Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CONTINENTAL CARS, INC. 401(K) PLAN & TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/01/1983

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CONTINENTAL CARS, INC.

6757 AIRPORT BLVD.
AUSTIN, TX 78752-3602

2b Employer Identification Number (EIN) 74-2003995

2c Plan Sponsor's telephone number 512-454-6821

2d Business code (see instructions) 441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	SHERI GORDON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	539
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	442
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	419
b	Retired or separated participants receiving benefits	**6b**	65
c	Other retired or separated participants entitled to future benefits	**6c**	88
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	572
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	572
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	517
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

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

A Name of plan
CONTINENTAL CARS, INC. 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONTINENTAL CARS, INC.

D Employer Identification Number (EIN)
74-2003995

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
VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	874350	485	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
43801	5117

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
SALYER WALTER D
19115 FM 2252 STE 11
GARDEN RIDGE, TX 78266

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31798	0	COMMISSIONS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPL FINANCIAL CORPORATION
9785 TOWNE CENTRE DRIVE
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12003	0	FEES	3

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

CUSTOM BENEFIT SERV OF HOUSTON INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	5117	FEES	5

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	11564415

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1776364
c	Additions: (1) Contributions deposited during the year	7c(1)	1963		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	16467		
	(4) Transferred from separate account	7c(4)	352647		
	(5) Other (specify below)	7c(5)	182187		
	▶ TRANSFER FROM VOYA				
	(6) Total additions			7c(6)	553264
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	2329628
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	33673		
	(2) Administration charge made by carrier	7e(2)	3970		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	30666		
	▶ TRANSFERS, DIST				
	(5) Total deductions			7e(5)	68309
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2261319

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

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

A Name of plan CONTINENTAL CARS, INC. 401(K) PLAN & TRUST	**B** Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CONTINENTAL CARS, INC.	**D** Employer Identification Number (EIN) 74-2003995

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).. . . . . [X] 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

ING LIFE INSURANCE AND ANNUITY CO

71-0294708

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

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

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)

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

(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?
26 99	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	5468	Yes [ ] No [X]

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

SCHRIVER CARMONA

74-2003995

(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?
99	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	5468	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2015

This Form is Open to Public Inspection.

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

A Name of plan
CONTINENTAL CARS, INC. 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
74-2003995

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: CONTRACT SEPARATE ACCOUNT

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE & ANNUITY CO.

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)
71-0294708-001	P	13620295

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

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

2015

This Form is Open to Public Inspection

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

A Name of plan
CONTINENTAL CARS, INC. 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONTINENTAL CARS, INC.

D Employer Identification Number (EIN)
74-2003995

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)	138740	137062
(2) Participant contributions	1b(2)	23584	16971
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	573600	443987
(9) Value of interest in common/collective trusts	1c(9)	1776364	2015496
(10) Value of interest in pooled separate accounts	1c(10)	11611259	11564415
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	14123547	14177931
	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	14123547	14177931

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)	137062	
	(B) Participants	2a(1)(B)	1466727	
	(C) Others (including rollovers)	2a(1)(C)	23147	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1626936
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	16467	
	(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)	22226	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		38693
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-215552
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1450077
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1298284	
(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)		1298284
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		80217
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)	17192	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		17192
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1395693
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		54384
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: SCHRIVER, CARMONA & COMPANY, PLLC **(2)** EIN: 27-3473554

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			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				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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

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

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

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

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

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

A Name of plan
CONTINENTAL CARS, INC. 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONTINENTAL CARS, INC.

D Employer Identification Number (EIN)
74-2003995

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Continental Cars, Inc.
401(k) Plan and Trust

Financial Statements

December 31, 2015 and 2014



Continental Cars, Inc. 401(k) Plan and Trust

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Independent Auditor's Report

To the Plan Administrator of
Continental Cars, Inc. 401(k) Plan and Trust

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

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

Disclaimer of Opinion

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

Other Matter – Supplemental Schedules

The supplemental schedules of Schedule of Assets Held (At End of Year) as of December 31, 2015 and 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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



Schriver, Carmona & Company, PLLC

San Antonio, Texas

October 13, 2016

Financial Statements

Continental Cars, Inc. 401(k) Plan and Trust

Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	2015	2014
Assets		
Investments (at fair value):		
Stable Value Fund	$ **2,015,496**	$ 1,776,364
Mutual Funds	**11,564,415**	11,611,259
Receivable:		
Employer Contribution	**137,062**	138,740
Participant Contributions	**16,971**	23,584
Notes Receivable from Participants	**443,987**	573,600
Total Assets	**14,177,931**	14,123,547
Liabilities	**-**	-
Net Assets Available for Benefits	$ **14,177,931**	$ 14,123,547

The Accompanying Notes are an Integral Part of These Financial Statements.

Continental Cars, Inc. 401(k) Plan and Trust

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2015 and 2014

	2015	2014
Additions		
Contributions:		
Employer's	**$ 137,062**	$ 137,422
Participant's	**1,466,727**	1,445,895
Others (including rollovers)	**23,147**	10,072
Total Contributions	**1,626,936**	1,593,389
Investment Income:		
Interest	**16,467**	19,434
Net Appreciation (Depreciation) in Fair Value of Investments	**(215,552)**	807,726
Total Investment Income (Loss)	**(199,085)**	827,160
Interest Income from Notes Receivable from Participants	**22,226**	25,634
Total Additions	**1,450,077**	2,446,183
Deductions		
Benefits Paid to Participants	**1,378,501**	1,378,869
Administration Expenses	**17,192**	16,903
Total Deductions	**1,395,693**	1,395,772
Net Increase	**54,384**	1,050,411
Net Assets Available for Benefits at Beginning of Year	**14,123,547**	13,073,136
Net Assets Available for Benefits at End of Year	**$ 14,177,931**	$ 14,123,547

The Accompanying Notes are an Integral Part of These Financial Statements.

Note A: Description of Plan

The following description of the Continental Cars, Inc. 401(k) Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Continental Cars, Inc. (the "Plan Sponsor") established the Plan to provide employees with a systematic means of saving and investing for the future. The Plan is a defined contribution plan covering all full-time employees of the Plan Sponsor who have one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Economic Growth and Tax Relief Reconciliation Act ("EGTRRA") of 2001. The Plan sponsor pays all administrative expenses of the Plan.

Plan Administration

The Plan is administered by the Plan Sponsor. The Plan's trustee, VOYA Retirement Insurance and Annuity Company (the "Trustee"), is responsible for the custody and management of the Plan's assets.

Contributions

Each year, participants may contribute up to the 401(k) deferral limit ($18,000 for 2015) plus a $6,000 catch up contribution (if the participant is over 50 years old) based on pretax annual compensation as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan Sponsor contributed a 10% matching contribution for 2015 of the amount that a participant contributed to the Plan. Additional amounts may be contributed at the option of the Plan Sponsor's board of directors. All employer contributions are deposited annually for the preceding calendar year matching contributions.

Investment Options

Upon enrollment in the Plan, a participant may direct employee contribution in increments in a variety of investment options, including mutual funds, listed stocks, and cash accounts. Participants may change their investment options at any time.

