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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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
HOFFMAN CAR WASH, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1986

2a Plan sponsor's name (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)

HOFFMAN CAR WASH, INC.

1757 CENTRAL AVENUE
ALBANY, NY 12205

2b Employer Identification Number (EIN)
14-1515338

2c Plan Sponsor's telephone number
518-862-1658

2d Business code (see instructions)
811190

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/11/2018	THOMAS J. HOFFMAN JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/11/2018	THOMAS J. HOFFMAN JR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	431
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)**	406
a(2) Total number of active participants at the end of the plan year	**6a(2)**	334
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	40
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	374
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	375
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	358
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	126
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 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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	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

(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] 2 **A** (Insurance Information)

(4) [X] **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
14-1515338

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

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

(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
93-1225432	60214	1268034-01	337	01/01/2017	12/31/2017

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	(b) Total amount of fees paid
4	0

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

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

BRAD WAGNER
MERRILL LYNCH LIFE AGENCY INC.
18 DIVISION ST
SARATOGA SPRINGS, NY 12866

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
2			3

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

ANDREW J BULLOCK
MERRILL LYNCH LIFE AGENCY INC
69 STATE STREET
ALBANY, NY 12207

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
2			3

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

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

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

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

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

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

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

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

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

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

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	178400
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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	166819		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	7537		
	(4) Transferred from separate account	7c(4)	12789057		
	(5) Other (specify below)	7c(5)	69068		
	▶ LOAN REPAYMENTS, FORFEITURES				
	(6) Total additions			7c(6)	13032481
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	13032481
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9305		
	(2) Administration charge made by carrier	7e(2)	2		
	(3) Transferred to separate account	7e(3)	12844774		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	12854081
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	178400

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.			**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 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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
14-1515338

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	827914	0	01/01/2017	02/28/2017

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	(b) Total amount of fees paid
7337	1178

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERRILL LYNCH LIFE AGENCY INC.
1400 MERRILL LYNCH DR
BANK OF AMERICA ME
PENNINGTON, NJ 08534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
7337			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERRILL LYNCH PIERCE FENNER
1400 MERRILL LYNCH DR
PENNINGTON, NJ 08534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	1178	SALES/MARKETING	3

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

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

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

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

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

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

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

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

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

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

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. Specify nature of costs ▶	6d	

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

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

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

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

b	Balance at the end of the previous year			7b	949989
c	Additions: (1) Contributions deposited during the year	7c(1)	27139		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	4804		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	31943
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	981932
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4608		
	(2) Administration charge made by carrier	7e(2)	250		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)	977074		
	(5) Total deductions			7e(5)	981932
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.			**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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
14-1515338

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

(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)

GREAT-WEST LIFE & ANNUITY INS CO NY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	1659	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MERRILL LYNCH LIFE AGENCY INC

1215 4TH AVE 26TH FL
SEATTLE, WA 98161

(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?
55	BROKER/ADVIS OR	0	Yes [X] No [ ]	Yes [ ] No [X]	283	Yes [ ] No [X]

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

TEAL, BECKER & CHIARAMONTE, CPAS PC

7 WASHINGTON SQUARE
ALBANY, NY 12205

(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	CONTRACT ADMIN, TPA	5080	Yes [X] No [ ]	Yes [ ] No [X]	12000	Yes [ ] No [X]

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

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

MASSMUTUAL

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 50 54 55 59 60 62 63 64 65 66 99	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			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
MERRILL LYNCH LIFE AGENCY INC	55	283

(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.
GREAT-WEST LIFE & ANNUITY INS CO NY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TEAL, BECKER & CHIARAMONTE, CPAS PC	13	12000

(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.
GREAT-WEST LIFE & ANNUITY INS CO NY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT

(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 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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
14-1515338

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	544618	642625
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	10972101	14553619
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	949989	178400
(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**	12466708	15374644
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**	0	45
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	45
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	12466708	15374599

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)**	591099	
	(B) Participants	**2a(1)(B)**	810016	
	(C) Others (including rollovers)	**2a(1)(C)**	887	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		1402002
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**		
	(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)**	22663	
	(F) Other	**2b(1)(F)**	12341	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		35004
	(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)**		
	(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)**		
	(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)**		

