

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 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>01/23/2017</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>DEALERTRACK TECHNOLOGIES, INC. 401 (K) PLAN</u>	1b	Three-digit plan number (PN) ► <u>001</u>
		1c	Effective date of plan <u>01/01/2001</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MANHEIM INVESTMENTS, INC.</u> <u>6205 PEACHTREE DUNWOODY RD</u> <u>ATLANTA, GA 30328</u>	2b	Employer Identification Number (EIN) <u>51-0335671</u>
		2c	Plan Sponsor's telephone number <u>866-626-4346</u>
		2d	Business code (see instructions) <u>519100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	AEREE ENGBERG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	AEREE ENGBERG
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN	
		4c PN	
5 Total number of participants at the beginning of the plan year		5	4812
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)	4356
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance		(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☒ <u>1</u> A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2017 and ending 01/23/2017

A Name of plan DEALERTRACK TECHNOLOGIES, INC. 401 (K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MANHEIM INVESTMENTS, INC.	D Employer Identification Number (EIN) 51-0335671

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	448179	0	01/01/2017	01/23/2017

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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**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****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5)

▶

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

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in 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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2017** and ending **01/23/2017**

A Name of plan DEALERTRACK TECHNOLOGIES, INC. 401 (K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MANHEIM INVESTMENTS, INC.	D Employer Identification Number (EIN) 51-0335671

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation PRINCIPAL LIFE INSURANCE COMPANY
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42-0127290

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	2453	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2017 and ending 01/23/2017

A Name of plan <u>DEALERTRACK TECHNOLOGIES, INC. 401 (K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MANHEIM INVESTMENTS, INC.</u>	D Employer Identification Number (EIN) <u>51-0335671</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP GROWTH SEP ACCT-I2</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-021</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP S&P 500 INDEX SA-I3</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S&P 600 INDEX SA-I3</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-028</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP S&P 400 IDX SA-I3</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-023</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYB 2010 CIT I25</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYB 2015 CIT I25</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYB 2020 CIT I25</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2025 CIT I25		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2030 CIT I25		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2035 CIT I25		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2040 CIT I25		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2045 CIT I25		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2050 CIT I25		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2055 CIT I25		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB INC CIT I25		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE INST		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 93-6274328-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2060 CIT I25		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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) 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
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>01/23/2017</u>		
A Name of plan <u>DEALERTRACK TECHNOLOGIES, INC. 401 (K) PLAN</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MANHEIM INVESTMENTS, INC.</u>	D Employer Identification Number (EIN) <u>51-0335671</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(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)	3038348	0
(9) Value of interest in common/collective trusts	1c(9)	104922091	0
(10) Value of interest in pooled separate accounts	1c(10)	25016762	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	36296672	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	169273873	0

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	169273873	0
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1670	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1670
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	-4995	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		-4995
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	20779	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		20779
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1074257
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		152657
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		459801
c Other income.....	2c		44262
d Total income. Add all income amounts in column (b) and enter total.....	2d		1748431

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1821092	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1821092
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	2454	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2454
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1823546

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-75115
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		169198758

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: PERELSON WEINER LLP

(2) EIN: 13-3791592

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:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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

	Yes	No	Amount
4a	X		4346
4b		X	0

		Yes	No	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	0
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	0
e Was this plan covered by a fidelity bond?	4e	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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)
COX ENTERPRISES, INC. SAVINGS AND INVESTMENT PLAN	58-1035149	003

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

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 sections 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2017 and ending 01/23/2017

A Name of plan <u>DEALERTRACK TECHNOLOGIES, INC. 401 (K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MANHEIM INVESTMENTS, INC.</u>	D Employer Identification Number (EIN) <u>51-0335671</u>

Part I	Distributions
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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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

Dealertrack Technologies, Inc. 401-K Plan
Financial Statements and Supplemental Schedules
February 22, 2017, December 31, 2016 and 2015

Dealertrack Technologies, Inc. 401-K Plan
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February 22, 2017, December 31, 2016 and 2015

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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Dealertrack Technologies, Inc. 401-K Plan