Participant's Accounts

Each participant's account is credited with the participant's contributions, allocations of the Plan Sponsor's discretionary contributions, and the Plan's gains or losses. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's accounts.

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 account balance. Loan balances are treated as assets of the participant's account. Loan terms range from one year, or up to five years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates currently range from 4.25% - 8.00%. Principal and interest are paid ratably through regular payroll deductions.

Note A: Description of Plan (Continued)

Vesting

Participants are immediately vested in their contributions plus actual earning thereon, and in the Plan Sponsor's matching and discretionary contribution portion of their accounts plus actual earnings thereon. If employment is terminated prior to normal retirement age for any reason other than death or disability, then the employee's interest in the employer contributions becomes vested in accordance with specific vesting schedules based on years of service as required by the Department of Labor's Rules and Regulations.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's account, or annual installments over a specified period. For termination of service due to other reasons, a participant may receive the value of his or her account as a lump-sum distribution.

Forfeited Accounts

At December 31, 2015 and 2014, there were no forfeited non-vested accounts. All accounts are fully vested immediately upon the contribution of funds to each participant's account.

Note B: Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements are prepared on the accrual basis of accounting. As of December 31, 2015 and 2014 and for the years then ended, the Plan included combined participants of Continental Cars, Inc., Continental Imports, Inc. and Austin Infinity, Inc. The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

Income Recognition

The basis of the investments held by the Plan is adjusted annually to closing market value and unrealized gains and losses are recorded as part of the adjustment. Realized gains and losses on investments are computed using the adjusted based (beginning of year market value) on first in, first- out method. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded on the cash received basis. Security transaction expenses are considered in computing realized gains and losses.

Contributions

Contributions from employees and the Plan Sponsor are recorded in the period in which the Plan Sponsor makes the payroll deductions from participant earnings.

Participant Loans

Participant loans are valued at cost, which approximates fair value.

Payment of Benefits

Benefits are recorded when paid.

Note B: Summary of Significant Accounting Policies (Continued)

Net Appreciation (Depreciation) in Fair Value of Investments

Net realized and unrealized appreciation (depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

The Fair Value Measurements and Disclosures Topic of the FASB ASC, 820·10, defines fair value, establishes a three· level valuation hierarchy for disclosure of fair value measurements, and expands disclosures about fair value measurements. An instrument's categorization within the hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Level 1 - Inputs that utilize quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access.

Level 2 - Inputs that include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

Level 3 - Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions as there is little, if any, related market activity

Fair Value of Financial Instruments

Continental Cars financial instruments include cash, receivables, and investments. The carrying amount of these financial instruments, except for investments (see Note G), as reflected in the Changes in Net Assets approximates fair value.

Administrative Expenses

Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan and are recorded in the accompanying statement of changes in net assets available for benefits as administrative expenses.

Date of Management's Review

Subsequent events have been evaluated through the date of this report, which is the date the financial statements were available to be issued.

Note C: Information Certified by the Plan’s Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

Note C: Information Certified by the Plan's Trustee (Continued)

Investments certified by VOYA Retirement Insurance and Annuity Company at December 31, 2015 are as follows:

Investments, at Fair Value	December 31, 2015	
Interest in Registered Investment Companies		
AB Global Bond Fund - Class Z	$ 128,429	
American Funds EuroPacific Growth Fund - Class R-6	416,545	
BlackRock LifePath Index 2020 Fund - Class K	1,666,226	*
BlackRock LifePath Index 2025 Fund - Class K	16,167	
BlackRock LifePath Index 2030 Fund - Class K	1,440,356	*
BlackRock LifePath Index 2035 Fund - Class K	32,704	
BlackRock LifePath Index 2040 Fund - Class K	1,121,939	*
BlackRock LifePath Index 2045 Fund - Class K	125,577	
BlackRock LifePath Index 2050 Fund - Class K	368,069	
BlackRock LifePath Index 2055 Fund - Class K	143,969	
BlackRock LifePath Index Retirement Fund - Class K	651,953	
ClearBridge Aggressive Growth Fund - Class IS	486,746	
ClearBridge Small Cap Growth Fund - Class IS	102,948	
Columbia High Yield Bond Fund - Class Y Shares	125,635	
DFA Emerging Markets Portfolio - Institutional Class Shares	5,124	
DFA Real Estate Securities Portfolio - Institutional Class Shares	274,218	
DFA U.S. Targeted Value Portfolio - Institutional Class Shares	158,863	
Invesco American Value Fund - Class R6	179,839	
Invesco Equity and Income Fund - Class R6	602,250	
Janus Flexible Bond Fund - Class N Shares	833,962	*
JPMorgan Equity Income Fund - Class R6 Shares	527,745	
JPMorgan U.S. Equity Fund - Class R6 Shares	408,160	
Oppenheimer Globa Fund - Class I	386,908	
PIMCO Commodity Real Return Strategy Fund - Institutional Class	7,114	
PIMCO Real Return Fund - Institutional Class	166,035	
Pioneer Strategic Income Fund - Class K Shares	10,879	
Vanguard 500 Index Fund - Admiral Shares	609,303	
Vanguard Mid-Cap Index Fund Admiral Shares	267,792	
Vanguard Small-Cap Index Fund - Admiral Shares	242,175	
Victory Munder Mid-Cap Core Growth Fund - Class R6	56,787	
Interest in Stable Value Fund		
Voya Fixed Account	2,015,496	*
Total Investments	$ 13,579,911	

* Investments that represent 5 percent or more of the Plan net assets available for benefits.

Note C: Information Certified by the Plan's Trustee (Continued)

Investments certified by VOYA Retirement Insurance and Annuity Company at December 31, 2014 are as follows:

Investments, at Fair Value	December 31, 2014	
Interest in Registered Investment Companies		
American Century One Choice SM2020	$ 1,664,358	*
American Century One Choice SM2025	13,584	
American Century One Choice SM2030	1,351,740	*
American Century One Choice SM2035	20,204	
American Century One Choice SM2040	1,101,953	*
American Century One Choice SM2045	87,938	
American Century One Choice SM2050	325,267	
American Century One Choice SM2055	66,839	
American Century One Choice SM IN Retirement	599,752	
Voya Money Market Fund - Class A	4,364	
AB Global Bond Fund - Class R	181,461	
Delaware Extended Duration Bond Fund - Class R	157,724	
Neuberger Berman High Income Bond Fund - Class R3 Shares	185,056	
Pioneer Strategic Income Fund- Class R Shares	582	
RidgeWorth Total Return Bond Fund - Class R Shares	801,033	*
Janus Balance Fund - Class R Shares	436,471	
Lord Abbett Fundamental Equity Fund - Class R3	527,011	
MFS Value Fund - Class R2	142,470	
RidgeWorth Large Cap Value Equity Fund - Class A Shares	488,228	
Voya U.S. Stock Index Portfolio - Service 2 Class	438,075	
Voya U.S. Stock Index Portfolio - Service 2 Class	647,308	
Lord Abbett Developing Growth Fund - Class R3	158,037	
RidgeWorth Mid-Cap Value Equity Fund - Class A Shares	242,331	
Victory Small Company Opportunity Fund - Class R	187,676	
Voya MidCap Opportunities Portfolio - Class S2	172,774	
Voya Russell Mid Cap Index Portfolio - Class S2	273,946	
Voya Russell Small Cap Index Portfolio - Class S2	241,461	
VY Clarion Real Estate Portfolio - Service 2 Class	343,272	
American Funds EuroPacific Growth Fund - Class R-3	336,260	
American Funds New Perspective Fund - Class R-3	326,244	
MFS International Value Fund - Class R2	87,840	
Interest in Stable Value Fund		
Voya Fixed Account	1,776,364	*
Total Investments	$ 13,387,623	

* Investments that represent 5 percent or more of the Plan net assets available for benefits.