		(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)		1962770
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3399776
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	487746	
(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)		487746
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	4139	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4139
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		491885
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2907891
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: TROUT, EBERSOLE & GROFF, LLP **(2)** EIN: 23-1551315

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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	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	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	X		

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

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

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
14-1515338

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 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): 04-1590850 93-1225432

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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): _____

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Hoffman Car Wash, Inc. Retirement Plan

Years Ended December 31, 2017 and 2016

TROUT, EBERSOLE & GROFF LLP
CPAs | BUSINESS ADVISORS
SERVICE | ANSWERS | TRUST

Hoffman Car Wash, Inc. Retirement Plan

Financial Statements with Supplementary Information

Years Ended December 31, 2017 and 2016

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TROUT, EBERSOLE & GROFF LLP
CPAs | BUSINESS ADVISORS

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of **Hoffman Car Wash, Inc. Retirement Plan,** which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, 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.

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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Massachusetts Mutual Life Insurance Company, Great-West Life & Annuity Insurance Company of New York, and Great-West Trust Company, LLC, the custodians 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 Massachusetts Mutual Life Insurance Company held the Plan's investments and executed investment transactions from January 1, 2016 to February 28, 2017, and that Great-West Life & Annuity Insurance Company of New York and Great-West Trust Company, LLC held the Plan's investment assets and executed investment transactions from March 1, 2017 to December 31, 2017. The Plan Administrator has obtained certifications from the custodians, as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan Administrator by the custodians 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 of assets (held at end of year) and assets (acquired and disposed of within year), as of or for the year ended December 31, 2017, are required by the Department of Labor's (DOL) 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 custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Trout, Ebersole & Groff, LLP

June 27, 2018
Lancaster, Pennsylvania

TROUT, EBERSOLE & GROFF, LLP
Certified Public Accountants

Hoffman Car Wash, Inc. Retirement Plan

STATEMENTS of NET ASSETS AVAILABLE for BENEFITS

December 31, 2017 and 2016

	2017	2016
ASSETS		
Investments, at Fair Value (Notes 3 and 4)	$ 14,553,619	$ 10,972,101
Investments, at Contract Value (Notes 3 and 5)	178,400	949,989
Total Investments	**14,732,019**	**11,922,090**
Notes Receivable from Participants (Note 3)	**642,625**	**544,618**
TOTAL ASSETS	**15,374,644**	**12,466,708**
LIABILITIES		
Other	45	-0-
Excess Contributions Payable	2,112	-0-
TOTAL LIABILITIES	**2,157**	**-0-**
NET ASSETS AVAILABLE for BENEFITS	**$ 15,372,487**	**$ 12,466,708**

See notes to financial statements.

Hoffman Car Wash, Inc. Retirement Plan

STATEMENTS of CHANGES in NET ASSETS AVAILABLE for BENEFITS

Years Ended December 31, 2017 and 2016

	2017	2016
ADDITIONS		
Investment Income (Note 3):		
Net Appreciation in Fair Value of Investments	$ 1,534,933	$ 334,050
Interest and Dividends	440,178	385,862
Total Investment Income	**1,975,111**	**719,912**
Interest on Notes Receivable from Participants (Note 3)	**22,663**	**18,801**
Contributions:		
Employer	670,861	505,538
Participants	807,904	643,827
Rollover	887	27,881
Total Contributions	**1,479,652**	**1,177,246**
Total Additions	**3,477,426**	**1,915,959**
DEDUCTIONS		
Benefits Paid	567,508	1,021,331
Administrative Expenses	4,139	8,786
Total Deductions	**571,647**	**1,030,117**
NET INCREASE for YEAR	**2,905,779**	**885,842**
NET ASSETS AVAILABLE for BENEFITS		
Beginning of Year	12,466,708	11,580,866
End of Year	**$ 15,372,487**	**$ 12,466,708**

See notes to financial statements.

