	31	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HARTFORD LIFE INSURANCE COMPANY	15 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66 67 99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHED 06-0974148	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MESIROW FINANCIAL INVESTMENT MGMT.	27	31

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARTFORD LIFE INS. CO. 06-0974148	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
HOFFMAN CAR WASH, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HOFFMAN CAR WASH, INC.

D Employer Identification Number (EIN)
14-1515338

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

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)
06-0974148-000	P	6686539

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)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
HOFFMAN CAR WASH, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOFFMAN CAR WASH, INC.

D Employer Identification Number (EIN)
14-1515338

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	350212	423704
(9) Value of interest in common/collective trusts	1c(9)	507855	592109
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5895621	6094430
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6753688	7110243
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6753688	7110243

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	287065	
	(B) Participants	2a(1)(B)	394954	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		682019
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	18123	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18123
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-194363
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		505779
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	129996	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		129996
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		13237
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5991	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5991
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		149224
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		356555
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		0

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: TROUT, EBERSOLE & GROFF, LLP (2) EIN: 23-1551315

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
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
	4d		X	
e	Was this plan covered by a fidelity bond?			
	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?			
	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
	4n	X		

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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
HOFFMAN CAR WASH, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOFFMAN CAR WASH, INC.

D Employer Identification Number (EIN)
14-1515338

Part I Distributions

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

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

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

EIN(s): 06-0974148

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c** 0

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete 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:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete 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):

Hoffman Car Wash, Inc. Retirement Plan

Years Ended December 31, 2011 and 2010

TROUT, EBERSOLE & GROFF LLP
CPAs | BUSINESS ADVISORS

Hoffman Car Wash, Inc. Retirement Plan

Financial Statements with Supplementary Information

Years Ended December 31, 2011 and 2010

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TROUT, EBERSOLE & GROFF LLP
CPAs | BUSINESS ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Hoffman Car Wash, Inc. Retirement Plan
Albany, New York

We were engaged to audit the financial statements of **Hoffman Car Wash, Inc. Retirement Plan** as of December 31, 2011 and 2010, and for the years then ended, and supplemental schedules as of and for the year ended December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedules 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 summarized in Note 3, which was certified by Hartford Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator 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 are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are 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 schedules, 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.

Trout, Ebersole & Groff, LLP

July 11, 2012
Lancaster, Pennsylvania

TROUT, EBERSOLE & GROFF, LLP
Certified Public Accountants

Hoffman Car Wash, Inc. Retirement Plan

STATEMENTS of NET ASSETS AVAILABLE for BENEFITS

December 31, 2011 and 2010

	2011	2010
ASSETS		
Investments, at Fair Value (Notes 3 and 4):		
Common Collective Trust Account	$ 590,535	$ 503,121
Common Collective Trust Forfeiture Account	1,574	4,734
Pooled Separate Accounts	6,094,430	5,895,621
Total Investments	**6,686,539**	**6,403,476**
Receivables:		
Notes Receivable from Participants	**423,704**	**350,212**
TOTAL ASSETS	**7,110,243**	**6,753,688**
LIABILITIES	**-0-**	**-0-**
NET ASSETS AVAILABLE for BENEFITS	**$ 7,110,243**	**$ 6,753,688**

See notes to financial statements.

Hoffman Car Wash, Inc. Retirement Plan

STATEMENTS of CHANGES in NET ASSETS AVAILABLE for BENEFITS

Years Ended December 31, 2011 and 2010

	2011	2010
ADDITIONS		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments (Note 3)	$ (372,294)	$ 597,256
Interest and Dividends	177,931	85,263
Interest on Notes Receivable from Participants	18,123	16,608
Total Investment Income	**(176,240)**	**699,127**
Contributions:		
Employer	287,065	285,314
Employee	394,954	375,978
Total Contributions	**682,019**	**661,292**
Total Additions	**505,779**	**1,360,419**
DEDUCTIONS		
Benefits Paid	129,996	146,716
Deemed Distributions	13,237	36,631
Administrative Expenses	5,991	8,645
Total Deductions	**149,224**	**191,992**
NET INCREASE for YEAR	**356,555**	**1,168,427**
NET ASSETS AVAILABLE for BENEFITS		
Beginning of Year	6,753,688	5,585,261
End of Year	**$ 7,110,243**	**$ 6,753,688**

See notes to financial statements.

NOTE 1 - DESCRIPTION of PLAN

The following brief description of **Hoffman Car Wash, Inc. Retirement Plan** is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General
The Plan is a defined contribution plan covering all eligible employees of Hoffman Car Wash, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the Plan trustee, Hoffman Car Wash, Inc. The Plan is a 401(k) salary deferral and profit sharing plan under which a record keeping account is set up in each participant's name to show the value of his/her retirement benefit. The participant's share of contributions and investment earnings is added to his/her account. Subtractions include withdrawals made by the participant and the participant's share of investment losses. Each participant directs the investment of his/her account.

Eligibility
All employees who have completed one year of service (credited with 1,000 or more hours during the year) and attained the age of 18 are eligible to participate in the salary reduction, employer matching portion, and employer profit sharing portion of the Plan. Individuals who become employees by virtue of an acquisition, merger, or similar transaction are subject to certain rules.

Funding Policy
Participant Contributions - A participant may elect to defer any percentage of his/her compensation each year up to the maximum allowed by law, but not to exceed 75% for regular payroll periods. For certain designated payroll periods, participants may defer up to 100% of compensation. Participants may designate all or any portion of their deferrals as Roth contributions. The Plan includes an automatic enrollment deferral of 5% for newly eligible employees who fail to provide an enrollment agreement to the contrary, and specifies the investment options for such automatic enrollments. Each participant may change the rate of his/her elective deferrals in accordance with rules established by the employer. A participant allocates his/her 401(k) contributions among various investment choices.

Rollover Contributions - Participants may make rollover contributions after meeting the eligibility requirements for participation in the Plan.

Matching Employer Contributions - The employer will match elective contributions by making a contribution to the 401(k) account. The amount of this contribution will be equal to 100% of the elective contributions up to 5% of compensation.

Profit Sharing Employer Contributions - The employer may make discretionary profit sharing contributions to the Plan. If a profit sharing contribution is made, it is allocated to each eligible member who had at least 500 hours of service during the plan year or who was employed on the last day of the plan year.

The employer contribution is allocated to each eligible participant in the ratio that each qualifying participant's compensation for the plan year bears to the total compensation of all qualifying participants for the plan year. There were no profit sharing contributions for the plan years ended December 31, 2011 and 2010.