Note C: Information Certified by the Plan's Trustees (Continued)

Interest income from the stable value fund of party-in-interest totaled $16,467 and $19,434 and net appreciation (depreciation) in fair value of the investments totaled ($215,552) and $807,726 in 2015 and 2014, respectively. Fees paid to party-in-interest amounted to $5,117 and $8,055 in 2015 and 2014, respectively.

Participant notes receivable totaled $443,987 and $573,600 as of December 31, 2015 and 2014. Interest earned on participant loans totaled $22,226 and $25,634 in 2015 and 2014, respectively.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Interest in Stable Value Fund

These accounts are valued at net asset value of shares held by the Plan at year-end. The Stable Value Fund is available through an annuity contract issued by Voya Retirement Insurance and Annuity Company and guarantees principal and a minimum guaranteed interest rate for the life of the product.

Interest in Mutual Funds

These accounts are valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Note D: Plan Termination

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

Note E: Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the Code). The Plan has been amended since receiving the latest determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan remains in compliance and is currently being operated in compliance with the applicable requirements of the Code.

Note F: 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 participant's account balances and the amounts reported in the statement of net assets available for benefits.

Note G: Related Party Transactions

The Plan invests in allocated insurance contracts and annuities sponsored by the Plan's custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment services amounted to $3,970 and $1,674 for the years ended December 31, 2015 and 2014, respectively.

Note H: Fair Value Measurements

The reporting entity uses fair value measurements to record fair value adjustments to certain assets and liabilities to determine fair value disclosures. For additional information on how the Plan measures fair value, refer to **Note B**.

Note H: Fair Value Measurements (continued)

The following describes the valuation methods and assumptions used by the Plan in estimating the fair value disclosures for investments. There have been no changes in methodologies used at December 31, 2015 and 2014:

- *Stable Value Fund is valued at fair value based on the amount that would be received if the contract was terminated at the reporting date, by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.*
- *Mutual Funds* are valued on the quoted net asset value of the shares held by the Plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future values. Furthermore, the Plan believes its valuation methods or assumptions to determine the fair value of certain financial instruments could result in a different value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015:

Plan Assets	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 11,564,415	$ -	$ -	$ 11,564,415
Stable Value Fund	-	2,015,496	-	2,015,496
Total Investments	$ 11,564,415	$ 2,015,496	$ -	$ 13,579,911

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

Plan Assets	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 11,611,259	$ -	$ -	$ 11,611,259
Stable Value Fund	-	1,776,364	-	1,776,364
Total Investments	$ 11,611,259	$ 1,776,364	$ -	$ 13,387,623

Supplemental Schedule

Continental Cars, Inc. 401(k) Plan and Trust

Schedule H Line 4i – Schedule of Assets Held (at End of Year)
December 31, 2015

Form 5500, Schedule H, Line 4i

EIN: 74-2003995
Plan: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost*	(e) Current value
*	VOYA Retirement Insurance and Annuity Company	AB Global Bond Fund - Class Z	$ -	$ 128,429
*	VOYA Retirement Insurance and Annuity Company	American Funds EuroPacific Growth Fund - Class R-6	-	416,545
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2020 Fund - Class K	-	1,666,226
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2025 Fund - Class K	-	16,167
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2030 Fund - Class K	-	1,440,356
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2035 Fund - Class K	-	32,704
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2040 Fund - Class K	-	1,121,939
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2045 Fund - Class K	-	125,577
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2050 Fund - Class K	-	368,069
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2055 Fund - Class K	-	143,969
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index Retirement Fund - Class K	-	651,953
*	VOYA Retirement Insurance and Annuity Company	ClearBridge Aggressive Growth Fund - Class IS	-	486,746
*	VOYA Retirement Insurance and Annuity Company	ClearBridge Small Cap Growth Fund - Class IS	-	102,948
*	VOYA Retirement Insurance and Annuity Company	Columbia High Yield Bond Fund - Class Y Shares	-	125,635
*	VOYA Retirement Insurance and Annuity Company	DFA Emerging Markets Portfolio - Institutional Class Shares	-	5,124
*	VOYA Retirement Insurance and Annuity Company	DFA Real Estate Securities Portfolio - Institutional Class	-	274,218
*	VOYA Retirement Insurance and Annuity Company	DFA U.S. Targeted Value Portfolio - Institutional Class Shares	-	158,863
*	VOYA Retirement Insurance and Annuity Company	Invesco American Value Fund - Class R6	-	179,839
*	VOYA Retirement Insurance and Annuity Company	Invesco Equity and Income Fund - Class R6	-	602,250
*	VOYA Retirement Insurance and Annuity Company	Janus Flexible Bond Fund - Class N Shares	-	833,962
*	VOYA Retirement Insurance and Annuity Company	JPMorgan Equity Income Fund - Class R6 Shares	-	527,745
*	VOYA Retirement Insurance and Annuity Company	JPMorgan U.S. Equity Fund - Class R6 Shares	-	408,160
*	VOYA Retirement Insurance and Annuity Company	Oppenheimer Globa Fund - Class I	-	386,908
*	VOYA Retirement Insurance and Annuity Company	PIMCO Commodity Real Return Strategy Fund - Institutional Class	-	7,114
*	VOYA Retirement Insurance and Annuity Company	PIMCO Real Return Fund - Institutional Class	-	166,035
*	VOYA Retirement Insurance and Annuity Company	Pioneer Strategic Income Fund - Class K Shares	-	10,879
*	VOYA Retirement Insurance and Annuity Company	Vanguard 500 Index Fund - Admiral Shares	-	609,303
*	VOYA Retirement Insurance and Annuity Company	Vanguard Mid-Cap Index Fund Admiral Shares	-	267,792
*	VOYA Retirement Insurance and Annuity Company	Vanguard Small-Cap Index Fund - Admiral Shares	-	242,175
*	VOYA Retirement Insurance and Annuity Company	Victory Munder Mid-Cap Core Growth Fund - Class R6	-	56,787
*	VOYA Retirement Insurance and Annuity Company	Stable Value Fund	-	2,015,496
	Participant Loans	Interest Rates (4.25% - 8.00%)	-	443,987
			$ -	$ 14,023,898

* Represents a party-in-interest to the Plan

Note: Column (d) is N/A as all investments are participant directed.