NOTE 1 - DESCRIPTION of PLAN

The following description of **Hoffman Car Wash, Inc. Retirement Plan** (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

Plan Amendment and Restatement

The Plan was amended and restated in its entirety effective January 1, 2017, to incorporate the terms of the predecessor plan and to comply with the Pension Protection Act of 2006, the Heroes Earnings Assistance and Relief Tax Act of 2008, and the Worker, Retiree and Employer Recovery Act of 2008. The most significant amendment to the Plan was a change in eligibility requirements which lowered the service requirements to participate in the Plan from one year to six months.

General

The Plan is a defined contribution plan covering all eligible employees of Hoffman Car Wash, Inc. (Sponsor Employer) and employers under common control, Hoffman Development Corporation, T. Hoffman Development Corporation, TCP Albany Auto Finance, LLC, TCP Holdings, LLC, and TCP Sales Holdings, LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the trustees at Hoffman Car Wash, Inc. The Trustees determine the appropriateness of the Plan's investment offerings and monitor investment performance.

Eligibility

All employees who have completed six months of service (effective 1/1/2017) and have attained the age of 18 are eligible to participate in the salary reduction, employer matching portion, and employer profit sharing portion of the Plan. Individuals who become employees by virtue of an acquisition, merger, or similar transaction are subject to certain rules.

Contributions

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

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

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

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

NOTE 1 - DESCRIPTION of PLAN (Continued)

Contributions (Continued)
The employer contribution is allocated to each eligible participant in the ratio that each qualifying participant's compensation for the Plan year bears to the total compensation of all qualifying participants for the Plan year. There were no profit sharing contributions for the Plan years ended December 31, 2017 and 2016.

Participant Accounts
The Plan is a 401(k) salary deferral and profit sharing plan under which a record keeping account is set up in each participant's name to show the value of their retirement benefit. The participant's share of contributions and investment earnings is added to their account. Subtractions include withdrawals made by the participant and the participant's share of investment losses. Each participant directs the investment of their account.

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

Years of Service	Percent Vested
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

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

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

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

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

Late Retirement - If a participant continues working after their normal retirement date, they will remain in the Plan as an active member. The participant's account is 100% vested and will become payable when they actually retire from active employment, subject to minimum distribution rules at age 70½ or later.

NOTE 1 - DESCRIPTION of PLAN (Continued)

Payment of Benefits (Continued)

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

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

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

In-Service Withdrawals - A participant may request a distribution from the Plan from any rollover contributions at any time.

Other - Participants who attain age 59½ and continue to work may withdraw their elective deferrals plus the vested portion of the employer's matching and profit sharing contributions.

Forfeitures

When a participant terminates before becoming 100% vested, the portion of their account to which they are not entitled may be used to pay any administrative expenses of the Plan. Otherwise, forfeitures are used to reduce the amount that the employer contributes to the Plan for matching or profit sharing contributions, as the case may be. As of December 31, 2017 and 2016, forfeited non-vested account balances were $45 and $-0-, respectively. Forfeitures of $79,762 and $52,285 were used during the years ended December 31, 2017 and 2016, respectively, to reduce employer contributions.

NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully-benefit responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

Use of Estimates

The preparation of financial statements in accordance with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates. Significant estimates used in the preparation of these financial statements relate to the valuation of investments and changes therein.

NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan Document. Interest income on the notes is recorded when the payments are withheld from the participants. Any interest that is withheld but not received by the Plan prior to year end is accrued and reflected as interest on notes receivable from participants in the accompanying statements of net assets available for benefits.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value) as determined and certified to by the Plan's custodians. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. Excess contributions payable for the years ended December 31, 2017 and 2016 were $2,112 and $-0- respectively. The Plan distributed the 2017 excess contributions to the applicable participants prior to March 15, 2018.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan Sponsor absorbs certain administrative expenses of the Plan.