We were engaged to audit the accompanying financial statements of Dealertrack Technologies, Inc. 401-K Plan, which comprise the statements of net assets available for benefits as of February 22, 2017, December 31, 2016 and December 31, 2015, the related statements of changes in net assets available for benefits for the period January 1, 2017 through February 22, 2017 and for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Principal Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian held the Plan's investments and notes receivable from participants and executed transactions therein. The Plan Administrator has obtained a certification from the custodian as of January 23, 2017, December 31, 2016 and December 31, 2015, and for the period January 1, 2017 through January 23, 2017 and for the year ended December 31, 2016, that the information provided to the Plan Administrator by the custodian 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

The supplemental schedules (Schedule of Delinquent Participant Contributions for the period January 1, 2017 through February 22, 2017 and for the year ended December 31, 2016, and Schedule of Assets (Held at End of Year) as of December 31, 2016) are required by the DOL Rules and Regulations for Reporting and Disclosure under ERISA 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 these supplemental schedules.

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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL Rules and Regulations for Reporting and Disclosure under ERISA.



**New York, New York
October 13, 2017**

Dealertrack Technologies, Inc. 401-K Plan
Statements of Net Assets Available for Benefits
February 22, 2017, December 31, 2016 and 2015

	<u>2017</u>	<u>2016</u>	<u>2015</u>
Assets			
Investment funds, at fair value	\$ -	\$ 166,235,525	\$ 133,685,614
Receivables:			
Employer contributions	-	2,018	2,378
Participant contributions	-	310	2,344
Other receivable	-	21,250	-
Notes receivable from participants	-	3,038,348	2,483,827
Total Assets	-	169,297,451	136,174,163
Liabilities			
Excess contributions payable	-	-	(282,679)
Net assets available for benefits	<u>\$ -</u>	<u>\$ 169,297,451</u>	<u>\$ 135,891,484</u>

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

Dealertrack Technologies, Inc. 401-K Plan
Statements of Changes in Net Assets Available for Benefits
Period January 1, 2017 through February 22, 2017 and Year Ended December 31, 2016

Additions to Net Assets Attributed to:	2017	2016
Contributions		
Participant deferral contributions	\$ -	\$ 22,890,726
Participant rollovers	-	5,327,249
Employer matching contributions	-	7,511,802
Total contributions	-	35,729,777
Net appreciation in fair value of investment funds	1,686,715	12,806,674
Dividends and capital gains distributions	20,779	964,914
Interest income on notes receivable from participants	127	115,622
Other income	44,262	22,084
Total additions	1,751,883	49,639,071
Deductions from Net Assets Attributed to:		
Benefits paid to participants	(1,821,092)	(16,143,151)
Administrative expenses	(2,454)	(89,953)
Transfers out of plan assets	(169,225,788)	-
Total deductions	(171,049,334)	(16,233,104)
Net (decrease)/increase	(169,297,451)	33,405,967
Net assets available for benefits		
Beginning of period/year	169,297,451	135,891,484
End of period/year	\$ -	\$ 169,297,451

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

Dealertrack Technologies, Inc. 401-K Plan
Notes to Financial Statements
Period Ended February 22, 2017 and Year Ended December 31, 2016

1. Plan Description and Benefits

The following description of the Dealertrack Technologies, Inc. 401-K Plan (the “Plan”) provides only general information. Participants should refer to the Plan summary or Plan document for a more complete description of the Plan’s provisions.

a) General

The Plan is a defined contribution plan established January 1, 2001, and amended through December 31, 2016, covering eligible employees of Dealertrack Technologies, Inc. and its subsidiaries (the “Company” or “Dealertrack”), the Plan’s sponsor.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan is administered by the Plan Sponsor, whom determines the appropriateness of the Plan’s investment offerings, monitors investment performance and is responsible for oversight of the Plan.

Dealertrack Technologies, Inc. was acquired by a wholly owned subsidiary of Cox Automotive, Inc. (“Cox”) on October 1, 2015.

Effective October 31, 2016, an affiliate of Cox, Manheim Investments (“Manheim”), became the plan sponsor.

As a result of a plan amendment, all participants of the Plan at December 31, 2016 became 100% vested in their account balances.