Continental Cars, Inc. 401(k) Plan and Trust

Schedule H Line 4i – Schedule of Assets Held (at End of Year)
December 31, 2014

Form 5500, Schedule H, Line 4i

EIN: 74-2003995
Plan: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost*	(e) Current value
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2020	$ -	$ 1,664,358
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2025	-	13,584
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2030	-	1,351,740
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2035	-	20,204
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2040	-	1,101,953
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2045	-	87,938
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2050	-	325,267
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2055	-	66,839
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM IN Retirement	-	599,752
*	VOYA Retirement Insurance and Annuity Company	Voya Money Market Fund - Class A	-	4,364
*	VOYA Retirement Insurance and Annuity Company	AB Global Bond Fund - Class R	-	181,461
*	VOYA Retirement Insurance and Annuity Company	Delaware Extended Duration Bond Fund - Class R	-	157,724
*	VOYA Retirement Insurance and Annuity Company	Neuberger Berman High Income Bond Fund - Class R3 Shares	-	185,056
*	VOYA Retirement Insurance and Annuity Company	Pioneer Strategic Income Fund- Class R Shares	-	582
*	VOYA Retirement Insurance and Annuity Company	RidgeWorth Total Return Bond Fund - Class R Shares	-	801,033
*	VOYA Retirement Insurance and Annuity Company	Janus Balance Fund - Class R Shares	-	436,471
*	VOYA Retirement Insurance and Annuity Company	Lord Abbett Fundamental Equity Fund - Class R3	-	527,011
*	VOYA Retirement Insurance and Annuity Company	MFS Value Fund - Class R2	-	142,470
*	VOYA Retirement Insurance and Annuity Company	RidgeWorth Large Cap Value Equity Fund - Class A Shares	-	488,228
*	VOYA Retirement Insurance and Annuity Company	Voya U.S. Stock Index Portfolio - Service 2 Class	-	438,075
*	VOYA Retirement Insurance and Annuity Company	Voya U.S. Stock Index Portfolio - Service 2 Class	-	647,308
*	VOYA Retirement Insurance and Annuity Company	Lord Abbett Developing Growth Fund - Class R3	-	158,037
*	VOYA Retirement Insurance and Annuity Company	RidgeWorth Mid-Cap Value Equity Fund - Class A Shares	-	242,331
*	VOYA Retirement Insurance and Annuity Company	Victory Small Company Opportunity Fund - Class R	-	187,676
*	VOYA Retirement Insurance and Annuity Company	Voya MidCap Opportunities Portfolio - Class S2	-	172,774
*	VOYA Retirement Insurance and Annuity Company	Voya Russell Mid Cap Index Portfolio - Class S2	-	273,946
*	VOYA Retirement Insurance and Annuity Company	Voya Russell Small Cap Index Portfolio - Class S2	-	241,461
*	VOYA Retirement Insurance and Annuity Company	VY Clarion Real Estate Portfolio - Service 2 Class	-	343,272
*	VOYA Retirement Insurance and Annuity Company	American Funds EuroPacific Growth Fund - Class R-3	-	336,260
*	VOYA Retirement Insurance and Annuity Company	American Funds New Perspective Fund - Class R-3	-	326,244
*	VOYA Retirement Insurance and Annuity Company	MFS International Value Fund - Class R2	-	87,840
*	VOYA Retirement Insurance and Annuity Company	Stable Value Fund	-	1,776,364
	Participant Loans	Interest Rates (4.25% - 8.00%)	-	573,600
			$ -	$ 13,961,223

* Represents a party-in-interest to the Plan

Note: Column (d) is N/A as all investments are participant directed.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- ☒ 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
CONTINENTAL CARS, INC. 401(K) PLAN & TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/01/1983

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CONTINENTAL CARS, INC.

6757 AIRPORT BLVD.

AUSTIN TX 78752-3602

2b Employer Identification Number (EIN)
74-2003995

2c Plan Sponsor's telephone number
512-454-6821

2d Business code (see instructions)
441110

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

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

SIGN HERE	Signature of plan administrator	Date: 10-14-16	Enter name of individual signing as plan administrator: Sheri Gordon
SIGN HERE	Signature of employer/plan sponsor	Date: 10-14-16	Enter name of individual signing as employer or plan sponsor: BRYAN HARDEMAN
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	539
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	442
a(2) Total number of active participants at the end of the plan year	**6a(2)**	419
b Retired or separated participants receiving benefits	**6b**	65
c Other retired or separated participants entitled to future benefits	**6c**	88
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	572
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	572
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	517
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

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

A Name of plan
CONTINENTAL CARS, INC. 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONTINENTAL CARS, INC.

D Employer Identification Number (EIN)
74-2003995

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
Voya Retirement Insurance and Annuity 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
71-0294708	86509	874350	485	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
43,801	5,117

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
Salyer Walter D
19115 FM 2252 STE 11

Garden Ridge TX 78266

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
31,798	0	Commissions	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPL Financial Corporation
9785 Towne Centre Drive

San Diego CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
12,003	0	Fees	3

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

Custom Benefit Serv of Houston Inc.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	5,117	Fees	5

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	11,564,415

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	1,776,364
c	Additions: (1) Contributions deposited during the year	**7c(1)**	1,963		
	(2) Dividends and credits	**7c(2)**	0		
	(3) Interest credited during the year	**7c(3)**	16,467		
	(4) Transferred from separate account	**7c(4)**	352,647		
	(5) Other (specify below)	**7c(5)**	182,187		
	▶ Transfer from Voya				
	(6)Total additions			**7c(6)**	553,264
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	2,329,628
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	33,673		
	(2) Administration charge made by carrier	**7e(2)**	3,970		
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**	30,666		
	▶ Transfers, Dist				
	(5) Total deductions			**7e(5)**	68,309
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	2,261,319

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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.**	**2015** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶
CONTINENTAL CARS, INC. 401(K) PLAN & TRUST	002

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CONTINENTAL CARS, INC.	74-2003995

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).. . . . . [X] 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

ING Life Insurance and Annuity Co 71-0294708

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

(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

(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)

Voya Retirement Insurance and Annui 71-0294708

(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?
26 99	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	5,468	Yes [ ] No [X]

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

Schriver Carmona 74-2003995

(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?
99	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	5,468	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2015

This Form is Open to Public Inspection.

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

A Name of plan
CONTINENTAL CARS, INC. 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
74-2003995

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: CONTRACT SEPARATE ACCOUNT

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE & ANNUITY CO.

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)
71-0294708 001	P	13,620,295

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)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection**

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

A Name of plan
CONTINENTAL CARS, INC. 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONTINENTAL CARS, INC.

D Employer Identification Number (EIN)
74-2003995

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)	138,740	137,062
(2) Participant contributions	1b(2)	23,584	16,971
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	573,600	443,987
(9) Value of interest in common/collective trusts	1c(9)	1,776,364	2,015,496
(10) Value of interest in pooled separate accounts	1c(10)	11,611,259	11,564,415
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14,123,547	14,177,931
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	14,123,547	14,177,931

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)	137,062	
(B) Participants	2a(1)(B)	1,466,727	
(C) Others (including rollovers)	2a(1)(C)	23,147	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1,626,936
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	16,467	
(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)	22,226	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		38,693
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-215,552
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1,450,077
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1,298,284	
(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)		1,298,284
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		80,217
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)	17,192	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		17,192
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1,395,693
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		54,384
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: Schriver, Carmona & Company, PLLC (2) EIN: 27-3473554

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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

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

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

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

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

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

A Name of plan
CONTINENTAL CARS, INC. 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONTINENTAL CARS, INC.