NOTE 1 - DESCRIPTION of PLAN (Continued)

Vesting
Participant salary deferrals, plus or minus any earnings or losses, are 100% vested. Employer matching and profit sharing contributions, and earnings or losses thereon, vest in accordance with the following table:

Years of Service	Vesting Percentage
1	0
2	20
3	40
4	60
5	80
6	100

If a participant terminates before his/her matching and/or profit sharing account is fully vested, the non-vested portion of his/her account is forfeited. Forfeitures may be applied to payment of Plan administration expenses. Otherwise, forfeitures are applied toward employer matching or profit sharing contributions, as applicable. Terminated participants who return to work before incurring five consecutive one-year breaks in service may recapture their forfeited benefit upon restoring to the Plan the distribution received at termination.

Notes Receivable from Participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined quarterly by the custodian. Principal and interest is paid ratably through weekly payroll deductions. Participants are permitted to have up to two outstanding notes at a time.

Retirement Benefits and Distributions
Normal Retirement - A participant's account is 100% vested and payable upon retirement at age 65.

Early Retirement - The Plan does not allow for early retirement.

Late Retirement - If a participant continues working after their normal retirement date, he/she will remain in the Plan as an active member. The participant's account is 100% vested and will become payable when he/she actually retires from active employment, subject to minimum distribution rules at age 70 ½ or later.

Disability Retirement - If a participant becomes disabled and is unable to continue working, his/her account is 100% vested, regardless of the number of years of service.

Death Benefits - If a participant dies while an active member of the Plan, his/her account is 100% vested and payable to the designated beneficiary. If the participant is married, his/her spouse will automatically be the beneficiary unless he/she specifies otherwise with the written consent of the spouse.

Hardship Withdrawals - A participant may request a distribution from the Plan in the event of a financial hardship in an amount not to exceed the participant's elective deferrals.

NOTE 1 - DESCRIPTION of PLAN (Continued)

Retirement Benefits and Distributions (Continued)
In-Service Withdrawals - A participant may request a distribution from the Plan from any rollover contributions at any time.

Other - Participants who attain age 59 ½ and continue to work may withdraw their elective deferrals plus the vested portion of the employer's matching and profit sharing contributions.

Forfeitures
When a participant terminates before becoming 100% vested, the portion of his/her account to which he/she is not entitled may be used to pay any administrative expenses of the Plan. Otherwise, forfeitures are used to reduce the amount that the employer contributes to the Plan for matching or profit sharing contributions, as the case may be. As of December 31, 2011 and 2010, forfeited non-vested account balances were $1,574 and $4,734 respectively. Forfeitures of $40,157 and $22,917 were used during the years ended December 31, 2011 and 2010, respectively, to reduce employer contributions.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation
The Plan's financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP). Current US GAAP standards are contained in the Accounting Standards Codification (ASC) as set forth by the Financial Accounting Standards Board (FASB).

Use of 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 certain reported amounts and disclosures. Accordingly, actual results could differ from those amounts.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document. Notes receivable from participants amounted to $423,704 and $350,212 at December 31, 2011 and 2010, respectively, and accrued interest on the notes amounted to $-0- at December 31, 2011 and 2010. Interest income on the notes is recorded when the payments are withheld from the participants. Any interest that is withheld but not received by the Plan prior to year end is accrued and reflected as interest on notes receivable from participants in the accompanying statements of net assets available for benefits. Interest income on the notes amounted to $18,123 and $16,608 at December 31, 2011 and 2010, respectively.

Valuation and Income Recognition
The Plan's investments are stated at fair value as determined and certified to by the Plan's custodian. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Investment Results
Interest earnings and fund value increases or decreases are allocated each year to Plan members in proportion to each member's account balance.

Payment of Benefits
Benefits are recorded when paid.

Administrative Costs
The Plan Sponsor absorbs certain administrative costs of the Plan.

NOTE 3 - INVESTMENTS

The following summary is based on the information provided by the Hartford Life Insurance Company for the value of Plan investments at December 31, 2011 and 2010. Investments that represent five percent or more of the Plan's net assets are separately identified.

	2011	2010
Investments at Fair Value as Determined in Note 4:		
Common Collective Trust Accounts:		
SEI Stable Asset	592,109	507,855
Pooled Separate Accounts:		
American Century Growth Fund R	868,686	903,359
American Funds Growth Fund R1	641,259	717,299
BlackRock Lifepath 2030 A	-0-*	505,410
BlackRock Lifepath 2040 A	-0-*	385,927
JP Morgan SmartRetirement 2030	492,592	-0-*
JP Morgan SmartRetirement 2040	439,678	-0-*
Pimco Real Return R	356,462	-0-*
Pioneer Emerging Markets R	-0-*	367,681
Thornburg International Value R3	537,454	601,763
Other	2,758,299*	2,414,182*
	6,686,539	**6,403,476**

*Investment did not represent 5% or more of the Plan's net assets.

NOTE 3 - INVESTMENTS (Continued)

During the years ended December 31, 2011 and 2010, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value by $(372,294) and $597,256, respectively as follows:

	2011	2010
Net Appreciation (Depreciation) in Fair Value of Investments:		
Common Collective Trust Accounts	-0-	824
Pooled Separate Accounts	(372,294)	596,432
	(372,294)	**597,256**

NOTE 4 - FAIR VALUE MEASUREMENTS

FASB ASC Topic 820, *Fair Value Measurements and Disclosures,* establishes a framework for measuring fair value. In 2011, the Plan adopted certain provisions of FASB ASU 2010-6, *Improving Disclosures about Fair Value Measurements*, effective for the year ending December 31, 2011. The implementation of the ASU did not result in a change in previously reported net assets available for benefits. The adoption of the ASU resulted in a more detailed presentation of the Plan's level 3 investment activity.

That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset and 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.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Common Collective Trust Accounts: Valued based on the liquidation value of the investment contract, as determined by the guaranteed interest rate stated in the contract. The common collective trust accounts seek to guarantee a low risk, specified rate of return which resets annually.

Pooled Separate Accounts: Valued based on the net asset value of the shares of the underlying funds held by the Plan at year end, as more fully described in Note 2. The pooled separate accounts seek to provide a return consistent with or better than the rates of return for the funds in its category. The pooled separate accounts may be redeemed upon request of the Plan participants at any time and without restriction, subject to the retirement benefits and distributions provisions outlined in Note 1.