NOTE 3 - CERTIFIED PLAN INVESTMENTS

Certified Investments

The information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedules, including investments and notes receivable from participants held at December 31, 2017 and 2016, net appreciation in fair value of investments, and interest and dividends for the years ended December 31, 2017 and 2016, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Massachusetts Mutual Life Insurance Company, the custodian of the Plan, from January 1, 2016 to February 28, 2017, and Great-West Life & Annuity Insurance Company of New York and Great-West Trust Company, LLC, the custodians of the Plan from March 1, 2017 to December 31, 2017, under 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

NOTE 3 - CERTIFIED PLAN INVESTMENTS (Continued)

Plan Investments

The following summary for the value of Plan investments is based on the information provided by the custodians mentioned previously, at December 31, 2017 and 2016:

	2017	2016
Investments at Fair Value		
Shares of Registered Investment Companies	14,553,619	-0-
Pooled Separate Accounts	-0-	10,972,101
Total Investments at Fair Value	**14,553,619**	**10,972,101**
Investments at Contract Value		
Fixed Income Account	178,400	949,989
Total Investments	**14,732,019**	**11,922,090**

Notes Receivable from Participants

The outstanding notes receivable from participants as of December 31, 2017 and 2016, were $642,625 and $544,618, respectively. The Plan earned interest income of $22,663 and $18,801 on the notes receivable from participants for the years ended December 31, 2017 and 2016, respectively.

During the years ended December 31, 2017 and 2016, the Plan's investments (including gains and losses on investments bought, sold, and held during the year) appreciated in value by $1,534,933 and $334,050, respectively. The Plan earned interest and dividends on investments of $440,178 and $385,862 for the years ended December 31, 2017 and 2016, respectively.

NOTE 4 - FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. The Plan's assets were transferred from one custodian to another, effective March 1, 2017 and as a result new investment options were identified. The majority of the transferred assets consisted of pooled separate accounts which were transferred to shares of registered investment companies (mutual funds).

Registered Investment Companies: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Shares of Registered Investment Companies	14,553,619	-0-	-0-	14,553,619

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	-0-	10,972,101	-0-	10,972,101

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Level 1 and 2 Transfers

As mentioned previously, pooled separate accounts (level 2 investments) were transferred to shares of registered investment companies (level 1 investments) in connection with a change in custodians during 2017.

Level 3 Gains and Losses

There were no level 3 investments as of or during the years ended December 31, 2017 and 2016.

NOTE 5 - FIXED INCOME CONTRACT

The Plan had a fully benefit-responsive fixed income contract with Massachusetts Mutual Life Insurance Company. Massachusetts Mutual Life Insurance Company maintained the contributions in a general account. The account was credited with contributions and earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The fixed income contract holder was contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan.

Because the contract was fully benefit-responsive, contract value was the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. The contract is presented on the face of the statements of net assets available for benefits at contract value. Contract value as reported by Massachusetts Mutual Life Insurance Company, represented contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants could ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The methodology for calculating the interest crediting rate was based on the earnings of the underlying assets in the entire medium, long-term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. Interest crediting rate was reset quarterly.

The fixed income account was subject to certain transfer and liquidation restrictions as follows: (1) if a participant directed transfer or withdrawal exceeds one-sixth of the value of the fixed income account twelve months earlier, such transfer or withdrawal was not permitted. This restriction did not apply to payment of benefits; and (2) upon discontinuance of the agreement, the Plan must elect to be paid using either (a) the book value installment alternative or (b) the market value adjustment lump sum alternative outlined as follows:

(a) Book Value Installment Alternative - Massachusetts Mutual Life Insurance Company pays the net surrender value in six equal installments, plus interest, annually over a five year period. The first installment is paid within thirty days after the date of discontinuance. The five remaining installments are paid, plus interest, on the anniversary of the discontinuance date. The net surrender value is credited with interest at a rate not to be less than the minimum guaranteed interest rate per annum beginning on the date of discontinuance.

(b) Market Value Adjustment Lump Sum Alternative - Massachusetts Mutual Life Insurance Company will pay the discounted present value of the book value installment alternative described above in a single lump sum payment. The payment may be deferred for a period not to exceed thirty-one days from the date of discontinuance. The present value is calculated using a rate equal to the annualized yield on the U.S. Treasury Strip (or comparable substitute) plus the option adjusted spread on certain indices as outlined in the agreement.

NOTE 5 - FIXED INCOME CONTRACT (Continued)

The Plan has a fully benefit-responsive fixed income contract with Great-West Life & Annuity Insurance Company of New York (GWL&A). GWL&A maintains the contributions in a general account. The account is credited with contributions and earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The fixed income contract holder is contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan.