D Employer Identification Number (EIN)
74-2003995

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 71-0294708 _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted __ __ __. . Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____ _____ _____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____ _____ _____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Continental Cars, Inc.
401(k) Plan and Trust

Financial Statements

December 31, 2015 and 2014



Continental Cars, Inc. 401(k) Plan and Trust

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Independent Auditor's Report

To the Plan Administrator of
Continental Cars, Inc. 401(k) Plan and Trust

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

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

Disclaimer of Opinion

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

Other Matter – Supplemental Schedules

The supplemental schedules of Schedule of Assets Held (At End of Year) as of December 31, 2015 and 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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



Schriver, Carmona & Company, PLLC

San Antonio, Texas

October 13, 2016

Financial Statements

Continental Cars, Inc. 401(k) Plan and Trust

Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	2015	2014
Assets		
Investments (at fair value):		
Stable Value Fund	$ **2,015,496**	$ 1,776,364
Mutual Funds	**11,564,415**	11,611,259
Receivable:		
Employer Contribution	**137,062**	138,740
Participant Contributions	**16,971**	23,584
Notes Receivable from Participants	**443,987**	573,600
Total Assets	**14,177,931**	14,123,547
Liabilities	**-**	-
Net Assets Available for Benefits	$ **14,177,931**	$ 14,123,547

The Accompanying Notes are an Integral Part of These Financial Statements.

Continental Cars, Inc. 401(k) Plan and Trust

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2015 and 2014

	2015	2014
Additions		
Contributions:		
Employer's	**$ 137,062**	$ 137,422
Participant's	**1,466,727**	1,445,895
Others (including rollovers)	**23,147**	10,072
Total Contributions	**1,626,936**	1,593,389
Investment Income:		
Interest	**16,467**	19,434
Net Appreciation (Depreciation) in Fair Value of Investments	**(215,552)**	807,726
Total Investment Income (Loss)	**(199,085)**	827,160
Interest Income from Notes Receivable from Participants	**22,226**	25,634
Total Additions	**1,450,077**	2,446,183
Deductions		
Benefits Paid to Participants	**1,378,501**	1,378,869
Administration Expenses	**17,192**	16,903
Total Deductions	**1,395,693**	1,395,772
Net Increase	**54,384**	1,050,411
Net Assets Available for Benefits at Beginning of Year	**14,123,547**	13,073,136
Net Assets Available for Benefits at End of Year	**$ 14,177,931**	$ 14,123,547

The Accompanying Notes are an Integral Part of These Financial Statements.

Note A: Description of Plan

The following description of the Continental Cars, Inc. 401(k) Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Continental Cars, Inc. (the "Plan Sponsor") established the Plan to provide employees with a systematic means of saving and investing for the future. The Plan is a defined contribution plan covering all full-time employees of the Plan Sponsor who have one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Economic Growth and Tax Relief Reconciliation Act ("EGTRRA") of 2001. The Plan sponsor pays all administrative expenses of the Plan.

Plan Administration

The Plan is administered by the Plan Sponsor. The Plan's trustee, VOYA Retirement Insurance and Annuity Company (the "Trustee"), is responsible for the custody and management of the Plan's assets.

Contributions

Each year, participants may contribute up to the 401(k) deferral limit ($18,000 for 2015) plus a $6,000 catch up contribution (if the participant is over 50 years old) based on pretax annual compensation as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan Sponsor contributed a 10% matching contribution for 2015 of the amount that a participant contributed to the Plan. Additional amounts may be contributed at the option of the Plan Sponsor's board of directors. All employer contributions are deposited annually for the preceding calendar year matching contributions.

Investment Options

Upon enrollment in the Plan, a participant may direct employee contribution in increments in a variety of investment options, including mutual funds, listed stocks, and cash accounts. Participants may change their investment options at any time.

Participant's Accounts

Each participant's account is credited with the participant's contributions, allocations of the Plan Sponsor's discretionary contributions, and the Plan's gains or losses. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's accounts.

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 account balance. Loan balances are treated as assets of the participant's account. Loan terms range from one year, or up to five years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates currently range from 4.25% - 8.00%. Principal and interest are paid ratably through regular payroll deductions.

Note A: Description of Plan (Continued)

Vesting

Participants are immediately vested in their contributions plus actual earning thereon, and in the Plan Sponsor's matching and discretionary contribution portion of their accounts plus actual earnings thereon. If employment is terminated prior to normal retirement age for any reason other than death or disability, then the employee's interest in the employer contributions becomes vested in accordance with specific vesting schedules based on years of service as required by the Department of Labor's Rules and Regulations.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's account, or annual installments over a specified period. For termination of service due to other reasons, a participant may receive the value of his or her account as a lump-sum distribution.

Forfeited Accounts

At December 31, 2015 and 2014, there were no forfeited non-vested accounts. All accounts are fully vested immediately upon the contribution of funds to each participant's account.

Note B: Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements are prepared on the accrual basis of accounting. As of December 31, 2015 and 2014 and for the years then ended, the Plan included combined participants of Continental Cars, Inc., Continental Imports, Inc. and Austin Infinity, Inc. The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

Income Recognition

The basis of the investments held by the Plan is adjusted annually to closing market value and unrealized gains and losses are recorded as part of the adjustment. Realized gains and losses on investments are computed using the adjusted based (beginning of year market value) on first in, first- out method. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded on the cash received basis. Security transaction expenses are considered in computing realized gains and losses.

Contributions

Contributions from employees and the Plan Sponsor are recorded in the period in which the Plan Sponsor makes the payroll deductions from participant earnings.

Participant Loans

Participant loans are valued at cost, which approximates fair value.

Payment of Benefits

Benefits are recorded when paid.

Note B: Summary of Significant Accounting Policies (Continued)

Net Appreciation (Depreciation) in Fair Value of Investments

Net realized and unrealized appreciation (depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

The Fair Value Measurements and Disclosures Topic of the FASB ASC, 820·10, defines fair value, establishes a three· level valuation hierarchy for disclosure of fair value measurements, and expands disclosures about fair value measurements. An instrument's categorization within the hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Level 1 - Inputs that utilize quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access.

Level 2 - Inputs that include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

Level 3 - Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions as there is little, if any, related market activity

Fair Value of Financial Instruments

Continental Cars financial instruments include cash, receivables, and investments. The carrying amount of these financial instruments, except for investments (see Note G), as reflected in the Changes in Net Assets approximates fair value.

Administrative Expenses

Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan and are recorded in the accompanying statement of changes in net assets available for benefits as administrative expenses.

Date of Management's Review

Subsequent events have been evaluated through the date of this report, which is the date the financial statements were available to be issued.