Earnings on investments and participant disbursements were processed to participant accounts from January 1 through January 19, 2017, at which time the Plan’s investments were substantially liquidated. The liquidated assets were transferred to the Cox Enterprises, Inc. Savings and Investment Plan (“Cox Plan”) on January 20, 2017. Subsequently, the notes receivable from participants and residual earnings were transferred (through February 22, 2017) to the Cox Plan. As soon as administratively practicable, as determined by Manheim, the Plan shall be merged into the Cox Plan.

b) Participant Accounts

A separate account was established and maintained for each Plan participant. Contributions were invested in one or more investment options, as directed by the participant (or by the Plan in the case of an automatic election). An automatic elective deferral set at 6% of compensation was made upon hiring an employee and contributions were invested in one investment option which was determined by the Plan until the participant either changed their investment options or deferral percentage (which may have included an election not to contribute to the Plan). The automatic elective deferral was automatically increased each year on March 1 by 1% of compensation (which was not to have exceeded 10%). Discretionary profit sharing contributions were allocated based on participant compensation. Income earned and net appreciation or depreciation of Plan investments, for a given investment, was allocated in proportion to the participants’ account balances in that fund. On a daily basis, a participant could elect to transfer all or a portion of his or her account balance in a given investment to one or more of the Plan’s other investments.

c) Contributions

Plan participants were able to contribute to the Plan up to 60% of their annual pre-tax earnings. During 2016 and 2017, the maximum pre-tax contribution allowed by the Internal Revenue Code

Dealertrack Technologies, Inc. 401-K Plan
Notes to Financial Statements
Period Ended February 22, 2017 and Year Ended December 31, 2016

("IRC") was \$18,000. In addition, participants who had attained age 50 before the end of the plan year could contribute an additional \$6,000 as a "catch-up contribution." For purposes of determining contributions, compensation is defined as total wages and salary of an employee, including any commissions, but excluding any overtime pay, bonuses and deferred compensation. The Plan accepted rollover contributions from other qualified plans and traditional IRAs. Dealertrack elected to make matching contributions to the Plan on behalf of those participants who had made salary deferral contributions. The employer matching contribution was 50.0% of a participant's non-catch-up contribution, limited to 3.0% of compensation.

During 2016, employee contributions were not withheld from certain final compensation payments to terminating participants. Cox will provide corrective contributions inclusive of lost earnings approximating \$44 thousand to the affected participants during 2017.

Effective January 1, 2017, participant and employer contributions ceased being made to the plan.

d) Vesting

Employees eighteen years of age or older were eligible for participation in the Plan on the first day of the month following completion of one month of service with the Company. Participants were fully vested in their contributions and actual earnings thereon.

Effective January 1, 2015 and through December 30, 2016, contributions by the Company were vested in accordance with the following schedule:

Years of Service	Vested Percentage
Less than 2	0%
2	50%
3 or more	100%

See Note 1(a).

A year of service is defined as a vesting period in which an employee is credited with at least 1,000 hours of service.

e) Payment of Benefits

Upon termination of service due to retirement, disability, or death, a participant could elect to receive either a lump-sum amount equal to the value of their vested accounts, or installments over a period not to exceed the life expectancy of the participants and their beneficiaries. Participants were allowed to withdraw certain portions of their vested contributions under certain circumstances, subject to penalty. If a participant severed employment for any reason other than retirement, disability or death, only the lump-sum distribution election was available. If the participant's vested account balance was greater than \$5,000, a distribution was not mandatory and the participant could elect to leave their account balance in the Plan.

As of December 31, 2016 participants elected to take distributions of approximately \$1.0 million that were processed during the period ended February 22, 2017.

f) Notes Receivable from Participants

Participants could borrow from their accounts a minimum of \$1,000, up to a maximum of the lesser of: (a) 50% of the participant's vested balance or (b) \$50,000, reduced by the highest

Dealertrack Technologies, Inc. 401-K Plan
Notes to Financial Statements
Period Ended February 22, 2017 and Year Ended December 31, 2016

outstanding loan balance during the prior twelve months. Loan terms ranged from one to five years and up to thirty years for the purchase of a primary residence (a period consistent with commercial home loan practices for the purchase of a primary residence). As of December 31, 2016, loans were scheduled to mature through 2046, secured by the balances in participants' accounts, bore interest at fixed rates ranging from 4.25% to 9.25% and were subject to certain requirements as outlined in the Plan. Principal and interest were paid ratably through recurring payroll deductions. The interest rate was fixed at prime +1% as of the date the loan was applied for. Loans were due in full 60 days from the date of a participant's termination of employment with Dealertrack, unless the participant elected a direct rollover of the loan to another plan.

g) Forfeited Accounts

Forfeitures could be used to pay Plan administrative expenses or reduce employer contributions to the Plan.