Because the contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. The contract is presented on the face of the statements of net assets available for benefits at contract value. Contract value as reported by GWL&A, represented contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants could ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. Interest is credited daily on a portfolio basis and is determined by GWL&A prior to the last day of the previous calendar quarter and is reset quarterly. The credited interest rate is subject to the discretion of GWL&A; however, it will not be less than the rate established in the agreement. The average yield and crediting interest rate was approximately 1.1% for the period March 1, 2017 to December 31, 2017. The minimum crediting interest rate established by the agreement is 0%.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

The fixed income account was subject to certain transfer and cessation restrictions as follows:

Transfers, Distributions
Amounts may be transferred from the participant's account balance in the Key Guaranteed Portfolio Fund at any time. The value of the Key Guaranteed Portfolio Fund in respect of the participant will be determined as the value of (a) minus (b) where: (a) is the sum of the participant's Key Guaranteed Portfolio Fund contributions plus interest and transfers to the Key Guaranteed Portfolio Fund; and (b) is the sum of: i. any amounts distributed; and ii. any transfers from the Key Guaranteed Portfolio Fund; and iii. premium tax, if applicable.

Cessation Options
On the contribution cessation date, the group contractholder may elect a cessation option. If no option is elected within 30 days of the contributions cessation date, GWL&A is hereby instructed to comply with cessation option 1 below. The cessation options are: (1) Maintenance of each Participant Annuity Account - GWL&A will maintain the sum of each participant annuity account value in the Key Guaranteed Portfolio Fund until it is applied to a payment option or distributed to a participant or beneficiary. (2) Payment at Book Value - GWL&A will pay to the group contractholder the sum of the participant annuity account value in the Key Guaranteed Portfolio Fund. GWL&A reserves the right to defer payment of this amount but not longer than 12 months from the contribution cessation date. (3) Any other cessation option allowable under applicable law as mutually agreed upon in writing by GWL&A and the group contractholder.

NOTE 6 - RELATED PARTY TRANSACTIONS and PARTY-in-INTEREST TRANSACTIONS

Certain Plan investments were invested in pooled separate accounts which were managed by Massachusetts Mutual Life Insurance Company as defined by the Plan, and therefore, these transactions qualified as party-in-interest transactions. Investments in pooled separate accounts were $10,972,101 at December 31, 2016. Fees paid by the Plan for the administrative expenses amounted to $4,139 and $8,786 for the years ended December 31, 2017 and 2016, respectively. The Plan Sponsor paid directly any other fees related to the Plan's operations.

The fixed income accounts are invested in the general assets of the custodians (Great-West Life & Annuity Insurance Company of New York at December 31, 2017 and Massachusetts Mutual Life Insurance Company at December 31, 2016), and therefore, they are considered party-in-interest transactions. The fixed income accounts had a contract value of $178,400 and $949,989 at December 31, 2017 and 2016, respectively.

As previously discussed, the Plan may issue notes receivable to participants that are secured by participant account balances. The value of the notes receivable outstanding were $642,625 and $544,618 at December 31, 2017 and 2016, respectively. Interest income received on participant loans was $22,663 and $18,801 for the years ended December 31, 2017 and 2016, respectively. All of these transactions qualify as party-in-interest transactions.

Additionally, the Plan paid recordkeeping and third-party administrative fees to Great-West Life & Annuity Insurance Company of New York and Teal, Becker & Chiaramonte, CPA's PC for the year ended December 31, 2017. These transactions qualify as party-in-interest transactions. Fees paid during the year for recordkeeping and administrative services rendered by parties-in-interest were based on customary and reasonable rates for such services and are included as deductions for administrative expenses on the statement of changes in net assets available for benefits.

NOTE 7 - TERMINATION of PLAN

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

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

NOTE 8 - TAX STATUS

Prior to January 1, 2017, the Sponsor Employer adopted a prototype Plan. The prototype Plan received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014, which stated the form of the prototype Plan was acceptable under section 401 of the Internal Revenue Code for the use by employers for the benefit of their employees. The prototype Plan Document had been amended since receiving the opinion letter. However, the Plan Administrator believed that the Plan was designed and was being operated in compliance with the applicable requirements of the Internal Revenue Code.