Note C: Information Certified by the Plan’s Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

Note C: Information Certified by the Plan's Trustee (Continued)

Investments certified by VOYA Retirement Insurance and Annuity Company at December 31, 2015 are as follows:

Investments, at Fair Value	December 31, 2015	
Interest in Registered Investment Companies		
AB Global Bond Fund - Class Z	$ 128,429	
American Funds EuroPacific Growth Fund - Class R-6	416,545	
BlackRock LifePath Index 2020 Fund - Class K	1,666,226	*
BlackRock LifePath Index 2025 Fund - Class K	16,167	
BlackRock LifePath Index 2030 Fund - Class K	1,440,356	*
BlackRock LifePath Index 2035 Fund - Class K	32,704	
BlackRock LifePath Index 2040 Fund - Class K	1,121,939	*
BlackRock LifePath Index 2045 Fund - Class K	125,577	
BlackRock LifePath Index 2050 Fund - Class K	368,069	
BlackRock LifePath Index 2055 Fund - Class K	143,969	
BlackRock LifePath Index Retirement Fund - Class K	651,953	
ClearBridge Aggressive Growth Fund - Class IS	486,746	
ClearBridge Small Cap Growth Fund - Class IS	102,948	
Columbia High Yield Bond Fund - Class Y Shares	125,635	
DFA Emerging Markets Portfolio - Institutional Class Shares	5,124	
DFA Real Estate Securities Portfolio - Institutional Class Shares	274,218	
DFA U.S. Targeted Value Portfolio - Institutional Class Shares	158,863	
Invesco American Value Fund - Class R6	179,839	
Invesco Equity and Income Fund - Class R6	602,250	
Janus Flexible Bond Fund - Class N Shares	833,962	*
JPMorgan Equity Income Fund - Class R6 Shares	527,745	
JPMorgan U.S. Equity Fund - Class R6 Shares	408,160	
Oppenheimer Globa Fund - Class I	386,908	
PIMCO Commodity Real Return Strategy Fund - Institutional Class	7,114	
PIMCO Real Return Fund - Institutional Class	166,035	
Pioneer Strategic Income Fund - Class K Shares	10,879	
Vanguard 500 Index Fund - Admiral Shares	609,303	
Vanguard Mid-Cap Index Fund Admiral Shares	267,792	
Vanguard Small-Cap Index Fund - Admiral Shares	242,175	
Victory Munder Mid-Cap Core Growth Fund - Class R6	56,787	
Interest in Stable Value Fund		
Voya Fixed Account	2,015,496	*
Total Investments	$ 13,579,911	

* Investments that represent 5 percent or more of the Plan net assets available for benefits.

Note C: Information Certified by the Plan's Trustee (Continued)

Investments certified by VOYA Retirement Insurance and Annuity Company at December 31, 2014 are as follows:

Investments, at Fair Value	December 31, 2014	
Interest in Registered Investment Companies		
American Century One Choice SM2020	$ 1,664,358	*
American Century One Choice SM2025	13,584	
American Century One Choice SM2030	1,351,740	*
American Century One Choice SM2035	20,204	
American Century One Choice SM2040	1,101,953	*
American Century One Choice SM2045	87,938	
American Century One Choice SM2050	325,267	
American Century One Choice SM2055	66,839	
American Century One Choice SM IN Retirement	599,752	
Voya Money Market Fund - Class A	4,364	
AB Global Bond Fund - Class R	181,461	
Delaware Extended Duration Bond Fund - Class R	157,724	
Neuberger Berman High Income Bond Fund - Class R3 Shares	185,056	
Pioneer Strategic Income Fund- Class R Shares	582	
RidgeWorth Total Return Bond Fund - Class R Shares	801,033	*
Janus Balance Fund - Class R Shares	436,471	
Lord Abbett Fundamental Equity Fund - Class R3	527,011	
MFS Value Fund - Class R2	142,470	
RidgeWorth Large Cap Value Equity Fund - Class A Shares	488,228	
Voya U.S. Stock Index Portfolio - Service 2 Class	438,075	
Voya U.S. Stock Index Portfolio - Service 2 Class	647,308	
Lord Abbett Developing Growth Fund - Class R3	158,037	
RidgeWorth Mid-Cap Value Equity Fund - Class A Shares	242,331	
Victory Small Company Opportunity Fund - Class R	187,676	
Voya MidCap Opportunities Portfolio - Class S2	172,774	
Voya Russell Mid Cap Index Portfolio - Class S2	273,946	
Voya Russell Small Cap Index Portfolio - Class S2	241,461	
VY Clarion Real Estate Portfolio - Service 2 Class	343,272	
American Funds EuroPacific Growth Fund - Class R-3	336,260	
American Funds New Perspective Fund - Class R-3	326,244	
MFS International Value Fund - Class R2	87,840	
Interest in Stable Value Fund		
Voya Fixed Account	1,776,364	*
Total Investments	$ 13,387,623	

* Investments that represent 5 percent or more of the Plan net assets available for benefits.

Note C: Information Certified by the Plan's Trustees (Continued)

Interest income from the stable value fund of party-in-interest totaled $16,467 and $19,434 and net appreciation (depreciation) in fair value of the investments totaled ($215,552) and $807,726 in 2015 and 2014, respectively. Fees paid to party-in-interest amounted to $5,117 and $8,055 in 2015 and 2014, respectively.

Participant notes receivable totaled $443,987 and $573,600 as of December 31, 2015 and 2014. Interest earned on participant loans totaled $22,226 and $25,634 in 2015 and 2014, respectively.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Interest in Stable Value Fund

These accounts are valued at net asset value of shares held by the Plan at year-end. The Stable Value Fund is available through an annuity contract issued by Voya Retirement Insurance and Annuity Company and guarantees principal and a minimum guaranteed interest rate for the life of the product.

Interest in Mutual Funds

These accounts are valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Note D: Plan Termination

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

Note E: Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the Code). The Plan has been amended since receiving the latest determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan remains in compliance and is currently being operated in compliance with the applicable requirements of the Code.

Note F: 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 participant's account balances and the amounts reported in the statement of net assets available for benefits.

Note G: Related Party Transactions

The Plan invests in allocated insurance contracts and annuities sponsored by the Plan's custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment services amounted to $3,970 and $1,674 for the years ended December 31, 2015 and 2014, respectively.

Note H: Fair Value Measurements

The reporting entity uses fair value measurements to record fair value adjustments to certain assets and liabilities to determine fair value disclosures. For additional information on how the Plan measures fair value, refer to **Note B**.

Note H: Fair Value Measurements (continued)

The following describes the valuation methods and assumptions used by the Plan in estimating the fair value disclosures for investments. There have been no changes in methodologies used at December 31, 2015 and 2014:

- *Stable Value Fund is valued at fair value based on the amount that would be received if the contract was terminated at the reporting date, by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.*
- *Mutual Funds* are valued on the quoted net asset value of the shares held by the Plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future values. Furthermore, the Plan believes its valuation methods or assumptions to determine the fair value of certain financial instruments could result in a different value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015:

Plan Assets	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 11,564,415	$ -	$ -	$ 11,564,415
Stable Value Fund	-	2,015,496	-	2,015,496
Total Investments	$ 11,564,415	$ 2,015,496	$ -	$ 13,579,911

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

Plan Assets	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 11,611,259	$ -	$ -	$ 11,611,259
Stable Value Fund	-	1,776,364	-	1,776,364
Total Investments	$ 11,611,259	$ 1,776,364	$ -	$ 13,387,623