The following is a roll forward of forfeited participant balances from December 31, 2015 to December 31, 2016, and from January 1, 2017 to February 22, 2017:

	Period Ended February 22, 2017	Year Ended December 31, 2016
Balance as of December 31, 2016 and 2015	\$ 10,663	\$ 2,129
Forfeited participant balances during 2016	-	328,714
Forfeited participant balances used to fund employer contributions to the Plan during 2016	-	(317,601)
Forfeited participant balances used to pay administrative expenses for the Plan during 2016	-	(3,036)
Plan transfers	(30,324)	-
Other	19,661	457
Forfeitures available for future application as of February 22, 2017 and December 31, 2016	<u>\$ -</u>	<u>\$ 10,663</u>

Included in "Other" in 2017 is approximately \$19 thousand of forfeited balances that were actually vested per a plan amendment (Note 1(a)). The Cox Plan will make a distribution to the affected participants.

Dealertrack Technologies, Inc. 401-K Plan
Notes to Financial Statements
Period Ended February 22, 2017 and Year Ended December 31, 2016

2. Summary of Significant Accounting Policies

a) Basis of Accounting

The financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

b) Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

c) Risks and Uncertainties

The Plan provided for various investment fund option combinations of stocks and bonds, fixed income securities, mutual funds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it was at least reasonably possible that changes in the values of investment securities would occur in the near term and that such changes could have materially affected participants' account balances and the amounts reported in the financial statements.

d) Investment Valuation and Income Recognition

All Plan investments were held, and investment transactions were executed, by the Plan's custodian, Principal Trust Company ("Principal" or the "Custodian"). Plan management determined the Plan's valuation policies utilizing information provided by the Custodian. The Plan's investments in mutual funds were stated at fair values based on the quoted net asset value of the funds, which were derived from the closing market prices in active markets of the securities in the fund's portfolio. The Plan's investments in pooled separate accounts were stated at fair value based on the latest (as of year-end) quoted net asset value per share. The Plan's investments in common/collective trust funds were stated at the fund's net asset value, which was based on the fair value of the underlying investments held by the fund less its liabilities. (Refer to Note 3 for disclosures provided for fair value measurements of plan investments.)

Investment earnings were automatically reinvested into the fund from which they were derived. Interest income was accrued when earned. The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments (which consists of the unrealized appreciation (depreciation) on those investments) and the realized gains or losses.

e) Notes Receivable from Participants

Notes receivable from participants were measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans were reclassified as distributions in accordance with the terms of the Plan document.

f) Benefit Payments

Benefits to participants were recorded when paid.

g) Administrative Expenses

Expenses related to the administration of the Plan that were not required to be paid by the Company were paid either by the Plan or the Company, at the Company's option. For the period ended February 22, 2017 and the year ended December 31, 2016, all expenses were paid by the

Dealertrack Technologies, Inc. 401-K Plan
Notes to Financial Statements
Period Ended February 22, 2017 and Year Ended December 31, 2016

Plan with the exception of the base Plan administrative expenses and audit fee, which was paid for by the Company. Administrative expenses paid by the Plan were charged to participant accounts based on relative account balances.

h) Adoption of Accounting Standards Codification (ASU) 2015-12

In 2016 the Plan adopted the provisions of ASU 2015-12, *Plan Accounting: (Part II) Plan Investment Disclosures*. Adoption of Part II has eliminated the requirements to disclose individual investments representing 5% or more of net assets available for benefits and the fair value change for each significant type of investment. The provisions have been retrospectively applied to the financial statements.

i) Management's Evaluation of Subsequent Events

Management has evaluated the impact of all subsequent events through October 13, 2017, the date the financial statements were available to be issued. (Refer to Note 11).

3. Fair Value Measurements

Fair value is defined as the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. (Refer to Note 2(d).) Inputs used to measure fair value were prioritized into a three-level fair value hierarchy. This hierarchy requires entities to maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of inputs used to measure fair values were as follows:

- Level 1 – Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan could access at the measurement date.
- Level 2 – Inputs other than quoted prices included within Level 1 that were observable for the asset or liability, either directly or indirectly.
- Level 3 – Unobservable inputs for the asset or liability. The fair value hierarchy gives the lowest priority to Level 3 inputs.