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

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

	Level 1	Level 2	Level 3	Total
Common Collective Trust Accounts:				
Stable Asset Accounts	-0-	-0-	592,109	592,109
Pooled Separate Accounts:				
Balanced Fund Accounts	-0-	1,455,141	-0-	1,455,141
Bond Fund Accounts	-0-	1,069,535	-0-	1,069,535
Equity Fund Accounts	-0-	887	-0-	887
Growth Fund Accounts	-0-	1,937,439	-0-	1,937,439
International/Global Fund Accounts	-0-	369,725	-0-	369,725
Specialty Fund Accounts	-0-	499,623	-0-	499,623
Value Fund Accounts	-0-	762,080	-0-	762,080
Total Assets at Fair Value	**-0-**	**6,094,430**	**592,109**	**6,686,539**

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

	Level 1	Level 2	Level 3	Total
Common Collective Trust Accounts:				
Stable Asset Accounts	-0-	-0-	507,855	507,855
Pooled Separate Accounts:				
Balanced Fund Accounts	-0-	1,277,741	-0-	1,277,741
Bond Fund Accounts	-0-	861,359	-0-	861,359
Growth Fund Accounts	-0-	2,002,703	-0-	2,002,703
Indexed Fund Accounts	-0-	307	-0-	307
International/Global Fund Accounts	-0-	489,693	-0-	489,693
Specialty Fund Accounts	-0-	453,795	-0-	453,795
Value Fund Accounts	-0-	810,023	-0-	810,023
Total Assets at Fair Value	**-0-**	**5,895,621**	**507,855**	**6,403,476**

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Level 1 and 2 Transfers
There we no transfers in or out of levels 1 and 2 during the year ended December 31, 2011.

Level 3 Gains and Losses
The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2011 and 2010:

	Level 3 Common Collective Trust Accounts
Balance at December 31, 2009	**499,719**
Sales	(59,952)
Total Gains and Losses Included in Changes in Net Assets Available for Benefits	824
Purchases	67,264
Balance at December 31, 2010	**507,855**
Purchases	125,508
Dividends	70
Notes Receivable from Participants Principal Repayments Received	16,579
Fees	(847)
Distributions to Participants	(31,811)
Notes Receivable from Participants Issued	(15,512)
Forfeitures	(9,733)
Balance at December 31, 2011	**592,109**

NOTE 5 - INFORMATION CERTIFIED by the CUSTODIAN

Hartford Life Insurance Company held the Plan assets as of December 31, 2011 and 2010, and for the years then ended. The following information was certified as complete and accurate by the custodian under 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974:

- Investments
- Investment Income
- Schedule of Assets (Held at End of Year)

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are invested in pooled separate accounts managed by The Hartford Life Insurance Company, the custodian as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the administrative expenses amounted to $5,991 and $8,645 for the years ended December 31, 2011 and 2010, respectively.

NOTE 7 - TERMINATION of PLAN

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. The Plan shall terminate upon any of the following events: termination of the Plan by the employer and/or dissolution or merger of the employer, unless the successor makes provisions to continue the Plan. In this situation, the successor must substitute itself as the employer under this Plan.

Upon full termination of the Plan, the account balance of each affected participant shall be 100% vested and non-forfeitable. The amount of the fund assets shall be allocated to each participant subject to provisions for expenses of administration of the liquidation, in the ratio that such participant's account bears to all accounts.

NOTE 8 - INCOME TAX STATUS

The Plan obtained its latest tax determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. 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 applicable requirements of the Internal Revenue Code.

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 tax position that more likely than not would not be sustained upon examination by the DOL. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 and 2010, there are no uncertain tax 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; however there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for Plan years prior to December 31, 2005.

NOTE 9 - ACCOUNTS of PARTICIPANTS WHO HAVE WITHDRAWN

The following amounts represent the amounts allocated to accounts of persons who have withdrawn from active participation in the Plan. The vested amount is the portion thereof which may be withdrawn in the future. The remainder will be forfeited and may be used to pay any administrative expenses of the Plan. Otherwise, forfeitures are used to reduce the employer's matching or profit sharing contributions to the Plan, as applicable.

	2011	2010
Balance	108,849	41,879
Vested Portion	97,330	34,514

NOTE 10 - ERISA DISCLOSURES

There were no prohibited transactions, including those involving a known party-in-interest, during the years ended December 31, 2011 and 2010.

There were no loans or leases that were in default or uncollectible as of December 31, 2011 and 2010, and there were no defaulted or uncollectible loans or leases during these years.

The estimated number of employees covered by the Plan as of December 31 was:

	2011	2010
Active	229	269
Retired or Separated	16	21
	245	290

NOTE 11 - RISKS and UNCERTAINTIES

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

NOTE 12 - RECONCILIATION of FINANCIAL STATEMENTS to FORM 5500

The following is a reconciliation of total investments per the financial statements at December 31:

	2011	2010
Investments per the Financial Statements	6,686,539	6,403,476
Notes Receivable from Participants	423,704	350,212
Total Investments per Form 5500	**7,110,243**	**6,753,688**

NOTE 13 - RECLASSIFICATIONS

The statement of net assets available for benefits for the year ended December 31, 2010 has been restated to conform to the current year's financial statement presentation. This reclassification has no effect on the net increase in net assets available for benefits for the year.

NOTE 14 - SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 11, 2012, which represents the date the financial statements were available to be issued. No events have occurred between December 31, 2011, and this date which would require recording or disclosure in these financial statements.

Hoffman Car Wash, Inc. Retirement Plan

EIN 14-1515338 Plan #001

Schedule H - Line 4i - SCHEDULE of ASSETS (HELD at END of YEAR)

As of December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Common Collective Trust Accounts:		
	SEI Investments	SEI Stable Asset	***	$ 592,109
		Pooled Separate Accounts:		
*	Hartford Life Insurance Company	American Century Growth R	***	868,686
*	Hartford Life Insurance Company	American Funds Growth Fund R1	***	641,259
*	Hartford Life Insurance Company	Columbia Small Cap Core A	***	9,280
*	Hartford Life Insurance Company	JP Morgan SmartRetirement 2020	***	319,967
*	Hartford Life Insurance Company	JP Morgan SmartRetirement 2030	***	492,592
*	Hartford Life Insurance Company	JP Morgan SmartRetirement 2040	***	439,678
*	Hartford Life Insurance Company	JP Morgan SmartRetirement 2050	***	26,813
*	Hartford Life Insurance Company	JP Morgan SmartRetirement Inc	***	58,544
*	Hartford Life Insurance Company	Eaton Vance WW Health Sciences R	***	64,989
*	Hartford Life Insurance Company	Franklin High Income R	***	325,906
*	Hartford Life Insurance Company	Invesco Van Kampen Mid Cap Growth R	***	205,770
*	Hartford Life Insurance Company	Janus Balanced S	***	117,547
*	Hartford Life Insurance Company	JP Morgan Small Cap Value R2	***	102,735
*	Hartford Life Insurance Company	Legg Mason Clearbridge Mid Cap Core R	***	$ 32,178

See independent auditors' report.