Supplemental Schedule

Continental Cars, Inc. 401(k) Plan and Trust

Schedule H Line 4i – Schedule of Assets Held (at End of Year)
December 31, 2015

Form 5500, Schedule H, Line 4i

EIN: 74-2003995
Plan: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost*	(e) Current value
*	VOYA Retirement Insurance and Annuity Company	AB Global Bond Fund - Class Z	$ -	$ 128,429
*	VOYA Retirement Insurance and Annuity Company	American Funds EuroPacific Growth Fund - Class R-6	-	416,545
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2020 Fund - Class K	-	1,666,226
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2025 Fund - Class K	-	16,167
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2030 Fund - Class K	-	1,440,356
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2035 Fund - Class K	-	32,704
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2040 Fund - Class K	-	1,121,939
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2045 Fund - Class K	-	125,577
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2050 Fund - Class K	-	368,069
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2055 Fund - Class K	-	143,969
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index Retirement Fund - Class K	-	651,953
*	VOYA Retirement Insurance and Annuity Company	ClearBridge Aggressive Growth Fund - Class IS	-	486,746
*	VOYA Retirement Insurance and Annuity Company	ClearBridge Small Cap Growth Fund - Class IS	-	102,948
*	VOYA Retirement Insurance and Annuity Company	Columbia High Yield Bond Fund - Class Y Shares	-	125,635
*	VOYA Retirement Insurance and Annuity Company	DFA Emerging Markets Portfolio - Institutional Class Shares	-	5,124
*	VOYA Retirement Insurance and Annuity Company	DFA Real Estate Securities Portfolio - Institutional Class	-	274,218
*	VOYA Retirement Insurance and Annuity Company	DFA U.S. Targeted Value Portfolio - Institutional Class Shares	-	158,863
*	VOYA Retirement Insurance and Annuity Company	Invesco American Value Fund - Class R6	-	179,839
*	VOYA Retirement Insurance and Annuity Company	Invesco Equity and Income Fund - Class R6	-	602,250
*	VOYA Retirement Insurance and Annuity Company	Janus Flexible Bond Fund - Class N Shares	-	833,962
*	VOYA Retirement Insurance and Annuity Company	JPMorgan Equity Income Fund - Class R6 Shares	-	527,745
*	VOYA Retirement Insurance and Annuity Company	JPMorgan U.S. Equity Fund - Class R6 Shares	-	408,160
*	VOYA Retirement Insurance and Annuity Company	Oppenheimer Globa Fund - Class I	-	386,908
*	VOYA Retirement Insurance and Annuity Company	PIMCO Commodity Real Return Strategy Fund - Institutional Class	-	7,114
*	VOYA Retirement Insurance and Annuity Company	PIMCO Real Return Fund - Institutional Class	-	166,035
*	VOYA Retirement Insurance and Annuity Company	Pioneer Strategic Income Fund - Class K Shares	-	10,879
*	VOYA Retirement Insurance and Annuity Company	Vanguard 500 Index Fund - Admiral Shares	-	609,303
*	VOYA Retirement Insurance and Annuity Company	Vanguard Mid-Cap Index Fund Admiral Shares	-	267,792
*	VOYA Retirement Insurance and Annuity Company	Vanguard Small-Cap Index Fund - Admiral Shares	-	242,175
*	VOYA Retirement Insurance and Annuity Company	Victory Munder Mid-Cap Core Growth Fund - Class R6	-	56,787
*	VOYA Retirement Insurance and Annuity Company	Stable Value Fund	-	2,015,496
	Participant Loans	Interest Rates (4.25% - 8.00%)	-	443,987
			$ -	$ 14,023,898

* Represents a party-in-interest to the Plan

Note: Column (d) is N/A as all investments are participant directed.

Continental Cars, Inc. 401(k) Plan and Trust

Schedule H Line 4i – Schedule of Assets Held (at End of Year)
December 31, 2014

Form 5500, Schedule H, Line 4i

EIN: 74-2003995
Plan: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost*	(e) Current value
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2020	$ -	$ 1,664,358
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2025	-	13,584
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2030	-	1,351,740
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2035	-	20,204
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2040	-	1,101,953
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2045	-	87,938
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2050	-	325,267
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2055	-	66,839
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM IN Retirement	-	599,752
*	VOYA Retirement Insurance and Annuity Company	Voya Money Market Fund - Class A	-	4,364
*	VOYA Retirement Insurance and Annuity Company	AB Global Bond Fund - Class R	-	181,461
*	VOYA Retirement Insurance and Annuity Company	Delaware Extended Duration Bond Fund - Class R	-	157,724
*	VOYA Retirement Insurance and Annuity Company	Neuberger Berman High Income Bond Fund - Class R3 Shares	-	185,056
*	VOYA Retirement Insurance and Annuity Company	Pioneer Strategic Income Fund- Class R Shares	-	582
*	VOYA Retirement Insurance and Annuity Company	RidgeWorth Total Return Bond Fund - Class R Shares	-	801,033
*	VOYA Retirement Insurance and Annuity Company	Janus Balance Fund - Class R Shares	-	436,471
*	VOYA Retirement Insurance and Annuity Company	Lord Abbett Fundamental Equity Fund - Class R3	-	527,011
*	VOYA Retirement Insurance and Annuity Company	MFS Value Fund - Class R2	-	142,470
*	VOYA Retirement Insurance and Annuity Company	RidgeWorth Large Cap Value Equity Fund - Class A Shares	-	488,228
*	VOYA Retirement Insurance and Annuity Company	Voya U.S. Stock Index Portfolio - Service 2 Class	-	438,075
*	VOYA Retirement Insurance and Annuity Company	Voya U.S. Stock Index Portfolio - Service 2 Class	-	647,308
*	VOYA Retirement Insurance and Annuity Company	Lord Abbett Developing Growth Fund - Class R3	-	158,037
*	VOYA Retirement Insurance and Annuity Company	RidgeWorth Mid-Cap Value Equity Fund - Class A Shares	-	242,331
*	VOYA Retirement Insurance and Annuity Company	Victory Small Company Opportunity Fund - Class R	-	187,676
*	VOYA Retirement Insurance and Annuity Company	Voya MidCap Opportunities Portfolio - Class S2	-	172,774
*	VOYA Retirement Insurance and Annuity Company	Voya Russell Mid Cap Index Portfolio - Class S2	-	273,946
*	VOYA Retirement Insurance and Annuity Company	Voya Russell Small Cap Index Portfolio - Class S2	-	241,461
*	VOYA Retirement Insurance and Annuity Company	VY Clarion Real Estate Portfolio - Service 2 Class	-	343,272
*	VOYA Retirement Insurance and Annuity Company	American Funds EuroPacific Growth Fund - Class R-3	-	336,260
*	VOYA Retirement Insurance and Annuity Company	American Funds New Perspective Fund - Class R-3	-	326,244
*	VOYA Retirement Insurance and Annuity Company	MFS International Value Fund - Class R2	-	87,840
*	VOYA Retirement Insurance and Annuity Company	Stable Value Fund	-	1,776,364
	Participant Loans	Interest Rates (4.25% - 8.00%)	-	573,600
			$ -	$ 13,961,223

* Represents a party-in-interest to the Plan

Note: Column (d) is N/A as all investments are participant directed.