The Plan has segregated all investments, as reported in the statements of net assets available for benefits, into the most appropriate level within the fair value hierarchy based on the inputs used to determine the fair value at the measurement date:

As of December 31, 2016	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total Fair Value
Mutual funds (1)	\$ 36,296,672	\$ -	\$ 36,296,672
Pooled separate accounts (2)	-	25,016,762	25,016,762
Common/collective trust funds (3)	-	104,922,091	104,922,091
Total	\$ 36,296,672	\$ 129,938,853	\$ 166,235,525

Dealertrack Technologies, Inc. 401-K Plan
Notes to Financial Statements
Period Ended February 22, 2017 and Year Ended December 31, 2016

As of December 31, 2015	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total Fair Value
Mutual funds (1)	\$ 40,224,373	\$ -	\$ 40,224,373
Pooled separate accounts (2)	-	25,063,465	25,063,465
Common/collective trust funds (3)	-	68,397,776	68,397,776
Total	\$ 40,224,373	\$ 93,461,241	\$ 133,685,614

All plan assets were transferred out in 2017. (Refer to Note 1(a) and Note 11.)

The Plan's policy was to recognize transfers into and out of the various levels as of the end of the reporting period during which the event or change in circumstances causing the transfer occurred. For the period ended February 22, 2017 and the year ended December 31, 2016, there were no transfers between the levels.

- (1) The fair value of mutual funds was based upon the quoted net asset value of the shares held by the Plan at year-end, which was derived from the closing market prices in active markets of the securities in the fund's portfolio.
- (2) The fair value of pooled separate accounts was based upon the net asset value (NAV) of the underlying investments including Level 1 quoted market prices in active markets and Level 2 observable prices for similar assets in active or non-active markets, less any liabilities. As the pooled separate accounts themselves are not actively traded, they were considered to be Level 2 investments, regardless of whether Level 1 or Level 2 inputs were used to value the underlying assets.
- (3) The fair value of common/collective trust funds was based upon the net asset value (NAV) of the units of the trust including Level 1 quoted market prices in active markets and Level 2 observable prices for similar assets in active or non-active markets, less any liabilities. As the common/collective trust funds themselves are not actively traded, they were considered to be Level 2 investments, regardless of whether Level 1 or Level 2 inputs were used to value the underlying assets.

4. Tax Status

The Plan obtained its latest determination letter dated August 1, 2014 (pertaining to plan amendments through December 22, 2011) in which the Internal Revenue Service stated that the Plan, as then designed, qualified under applicable sections of the IRC. Although the Plan has been amended since December 22, 2011, the Plan administrator and the Plan's tax counsel believe that the Plan was designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes was included in the financial statements. The Plan has determined all benefits associated with positions taken for tax purposes would, more likely than not, be sustained upon review by the taxing authorities and therefore has not recognized a liability for unrecognized tax benefits. Tax returns (Form 5500) are filed in the U.S. Federal jurisdiction. The Plan sponsor believes the Plan is no longer subject to tax examinations for years prior to 2013, and there are currently no examinations in process.

Dealertrack Technologies, Inc. 401-K Plan
Notes to Financial Statements
Period Ended February 22, 2017 and Year Ended December 31, 2016

5. Plan Termination

The Company had the right to discontinue its contributions and to terminate the Plan subject to the provisions of ERISA. In the event that the Plan was terminated, all participants would have become 100% vested in their total account balances under the Plan. (Refer to Note 1(a).)

6. Concentration of Market Risk

The Plan's exposure to a concentration of market risk was limited by the diversification of investments across 29 participant-directed fund options.

7. Related Party Transactions

The investment funds (other than the mutual funds) consisted of units of participation in pooled separate accounts and common/collective trust funds managed by Principal. Principal was the custodian as defined by the Plan and, therefore, transactions with Principal qualified as party-in-interest transactions. Fees paid by the Plan to Principal for administrative expenses amounted to \$2,454 and \$89,953 during 2017 and 2016, respectively.

These transactions were exempt from the prohibited transaction rules of ERISA.