Hoffman Car Wash, Inc. Retirement Plan

EIN 14-1515338 Plan #001

Schedule H - Line 4i - SCHEDULE of ASSETS (HELD at END of YEAR)

(Continued)

As of December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Pooled Separate Accounts (Continued):		
*	Hartford Life Insurance Company	Lord Abbett Developing Growth R3	***	$ 111,434
*	Hartford Life Insurance Company	Lord Abbett Fundamental Equity A	***	887
*	Hartford Life Insurance Company	MFS Utilities R2	***	261,631
*	Hartford Life Insurance Company	Oppenheimer Developing Markets A	***	258,291
*	Hartford Life Insurance Company	Oppenheimer International Bond N	***	116,617
*	Hartford Life Insurance Company	Oppenheimer Real Estate A	***	173,003
*	Hartford Life Insurance Company	Pimco Real Return R	***	270,550
*	Hartford Life Insurance Company	Pimco Total Return R	***	356,462
*	Hartford Life Insurance Company	Putnam Equity Income R	***	189,546
*	Hartford Life Insurance Company	Ridgeworth MC Val Equity A	***	112,611
*	Hartford Life Insurance Company	Thornburg International Value R3	***	537,454
		Receivables:		
*	Notes Receivable from Participants	3.25% - 8.75%, Various Maturity Dates (April 2012 - February 2023); Collateral - Portion of Participants' Vested Account Balances	-0-	423,704
			$ -0-	$ 7,110,243

*Indicates party-in-interest to the Plan.

***Information not required.

See independent auditors' report.

Hoffman Car Wash, Inc. Retirement Plan

EIN 14-1515338 Plan #001

Schedule H - Line 4i - SCHEDULE of ASSETS (ACQUIRED and DISPOSED of WITHIN YEAR)

Year Ended December 31, 2011

(a)	Identity of Issue, Borrower, Lessor, or Similar Party	(b)	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(c)	Costs of Acquisitions	(d)	Proceeds of Dispositions
	Notes Receivable from Participants		3.25% - 8.75%, Various Maturity Dates (April 2012 - February 2023); Collateral - Portion of Participants' Vested Account Balances		$ -0-		$ -0-

See independent auditors' report.

Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of compensation paid with respect to the Hartford product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

This report includes compensation actually paid to or by the Hartford within the indicated plan year as part of your Hartford product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your Hartford customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your Hartford Service Team should you require additional information regarding the compensation paid to or by Hartford with respect to your plan.

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Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

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[1] Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

HOFFMAN CAR WASH RETIREMENT PLAN (827914)
EIN #: 14-1515338

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **$181.00**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: Hartford Life Insurance Company EIN: 06-0974148

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **$181.00**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2011 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Life Insurance Company are the net result of aggregating direct compensation after the effects of adjustments processed in 2011, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

Float compensation **$0.01**

Bank accounts and investments associated with short-term investment pool, 200 Hopmeadow Road, Simsbury, CT 06089

This is an estimate based on the annual average rate of float (0.01% for 2011) earned on the bank accounts and investments associated with the short-term investment pool for the 2011 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted to The Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor. The Plan Sponsor should consult with their tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

Investment Option Name	*EIN*	*Revenue Sharing Rate (%) Paid to The Hartford (rates as of 12/31/2011)*	*Underlying Fund Gross Expense Ratio as of the Fund's Year End*
AMERICAN CENTURY GROWTH A	44-6006315	0.50% x assets	1.25%
AMERICAN FUNDS GR FD OF AMER R3	52-0792143	0.65% x assets	0.97%
COLUMBIA SMALL CAP CORE A	36-6851784	0.55% x assets	1.35%
EATON VANCE WORLDWIDE HLTH SCI A	04-2325690	0.55% x assets	1.80%
FRANKLIN HIGH INCOME A	94-1693697	0.25% x assets plus $12/participant	0.77%
INVESCO VAN KAMPEN MD CP GROW A	84-0933032	0.60% x assets	1.33%
JANUS BALANCED S	84-0592523	0.50% x assets	1.09%
JPMORGAN SMALL CAP VALUE A	26-3613641	0.55% x assets	1.44%
JPMORGAN SMARTRETIREMENT 2020 A	33-1043149	0.55% x assets	1.24%
JPMORGAN SMARTRETIREMENT 2030 A	33-1043149	0.55% x assets	1.33%
JPMORGAN SMARTRETIREMENT 2040 A	33-1043149	0.55% x assets	1.37%
JPMORGAN SMARTRETIREMENT 2050 A	33-1043149	0.55% x assets	1.43%
JPMORGAN SMARTRETIREMENT INC A	33-1043149	0.55% x assets	1.17%
LEGG MASON CLEARBDG MDCAP CORE A	52-2203385	0.55% x assets	1.43%
LORD ABBETT DEVELOPING GROWTH A	13-2958970	0.50% x assets	1.09%
LORD ABBETT FUNDAMENTAL EQUITY A	13-3712440	0.50% x assets	1.11%
MFS UTILITIES R3	04-3158862	0.65% x assets	1.07%
OPPENHEIMER DEVELOPING MARKETS A	93-6305075	0.55% x assets	1.30%
OPPENHEIMER INTERNATIONAL BOND A	84-1308320	0.55% x assets	0.98%
OPPENHEIMER REAL ESTATE A	22-3849391	0.55% x assets	1.73%
PIMCO REAL RETURN A	33-0629048	0.40% x assets	0.86%
PIMCO TOTAL RETURN A	33-0629048	0.40% x assets	0.85%
PUTNAM EQUITY INCOME A	04-6407893	0.50% x assets	1.17%
RIDGEWORTH MIDCAP VALUE EQUITY A	23-2678674	0.75% x assets	1.35%
SEI STABLE ASSET 4	23-2177800	0.50% x assets	0.65%
THORNBURG INTERNATIONAL VALUE R4	06-1158764	0.50% x assets	1.49%

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Hartford Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The list includes any investment option held by the plan on at least one month end during the 2011 calendar year. To arrive at an estimate of the dollar amount that Hartford received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of

participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

Recipient: Mesirow Financial Investment Management, Inc. EIN: 36-3429599

Indirect Compensation

Annual fee and basis point fee for Mesirow plan fiduciary service **$30.58**
Service code: 27

Payor: Hartford Life Insurance Company EIN: 06-0974148

This is an estimate based on the annual flat fee plus the basis point fee paid to Mesirow divided by the number of plans using this feature.