Continental Cars, Inc. 401(k) Plan and Trust

Schedule H Line 4i – Schedule of Assets Held (at End of Year)
December 31, 2015

Form 5500, Schedule H, Line 4i

EIN: 74-2003995
Plan: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost*	(e) Current value
*	VOYA Retirement Insurance and Annuity Company	AB Global Bond Fund - Class Z	$ -	$ 128,429
*	VOYA Retirement Insurance and Annuity Company	American Funds EuroPacific Growth Fund - Class R-6	-	416,545
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2020 Fund - Class K	-	1,666,226
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2025 Fund - Class K	-	16,167
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2030 Fund - Class K	-	1,440,356
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2035 Fund - Class K	-	32,704
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2040 Fund - Class K	-	1,121,939
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2045 Fund - Class K	-	125,577
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2050 Fund - Class K	-	368,069
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2055 Fund - Class K	-	143,969
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index Retirement Fund - Class K	-	651,953
*	VOYA Retirement Insurance and Annuity Company	ClearBridge Aggressive Growth Fund - Class IS	-	486,746
*	VOYA Retirement Insurance and Annuity Company	ClearBridge Small Cap Growth Fund - Class IS	-	102,948
*	VOYA Retirement Insurance and Annuity Company	Columbia High Yield Bond Fund - Class Y Shares	-	125,635
*	VOYA Retirement Insurance and Annuity Company	DFA Emerging Markets Portfolio - Institutional Class Shares	-	5,124
*	VOYA Retirement Insurance and Annuity Company	DFA Real Estate Securities Portfolio - Institutional Class	-	274,218
*	VOYA Retirement Insurance and Annuity Company	DFA U.S. Targeted Value Portfolio - Institutional Class Shares	-	158,863
*	VOYA Retirement Insurance and Annuity Company	Invesco American Value Fund - Class R6	-	179,839
*	VOYA Retirement Insurance and Annuity Company	Invesco Equity and Income Fund - Class R6	-	602,250
*	VOYA Retirement Insurance and Annuity Company	Janus Flexible Bond Fund - Class N Shares	-	833,962
*	VOYA Retirement Insurance and Annuity Company	JPMorgan Equity Income Fund - Class R6 Shares	-	527,745
*	VOYA Retirement Insurance and Annuity Company	JPMorgan U.S. Equity Fund - Class R6 Shares	-	408,160
*	VOYA Retirement Insurance and Annuity Company	Oppenheimer Globa Fund - Class I	-	386,908
*	VOYA Retirement Insurance and Annuity Company	PIMCO Commodity Real Return Strategy Fund - Institutional Class	-	7,114
*	VOYA Retirement Insurance and Annuity Company	PIMCO Real Return Fund - Institutional Class	-	166,035
*	VOYA Retirement Insurance and Annuity Company	Pioneer Strategic Income Fund - Class K Shares	-	10,879
*	VOYA Retirement Insurance and Annuity Company	Vanguard 500 Index Fund - Admiral Shares	-	609,303
*	VOYA Retirement Insurance and Annuity Company	Vanguard Mid-Cap Index Fund Admiral Shares	-	267,792
*	VOYA Retirement Insurance and Annuity Company	Vanguard Small-Cap Index Fund - Admiral Shares	-	242,175
*	VOYA Retirement Insurance and Annuity Company	Victory Munder Mid-Cap Core Growth Fund - Class R6	-	56,787
*	VOYA Retirement Insurance and Annuity Company	Stable Value Fund	-	2,015,496
	Participant Loans	Interest Rates (4.25% - 8.00%)	-	443,987
			$ -	$ 14,023,898

* Represents a party-in-interest to the Plan

Note: Column (d) is N/A as all investments are participant directed.

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December 31, 2014

Form 5500, Schedule H, Line 4i

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost*	(e) Current value
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2020	$ -	$ 1,664,358
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2025	-	13,584
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2030	-	1,351,740
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2035	-	20,204
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2040	-	1,101,953
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2045	-	87,938
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2050	-	325,267
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM2055	-	66,839
*	VOYA Retirement Insurance and Annuity Company	American Century One Choice SM IN Retirement	-	599,752
*	VOYA Retirement Insurance and Annuity Company	Voya Money Market Fund - Class A	-	4,364
*	VOYA Retirement Insurance and Annuity Company	AB Global Bond Fund - Class R	-	181,461
*	VOYA Retirement Insurance and Annuity Company	Delaware Extended Duration Bond Fund - Class R	-	157,724
*	VOYA Retirement Insurance and Annuity Company	Neuberger Berman High Income Bond Fund - Class R3 Shares	-	185,056
*	VOYA Retirement Insurance and Annuity Company	Pioneer Strategic Income Fund- Class R Shares	-	582
*	VOYA Retirement Insurance and Annuity Company	RidgeWorth Total Return Bond Fund - Class R Shares	-	801,033
*	VOYA Retirement Insurance and Annuity Company	Janus Balance Fund - Class R Shares	-	436,471
*	VOYA Retirement Insurance and Annuity Company	Lord Abbett Fundamental Equity Fund - Class R3	-	527,011
*	VOYA Retirement Insurance and Annuity Company	MFS Value Fund - Class R2	-	142,470
*	VOYA Retirement Insurance and Annuity Company	RidgeWorth Large Cap Value Equity Fund - Class A Shares	-	488,228
*	VOYA Retirement Insurance and Annuity Company	Voya U.S. Stock Index Portfolio - Service 2 Class	-	438,075
*	VOYA Retirement Insurance and Annuity Company	Voya U.S. Stock Index Portfolio - Service 2 Class	-	647,308
*	VOYA Retirement Insurance and Annuity Company	Lord Abbett Developing Growth Fund - Class R3	-	158,037
*	VOYA Retirement Insurance and Annuity Company	RidgeWorth Mid-Cap Value Equity Fund - Class A Shares	-	242,331
*	VOYA Retirement Insurance and Annuity Company	Victory Small Company Opportunity Fund - Class R	-	187,676
*	VOYA Retirement Insurance and Annuity Company	Voya MidCap Opportunities Portfolio - Class S2	-	172,774
*	VOYA Retirement Insurance and Annuity Company	Voya Russell Mid Cap Index Portfolio - Class S2	-	273,946
*	VOYA Retirement Insurance and Annuity Company	Voya Russell Small Cap Index Portfolio - Class S2	-	241,461
*	VOYA Retirement Insurance and Annuity Company	VY Clarion Real Estate Portfolio - Service 2 Class	-	343,272
*	VOYA Retirement Insurance and Annuity Company	American Funds EuroPacific Growth Fund - Class R-3	-	336,260
*	VOYA Retirement Insurance and Annuity Company	American Funds New Perspective Fund - Class R-3	-	326,244
*	VOYA Retirement Insurance and Annuity Company	MFS International Value Fund - Class R2	-	87,840
*	VOYA Retirement Insurance and Annuity Company	Stable Value Fund	-	1,776,364
	Participant Loans	Interest Rates (4.25% - 8.00%)	-	573,600
			$ -	$ 13,961,223

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*	VOYA Retirement Insurance and Annuity Company	American Funds EuroPacific Growth Fund - Class R-6	-	416,545
*	VOYA Retirement Insurance and Annuity Company	BlackRock LifePath Index 2020 Fund - Class K	-	1,666,226
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