8. Unaudited Information Certified by Custodian

The following information, which has not been audited by the independent auditors, is a summary of the Plan's data certified by Principal as complete and accurate in accordance with 29 CFR 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA:

	<u>February 22, 2017</u>	<u>December 31, 2016</u>	<u>December 31, 2015</u>
Assets			
Investment funds, at fair value	\$ -	\$ 166,235,525	\$ 133,685,614
Notes receivable from participants	-	3,038,348	2,483,827

	<u>Period Ended February 22, 2017</u>	<u>Year Ended December 31, 2016</u>
Investment income		
Net appreciation in fair value of investment funds	\$ 1,686,715	\$ 12,806,674
Dividends and capital gains distributions	20,779	964,914
Interest income on notes receivable from participants	127	115,622

Dealertrack Technologies, Inc. 401-K Plan
Notes to Financial Statements
Period Ended February 22, 2017 and Year Ended December 31, 2016

9. Prohibited Transactions

Per DOL Reg. 2510.3-102, an employer is required to remit employee contributions as soon as practicable. In 2016, there were untimely contributions of \$4,346. While the contributions were remitted to the Plan by December 31, 2016, lost earnings were remitted to the plan in 2017. In 2015, there were untimely contributions of \$275. While the contributions were remitted to the Plan by December 31, 2015, lost earnings were remitted to the plan in 2016. See supplemental Schedule H, Line 4a.

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>February 22, 2017</u>	<u>December 31, 2016</u>	<u>December 31, 2015</u>
Net assets available for benefits per the financial statements	\$ -	\$ 169,297,451	\$ 135,891,484
Excess contributions payable	-	-	282,679
Portion of employer contributions receivable	-	(2,018)	(64)
Portion of participant contributions receivable	-	(310)	-
Other receivable	-	(21,250)	-
Net assets available for benefits per the Form 5500	<u>\$ -</u>	<u>\$ 169,273,873</u>	<u>\$ 136,174,099</u>

The following is a reconciliation of the change in net assets per the financial statements to the Form 5500 for the period ended 2017 and the year ended 2016:

	<u>For the Period Ended February 22, 2017</u>	<u>For The Year Ended December 31, 2016</u>
Net (decrease)/increase in net assets available for benefits per the financial statements	\$ (169,297,451)	\$ 33,405,967
Portion of employer contributions	2,018	(1,954)
Portion of participant contributions	310	(310)
Portion of other income	21,250	(21,250)
Adjustment for 2015 excess contributions payable	-	(282,679)
Net (decrease)/increase in net assets available for benefits per the Form 5500	<u>\$ (169,273,873)</u>	<u>\$ 33,099,774</u>

Dealertrack Technologies, Inc. 401-K Plan
Notes to Financial Statements
Period Ended February 22, 2017 and Year Ended December 31, 2016

11. Subsequent Events (Refer to Note 2(ii))

On January 19, 2017, the Plan's investments were substantially liquidated. (Refer to Note 1(a).)

Dealertrack Technologies, Inc. 401-K Plan
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
Plan Sponsor EIN: 52-2336218
Plan Number: 001

Period Ended February 22, 2017

Pay-period ending	Participant contributions transferred late to the Plan		Total that constitutes nonexempt prohibited transactions			
	Check here if Late Participant loan repayments are included:	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51	
	☒					
Various dates during 2016	\$ 4,346	\$ -	\$ 4,346	\$ -	\$ -	\$ -

Lost earnings related to 2016 contributions were deposited to the Plan in 2017.

Year Ended December 31, 2016

Pay-period ending	Participant contributions transferred late to the Plan		Total that constitutes nonexempt prohibited transactions			
	Check here if Late Participant loan repayments are included:	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51	
	☒					
Various dates during 2015	\$ 275	\$ -	\$ 275	\$ -	\$ -	\$ -
Various dates during 2016	\$ 4,346	\$ -	\$ 4,346	\$ -	\$ -	\$ -

Lost earnings related to 2015 contributions were deposited to the Plan in 2016.
Lost earnings related to 2016 contributions were deposited to the Plan in 2017.