Direct Revenue Detail

Recipient: ***Hartford Life Insurance Company***

Fee Description	**Dollar Amount**
One-Time Distribution Fee	$175.00
Loan Administration Fee	$6.00
Total Direct Revenue:	**$181.00**
Grand Total Direct Fees:	**$181.00**

Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of compensation paid with respect to the Hartford product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

This report includes compensation actually paid to or by the Hartford within the indicated plan year as part of your Hartford product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your Hartford customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your Hartford Service Team should you require additional information regarding the compensation paid to or by Hartford with respect to your plan.

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Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

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[1] Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

HOFFMAN CAR WASH, INC. RETIREMENT PLAN (712226)
EIN #: 14-1515338

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **$5,924.26**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: Hartford Life Insurance Company EIN: 06-0974148

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **$5,924.26**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2011 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Life Insurance Company are the net result of aggregating direct compensation after the effects of adjustments processed in 2011, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

Float compensation **$0.98**

Bank accounts and investments associated with short-term investment pool, 200 Hopmeadow Road, Simsbury, CT 06089

This is an estimate based on the annual average rate of float (0.01% for 2011) earned on the bank accounts and investments associated with the short-term investment pool for the 2011 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted to The Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor. The Plan Sponsor should consult with their tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

Investment Option Name	*EIN*	*Revenue Sharing Rate (%) Paid to The Hartford (rates as of 12/31/2011)*	*Underlying Fund Gross Expense Ratio as of the Fund's Year End*[*]
AMERICAN CENTURY GROWTH R	44-6006315	0.85% x assets	1.50%
AMERICAN FUNDS GR FD OF AMER R1	52-0792143	1.10% x assets	1.43%
BLACKROCK LIFEPATH 2020 A	51-0318674	0.75% x assets	1.44%
BLACKROCK LIFEPATH 2030 A	51-0318674	0.75% x assets	1.44%
BLACKROCK LIFEPATH 2040 A	51-0318674	0.75% x assets	1.44%
BLACKROCK LIFEPATH 2050 A	51-0318674	0.75% x assets	1.56%
BLACKROCK LIFEPATH RETIREMENT A	51-0318674	0.75% x assets	1.43%
EATON VANCE WORLDWIDE HLTH SCI R	04-2325690	0.80% x assets	2.05%
FRANKLIN HIGH INCOME R	94-1693697	0.60% x assets plus $12/participant	1.12%
HARTFORD INDEX HLS IB	22-2937447	0.50% x assets	0.59%
INVESCO REAL ESTATE R	76-0343427	0.85% x assets	1.56%
INVESCO VAN KAMPEN MID CP GRTH R	84-0933032	0.85% x assets	1.58%
JPMORGAN SMALL CAP VALUE R2	26-3613641	0.80% x assets	1.65%
LEGG MASON CLEARBRG MDCAP CORE R	52-2203385	0.75% x assets	1.64%
LORD ABBETT DEVELOPING GROWTH R3	13-2958970	0.75% x assets	1.24%
MFS UTILITIES R2	04-3158862	0.85% x assets	1.32%
OPPENHEIMER INTERNATIONAL BOND N	84-1308320	0.80% x assets	1.65%
PIMCO REAL RETURN R	33-0629048	0.65% x assets	1.11%
PIMCO TOTAL RETURN R	33-0629048	0.65% x assets	1.10%
PIONEER EMERGING MARKETS R	04-3233999	0.80% x assets	2.10%
PUTNAM EQUITY INCOME R	04-6407893	0.75% x assets	1.42%
RIDGEWORTH MIDCAP VALUE EQUITY A	23-2678674	0.75% x assets	1.35%
RUSSELL LIFEPOINTS BAL STRAT R3	91-1151059	0.70% x assets	1.75%
SEI STABLE ASSET 19	23-2177800	1.00% x assets	1.30%
THORNBURG INTERNATIONAL VALUE R3	06-1158764	0.75% x assets	1.63%

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Hartford Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The list includes any investment option held by the plan on at least one month end during the 2011 calendar year. To arrive at an estimate of the dollar amount that Hartford received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

* This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that affiliates of Hartford Life Insurance Company act as advisor to the Hartford funds. Such affiliates are identified in the fund's prospectus' and receive management fees in the following amounts:

Hartford Index HLS IB	0.30% x assets

Recipient: MERRILL LYNCH LIFE AGENCY EIN: 13-2808480

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

* **Sales commission**	Payor: Hartford Life Insurance Company	EIN: 06-0974148	**$19,687.78**

* *Sales Commissions are reported on a Plan Year basis.*

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the 2011 calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Direct Revenue Detail

Recipient: ***Hartford Life Insurance Company***

Fee Description	**Dollar Amount**
Participant Fee	$645.00
Contract Maintenance Fee	$358.44
Loan Set-up Fee	$2,150.00
Holding Account: Internal Fee	$114.82
One-Time Distribution Fee	$1,500.00
Loan Administration Fee	$1,156.00
Total Direct Revenue:	**$5,924.26**

Grand Total Direct Fees:	**$5,924.26**

Hoffman Car Wash, Inc. Retirement Plan

Years Ended December 31, 2011 and 2010

TROUT, EBERSOLE & GROFF LLP
CPAs | BUSINESS ADVISORS

Hoffman Car Wash, Inc. Retirement Plan

Financial Statements with Supplementary Information

Years Ended December 31, 2011 and 2010

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TROUT, EBERSOLE & GROFF LLP
CPAs | BUSINESS ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Hoffman Car Wash, Inc. Retirement Plan
Albany, New York

We were engaged to audit the financial statements of **Hoffman Car Wash, Inc. Retirement Plan** as of December 31, 2011 and 2010, and for the years then ended, and supplemental schedules as of and for the year ended December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedules 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 summarized in Note 3, which was certified by Hartford Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator 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 are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are 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 schedules, 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.

Trout, Ebersole & Groff, LLP

July 11, 2012
Lancaster, Pennsylvania

TROUT, EBERSOLE & GROFF, LLP
Certified Public Accountants

Hoffman Car Wash, Inc. Retirement Plan

STATEMENTS of NET ASSETS AVAILABLE for BENEFITS

December 31, 2011 and 2010

	2011	2010
ASSETS		
Investments, at Fair Value (Notes 3 and 4):		
Common Collective Trust Account	$ 590,535	$ 503,121
Common Collective Trust Forfeiture Account	1,574	4,734
Pooled Separate Accounts	6,094,430	5,895,621
Total Investments	**6,686,539**	**6,403,476**
Receivables:		
Notes Receivable from Participants	**423,704**	**350,212**
TOTAL ASSETS	**7,110,243**	**6,753,688**
LIABILITIES	**-0-**	**-0-**
NET ASSETS AVAILABLE for BENEFITS	**$ 7,110,243**	**$ 6,753,688**

See notes to financial statements.

Hoffman Car Wash, Inc. Retirement Plan

STATEMENTS of CHANGES in NET ASSETS AVAILABLE for BENEFITS

Years Ended December 31, 2011 and 2010

	2011	2010
ADDITIONS		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments (Note 3)	$ (372,294)	$ 597,256
Interest and Dividends	177,931	85,263
Interest on Notes Receivable from Participants	18,123	16,608
Total Investment Income	**(176,240)**	**699,127**
Contributions:		
Employer	287,065	285,314
Employee	394,954	375,978
Total Contributions	**682,019**	**661,292**
Total Additions	**505,779**	**1,360,419**
DEDUCTIONS		
Benefits Paid	129,996	146,716
Deemed Distributions	13,237	36,631
Administrative Expenses	5,991	8,645
Total Deductions	**149,224**	**191,992**
NET INCREASE for YEAR	**356,555**	**1,168,427**
NET ASSETS AVAILABLE for BENEFITS		
Beginning of Year	6,753,688	5,585,261
End of Year	**$ 7,110,243**	**$ 6,753,688**

See notes to financial statements.

NOTE 1 - DESCRIPTION of PLAN

The following brief description of **Hoffman Car Wash, Inc. Retirement Plan** is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General
The Plan is a defined contribution plan covering all eligible employees of Hoffman Car Wash, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the Plan trustee, Hoffman Car Wash, Inc. The Plan is a 401(k) salary deferral and profit sharing plan under which a record keeping account is set up in each participant's name to show the value of his/her retirement benefit. The participant's share of contributions and investment earnings is added to his/her account. Subtractions include withdrawals made by the participant and the participant's share of investment losses. Each participant directs the investment of his/her account.

Eligibility
All employees who have completed one year of service (credited with 1,000 or more hours during the year) and attained the age of 18 are eligible to participate in the salary reduction, employer matching portion, and employer profit sharing portion of the Plan. Individuals who become employees by virtue of an acquisition, merger, or similar transaction are subject to certain rules.

Funding Policy
Participant Contributions - A participant may elect to defer any percentage of his/her compensation each year up to the maximum allowed by law, but not to exceed 75% for regular payroll periods. For certain designated payroll periods, participants may defer up to 100% of compensation. Participants may designate all or any portion of their deferrals as Roth contributions. The Plan includes an automatic enrollment deferral of 5% for newly eligible employees who fail to provide an enrollment agreement to the contrary, and specifies the investment options for such automatic enrollments. Each participant may change the rate of his/her elective deferrals in accordance with rules established by the employer. A participant allocates his/her 401(k) contributions among various investment choices.

Rollover Contributions - Participants may make rollover contributions after meeting the eligibility requirements for participation in the Plan.

Matching Employer Contributions - The employer will match elective contributions by making a contribution to the 401(k) account. The amount of this contribution will be equal to 100% of the elective contributions up to 5% of compensation.

Profit Sharing Employer Contributions - The employer may make discretionary profit sharing contributions to the Plan. If a profit sharing contribution is made, it is allocated to each eligible member who had at least 500 hours of service during the plan year or who was employed on the last day of the plan year.

The employer contribution is allocated to each eligible participant in the ratio that each qualifying participant's compensation for the plan year bears to the total compensation of all qualifying participants for the plan year. There were no profit sharing contributions for the plan years ended December 31, 2011 and 2010.

NOTE 1 - DESCRIPTION of PLAN (Continued)

Vesting
Participant salary deferrals, plus or minus any earnings or losses, are 100% vested. Employer matching and profit sharing contributions, and earnings or losses thereon, vest in accordance with the following table:

Years of Service	Vesting Percentage
1	0
2	20
3	40
4	60
5	80
6	100

If a participant terminates before his/her matching and/or profit sharing account is fully vested, the non-vested portion of his/her account is forfeited. Forfeitures may be applied to payment of Plan administration expenses. Otherwise, forfeitures are applied toward employer matching or profit sharing contributions, as applicable. Terminated participants who return to work before incurring five consecutive one-year breaks in service may recapture their forfeited benefit upon restoring to the Plan the distribution received at termination.

Notes Receivable from Participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined quarterly by the custodian. Principal and interest is paid ratably through weekly payroll deductions. Participants are permitted to have up to two outstanding notes at a time.

Retirement Benefits and Distributions
Normal Retirement - A participant's account is 100% vested and payable upon retirement at age 65.

Early Retirement - The Plan does not allow for early retirement.

Late Retirement - If a participant continues working after their normal retirement date, he/she will remain in the Plan as an active member. The participant's account is 100% vested and will become payable when he/she actually retires from active employment, subject to minimum distribution rules at age 70 ½ or later.

Disability Retirement - If a participant becomes disabled and is unable to continue working, his/her account is 100% vested, regardless of the number of years of service.

Death Benefits - If a participant dies while an active member of the Plan, his/her account is 100% vested and payable to the designated beneficiary. If the participant is married, his/her spouse will automatically be the beneficiary unless he/she specifies otherwise with the written consent of the spouse.

Hardship Withdrawals - A participant may request a distribution from the Plan in the event of a financial hardship in an amount not to exceed the participant's elective deferrals.

NOTE 1 - DESCRIPTION of PLAN (Continued)

Retirement Benefits and Distributions (Continued)
In-Service Withdrawals - A participant may request a distribution from the Plan from any rollover contributions at any time.

Other - Participants who attain age 59 ½ and continue to work may withdraw their elective deferrals plus the vested portion of the employer's matching and profit sharing contributions.

Forfeitures
When a participant terminates before becoming 100% vested, the portion of his/her account to which he/she is not entitled may be used to pay any administrative expenses of the Plan. Otherwise, forfeitures are used to reduce the amount that the employer contributes to the Plan for matching or profit sharing contributions, as the case may be. As of December 31, 2011 and 2010, forfeited non-vested account balances were $1,574 and $4,734 respectively. Forfeitures of $40,157 and $22,917 were used during the years ended December 31, 2011 and 2010, respectively, to reduce employer contributions.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation
The Plan's financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP). Current US GAAP standards are contained in the Accounting Standards Codification (ASC) as set forth by the Financial Accounting Standards Board (FASB).