Dealertrack Technologies, Inc. 401-K Plan
Schedule H, Line 4i – Schedule of Asset (Held at End of Year)
Plan Sponsor EIN: 52-2336218
Plan Number: 001
December 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	Cost**	Current Value
	AMERICAN FUNDS SERVICE COMPANY	Registered Investment Company AM FDS EUROPACIFIC GRTH R5 FD	\$	2,130,562
	BLACKROCK	Registered Investment Company BLACKROCK HY BOND INST FUND		3,493,944
	DELAWARE INVESTMENTS	Registered Investment Company DELAWARE SMCAP VALUE I FUND		2,497,775
	INVESCO FUNDS GROUP, INC.	Registered Investment Company INVESCO COMSTOCK R5 FD		4,440,461
	JANUS INTERNATIONAL HOLDING, LLC	Registered Investment Company JANUS TRITON I FUND		2,410,569
	JP MORGAN FUNDS	Registered Investment Company JP MORGAN DISC EQUITY SEL FUND		3,501,913
	MFS INVESTMENT MANAGEMENT	Registered Investment Company MFS MID CAP VALUE R6 FUND		4,300,582
	OPPENHEIMER	Registered Investment Company OPPENHEIMER DEV MKTS Y FUND		1,680,954
	OPPENHEIMER	Registered Investment Company OPPENHEIMER INT'L DIV Y FUND		3,673,246
*	PRINCIPAL LIFE INSURANCE COMPANY	Pooled Separate Accounts PRIN LGCAP S&P 500 INDEX SA-I3		11,023,056
*	PRINCIPAL LIFE INSURANCE COMPANY	Pooled Separate Accounts PRIN MIDCAP GROWTH SEP ACCT-I2		2,570,163
*	PRINCIPAL LIFE INSURANCE COMPANY	Pooled Separate Accounts PRIN MIDCAP S&P 400 IDX SA-I3		5,824,166
*	PRINCIPAL LIFE INSURANCE COMPANY	Pooled Separate Accounts PRIN SMCAP S&P 600 INDEX SA-I3		5,599,377
*	PRINCIPAL TRUST COMPANY	Common/Collective Trust PRIN TRUST INCOME FUND I25		567,089
*	PRINCIPAL TRUST COMPANY	Common/Collective Trust PRIN TRUST TGT 2010 FD I25		862,976
*	PRINCIPAL TRUST COMPANY	Common/Collective Trust PRIN TRUST TGT 2015 FD I25		592,806
*	PRINCIPAL TRUST COMPANY	Common/Collective Trust PRIN TRUST TGT 2020 FD I25		7,524,153
*	PRINCIPAL TRUST COMPANY	Common/Collective Trust PRIN TRUST TGT 2025 FD I25		4,978,306
*	PRINCIPAL TRUST COMPANY	Common/Collective Trust PRIN TRUST TGT 2030 FD I25		18,179,359
*	PRINCIPAL TRUST COMPANY	Common/Collective Trust PRIN TRUST TGT 2035 FD I25		9,484,373
*	PRINCIPAL TRUST COMPANY	Common/Collective Trust PRIN TRUST TGT 2040 FD I25		21,899,436

Dealertrack Technologies, Inc. 401-K Plan
Schedule H, Line 4i – Schedule of Asset (Held at End of Year)
Plan Sponsor EIN: 52-2336218
Plan Number: 001
December 31, 2016

*	PRINCIPAL TRUST COMPANY	Common/Collective Trust	
		PRIN TRUST TGT 2045 FD I25	12,418,703
*	PRINCIPAL TRUST COMPANY	Common/Collective Trust	
		PRIN TRUST TGT 2050 FD I25	14,897,071
*	PRINCIPAL TRUST COMPANY	Common/Collective Trust	
		PRIN TRUST TGT 2055 FD I25	5,413,246
*	PRINCIPAL TRUST COMPANY	Common/Collective Trust	
		PRIN TRUST TGT 2060 FD I25	583,631
*	PRINCIPAL GLOBAL INVESTORS TRUST CO	Common/Collective Trust	
		PRINCIPAL STABLE VALUE INST	7,520,942
	PUTNAM INVESTMENTS	Registered Investment Company	
		PUTNAM GROWTH OPP Y FUND	3,790,657
	PUTNAM INVESTMENTS	Registered Investment Company	
		PUTNAM INCOME Y FUND	2,861,613
	PIMCO FUNDS	Registered Investment Company	
		PIMCO GNMA INSTL FUND	1,514,396
*	Notes receivable from participants	Interest rates range from	
		4.25% to 9.25%	3,038,348
		Maturity dates range through	
		4/30/2046	
			\$ 169,273,873

* Denotes party-in-interest.

** Cost information is not required for participant-directed investments.

Amounts above have been derived from information certified by the Plan custodian as complete and accurate.