Use of 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 certain reported amounts and disclosures. Accordingly, actual results could differ from those amounts.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document. Notes receivable from participants amounted to $423,704 and $350,212 at December 31, 2011 and 2010, respectively, and accrued interest on the notes amounted to $-0- at December 31, 2011 and 2010. Interest income on the notes is recorded when the payments are withheld from the participants. Any interest that is withheld but not received by the Plan prior to year end is accrued and reflected as interest on notes receivable from participants in the accompanying statements of net assets available for benefits. Interest income on the notes amounted to $18,123 and $16,608 at December 31, 2011 and 2010, respectively.

Valuation and Income Recognition
The Plan's investments are stated at fair value as determined and certified to by the Plan's custodian. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Investment Results
Interest earnings and fund value increases or decreases are allocated each year to Plan members in proportion to each member's account balance.

Payment of Benefits
Benefits are recorded when paid.

Administrative Costs
The Plan Sponsor absorbs certain administrative costs of the Plan.

NOTE 3 - INVESTMENTS

The following summary is based on the information provided by the Hartford Life Insurance Company for the value of Plan investments at December 31, 2011 and 2010. Investments that represent five percent or more of the Plan's net assets are separately identified.

	2011	2010
Investments at Fair Value as Determined in Note 4:		
Common Collective Trust Accounts:		
SEI Stable Asset	592,109	507,855
Pooled Separate Accounts:		
American Century Growth Fund R	868,686	903,359
American Funds Growth Fund R1	641,259	717,299
BlackRock Lifepath 2030 A	-0-*	505,410
BlackRock Lifepath 2040 A	-0-*	385,927
JP Morgan SmartRetirement 2030	492,592	-0-*
JP Morgan SmartRetirement 2040	439,678	-0-*
Pimco Real Return R	356,462	-0-*
Pioneer Emerging Markets R	-0-*	367,681
Thornburg International Value R3	537,454	601,763
Other	2,758,299*	2,414,182*
	6,686,539	**6,403,476**

*Investment did not represent 5% or more of the Plan's net assets.

NOTE 3 - INVESTMENTS (Continued)

During the years ended December 31, 2011 and 2010, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value by $(372,294) and $597,256, respectively as follows:

	2011	2010
Net Appreciation (Depreciation) in Fair Value of Investments:		
Common Collective Trust Accounts	-0-	824
Pooled Separate Accounts	(372,294)	596,432
	(372,294)	**597,256**

NOTE 4 - FAIR VALUE MEASUREMENTS

FASB ASC Topic 820, *Fair Value Measurements and Disclosures,* establishes a framework for measuring fair value. In 2011, the Plan adopted certain provisions of FASB ASU 2010-6, *Improving Disclosures about Fair Value Measurements*, effective for the year ending December 31, 2011. The implementation of the ASU did not result in a change in previously reported net assets available for benefits. The adoption of the ASU resulted in a more detailed presentation of the Plan's level 3 investment activity.

That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset and 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.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Common Collective Trust Accounts: Valued based on the liquidation value of the investment contract, as determined by the guaranteed interest rate stated in the contract. The common collective trust accounts seek to guarantee a low risk, specified rate of return which resets annually.

Pooled Separate Accounts: Valued based on the net asset value of the shares of the underlying funds held by the Plan at year end, as more fully described in Note 2. The pooled separate accounts seek to provide a return consistent with or better than the rates of return for the funds in its category. The pooled separate accounts may be redeemed upon request of the Plan participants at any time and without restriction, subject to the retirement benefits and distributions provisions outlined in Note 1.

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

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

	Level 1	Level 2	Level 3	Total
Common Collective Trust Accounts:				
Stable Asset Accounts	-0-	-0-	592,109	592,109
Pooled Separate Accounts:				
Balanced Fund Accounts	-0-	1,455,141	-0-	1,455,141
Bond Fund Accounts	-0-	1,069,535	-0-	1,069,535
Equity Fund Accounts	-0-	887	-0-	887
Growth Fund Accounts	-0-	1,937,439	-0-	1,937,439
International/Global Fund Accounts	-0-	369,725	-0-	369,725
Specialty Fund Accounts	-0-	499,623	-0-	499,623
Value Fund Accounts	-0-	762,080	-0-	762,080
Total Assets at Fair Value	**-0-**	**6,094,430**	**592,109**	**6,686,539**

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

	Level 1	Level 2	Level 3	Total
Common Collective Trust Accounts:				
Stable Asset Accounts	-0-	-0-	507,855	507,855
Pooled Separate Accounts:				
Balanced Fund Accounts	-0-	1,277,741	-0-	1,277,741
Bond Fund Accounts	-0-	861,359	-0-	861,359
Growth Fund Accounts	-0-	2,002,703	-0-	2,002,703
Indexed Fund Accounts	-0-	307	-0-	307
International/Global Fund Accounts	-0-	489,693	-0-	489,693
Specialty Fund Accounts	-0-	453,795	-0-	453,795
Value Fund Accounts	-0-	810,023	-0-	810,023
Total Assets at Fair Value	**-0-**	**5,895,621**	**507,855**	**6,403,476**

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Level 1 and 2 Transfers
There we no transfers in or out of levels 1 and 2 during the year ended December 31, 2011.

Level 3 Gains and Losses
The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2011 and 2010:

	Level 3 Common Collective Trust Accounts
Balance at December 31, 2009	**499,719**
Sales	(59,952)
Total Gains and Losses Included in Changes in Net Assets Available for Benefits	824
Purchases	67,264
Balance at December 31, 2010	**507,855**
Purchases	125,508
Dividends	70
Notes Receivable from Participants Principal Repayments Received	16,579
Fees	(847)
Distributions to Participants	(31,811)
Notes Receivable from Participants Issued	(15,512)
Forfeitures	(9,733)
Balance at December 31, 2011	**592,109**

NOTE 5 - INFORMATION CERTIFIED by the CUSTODIAN

Hartford Life Insurance Company held the Plan assets as of December 31, 2011 and 2010, and for the years then ended. The following information was certified as complete and accurate by the custodian under 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974:

- Investments
- Investment Income
- Schedule of Assets (Held at End of Year)

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are invested in pooled separate accounts managed by The Hartford Life Insurance Company, the custodian as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the administrative expenses amounted to $5,991 and $8,645 for the years ended December 31, 2011 and 2010, respectively.

NOTE 7 - TERMINATION of PLAN

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. The Plan shall terminate upon any of the following events: termination of the Plan by the employer and/or dissolution or merger of the employer, unless the successor makes provisions to continue the Plan. In this situation, the successor must substitute itself as the employer under this Plan.

Upon full termination of the Plan, the account balance of each affected participant shall be 100% vested and non-forfeitable. The amount of the fund assets shall be allocated to each participant subject to provisions for expenses of administration of the liquidation, in the ratio that such participant's account bears to all accounts.

NOTE 8 - INCOME TAX STATUS

The Plan obtained its latest tax determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. 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 applicable requirements of the Internal Revenue Code.

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 tax position that more likely than not would not be sustained upon examination by the DOL. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 and 2010, there are no uncertain tax 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; however there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for Plan years prior to December 31, 2005.

NOTE 9 - ACCOUNTS of PARTICIPANTS WHO HAVE WITHDRAWN

The following amounts represent the amounts allocated to accounts of persons who have withdrawn from active participation in the Plan. The vested amount is the portion thereof which may be withdrawn in the future. The remainder will be forfeited and may be used to pay any administrative expenses of the Plan. Otherwise, forfeitures are used to reduce the employer's matching or profit sharing contributions to the Plan, as applicable.

	2011	2010
Balance	108,849	41,879
Vested Portion	97,330	34,514

NOTE 10 - ERISA DISCLOSURES

There were no prohibited transactions, including those involving a known party-in-interest, during the years ended December 31, 2011 and 2010.

There were no loans or leases that were in default or uncollectible as of December 31, 2011 and 2010, and there were no defaulted or uncollectible loans or leases during these years.

The estimated number of employees covered by the Plan as of December 31 was:

	2011	2010
Active	229	269
Retired or Separated	16	21
	245	290

NOTE 11 - RISKS and UNCERTAINTIES

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

NOTE 12 - RECONCILIATION of FINANCIAL STATEMENTS to FORM 5500

The following is a reconciliation of total investments per the financial statements at December 31:

	2011	2010
Investments per the Financial Statements	6,686,539	6,403,476
Notes Receivable from Participants	423,704	350,212
Total Investments per Form 5500	**7,110,243**	**6,753,688**

NOTE 13 - RECLASSIFICATIONS

The statement of net assets available for benefits for the year ended December 31, 2010 has been restated to conform to the current year's financial statement presentation. This reclassification has no effect on the net increase in net assets available for benefits for the year.

NOTE 14 - SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 11, 2012, which represents the date the financial statements were available to be issued. No events have occurred between December 31, 2011, and this date which would require recording or disclosure in these financial statements.

Hoffman Car Wash, Inc. Retirement Plan

EIN 14-1515338 Plan #001

Schedule H - Line 4i - SCHEDULE of ASSETS (HELD at END of YEAR)

As of December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Common Collective Trust Accounts:		
	SEI Investments	SEI Stable Asset	***	$ 592,109
		Pooled Separate Accounts:		
*	Hartford Life Insurance Company	American Century Growth R	***	868,686
*	Hartford Life Insurance Company	American Funds Growth Fund R1	***	641,259
*	Hartford Life Insurance Company	Columbia Small Cap Core A	***	9,280
*	Hartford Life Insurance Company	JP Morgan SmartRetirement 2020	***	319,967
*	Hartford Life Insurance Company	JP Morgan SmartRetirement 2030	***	492,592
*	Hartford Life Insurance Company	JP Morgan SmartRetirement 2040	***	439,678
*	Hartford Life Insurance Company	JP Morgan SmartRetirement 2050	***	26,813
*	Hartford Life Insurance Company	JP Morgan SmartRetirement Inc	***	58,544
*	Hartford Life Insurance Company	Eaton Vance WW Health Sciences R	***	64,989
*	Hartford Life Insurance Company	Franklin High Income R	***	325,906
*	Hartford Life Insurance Company	Invesco Van Kampen Mid Cap Growth R	***	205,770
*	Hartford Life Insurance Company	Janus Balanced S	***	117,547
*	Hartford Life Insurance Company	JP Morgan Small Cap Value R2	***	102,735
*	Hartford Life Insurance Company	Legg Mason Clearbridge Mid Cap Core R	***	$ 32,178

See independent auditors' report.

Hoffman Car Wash, Inc. Retirement Plan

EIN 14-1515338 Plan #001

Schedule H - Line 4i - SCHEDULE of ASSETS (HELD at END of YEAR)

(Continued)

As of December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Pooled Separate Accounts (Continued):		
*	Hartford Life Insurance Company	Lord Abbett Developing Growth R3	***	$ 111,434
*	Hartford Life Insurance Company	Lord Abbett Fundamental Equity A	***	887
*	Hartford Life Insurance Company	MFS Utilities R2	***	261,631
*	Hartford Life Insurance Company	Oppenheimer Developing Markets A	***	258,291
*	Hartford Life Insurance Company	Oppenheimer International Bond N	***	116,617
*	Hartford Life Insurance Company	Oppenheimer Real Estate A	***	173,003
*	Hartford Life Insurance Company	Pimco Real Return R	***	270,550
*	Hartford Life Insurance Company	Pimco Total Return R	***	356,462
*	Hartford Life Insurance Company	Putnam Equity Income R	***	189,546
*	Hartford Life Insurance Company	Ridgeworth MC Val Equity A	***	112,611
*	Hartford Life Insurance Company	Thornburg International Value R3	***	537,454
		Receivables:		
*	Notes Receivable from Participants	3.25% - 8.75%, Various Maturity Dates (April 2012 - February 2023); Collateral - Portion of Participants' Vested Account Balances	-0-	423,704
			$ -0-	$ 7,110,243

*Indicates party-in-interest to the Plan.

***Information not required.

See independent auditors' report.

Hoffman Car Wash, Inc. Retirement Plan

EIN 14-1515338 Plan #001

Schedule H - Line 4i - SCHEDULE of ASSETS (ACQUIRED and DISPOSED of WITHIN YEAR)

Year Ended December 31, 2011

(a)	Identity of Issue, Borrower, Lessor, or Similar Party	(b)	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(c)	Costs of Acquisitions	(d)	Proceeds of Dispositions
	Notes Receivable from Participants		3.25% - 8.75%, Various Maturity Dates (April 2012 - February 2023); Collateral - Portion of Participants' Vested Account Balances		$ -0-		$ -0-

See independent auditors' report.