Effective January 1, 2017, the Sponsor Employer adopted a volume submitter specimen Plan and trust. The volume submitter Plan received an advisory letter from the Internal Revenue Service (IRS) dated March 31, 2014, which stated the form of the volume submitter Plan is designed in accordance with applicable sections of the Internal Revenue Code. Therefore, the Plan Administrator believes the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

NOTE 9 - RISKS and UNCERTAINTIES

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

NOTE 10 - RECONCILIATION of FINANCIAL STATEMENTS to FORM 5500

The Form 5500 was prepared on the cash basis, and therefore, the following is a reconciliation of liabilities between the financial statements and Form 5500 at December 31, 2017:

Excess Contributions Payable per Financial Statements	2,112
Excess Contributions Payable not Recorded	(2,112)
Excess Contributions Payable per Form 5500	**-0-**
Participants Contributions per Financial Statements	807,904
Excess Contributions Payable	2,112
Total Participants Contributions per Form 5500	**810,016**
Employer Contributions per Financial Statements	670,861
Forfeitures	(79,762)
Total Employer Contributions per Form 5500	**591,099**
Benefits Paid per Financial Statements	567,508
Forfeitures	(79,762)
Total Benefits Paid per Form 5500	**487,746**
Net Increase per Financial Statements	2,905,779
Prior Year Excess Contributions Payable	2,112
Net Increase per Form 5500	**2,907,891**

NOTE 11 - SUBSEQUENT EVENTS

In 2018, the Plan was amended to modify the service requirement for eligibility. Employees will meet the eligibility requirements when they complete one year of service. One year of service is defined as 1,000 hours of service in the first 52 weeks of employment. Additionally, the hour of service requirement is considered met as soon as the employee works 1,000 hours. Employees will enter the Plan at the next Plan entry date (January 1 or July 1) following completion of one year of service.

Subsequent events have been evaluated through June 27, 2018, which represents the date the financial statements were available to be issued.

Hoffman Car Wash, Inc. Retirement Plan

EIN 14-1515338 Plan #001

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

December 31, 2017

(a)(b)	Identity of Issue, Borrower, Lessor, or Similar Party	(c)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d)	Cost	(e)	Current Value
	Registered Investment Companies:						
	American Funds		American Funds 2030 Target Date Fund R3		***		$ 25,160
	American Funds		American Funds 2040 Target Date Fund R3		***		18,957
	American Funds		American Funds 2050 Target Date Fund R3		***		15,049
	American Funds		American Funds 2060 Target Date Fund R3		***		15,048
	American Funds		American Funds 2055 Target Date Retire R3		***		13,406
	American Funds		American Funds New World Fund R3		***		883,574
	Janus Henderson		Janus Henderson Global Equity Income A		***		797,382
	Ivy Investments		Ivy International Core Equity Y		***		1,116,972
	Oppenheimer Funds		Oppenheimer International Growth A		***		751,397
	Principal Global		Principal Global Real Estate Sec A		***		202,175
	DWS		Deutsche Enhanced Commodity Strategy A		***		387,931
	Principal Global		Principal Real Estate Securities A		***		124,259
	Black Rock		iShares Russell 2000 Small-Cap Index A		***		228,248
	Janus Henderson		Janus Henderson Triton A		***		381,747
	JP Morgan		JPMorgan Small Cap Equity A		***		156,921
	Janus Henderson		Janus Henderson Small Cap Value A		***		330,158
	Columbia Threadneedle		Columbia Mid Cap Index A		***		452,506
	Franklin Templeton Investments		Franklin Small-Mid Cap Growth Fund		***		420,863
	Wells Fargo Funds		Wells Fargo Spec Md Cp Val A		***		446,529
	Alliance Bernstein Investments		AB Large Cap Growth A		***		975,817
	Black Rock		iShares S&P 500 Index I		***		1,946,811
	Macquarie		Delaware Value A		***		1,055,287
	Alliance Bernstein Investments		AB High Income A		***		233,760
	Lord Abbett		Lord Abbett Total Return R4		***		2,519,793
	PIMCO		PIMCO Foreign Bond (USD-Hedged) A		***		398,211
	PIMCO		PIMCO Real Return A		***		420,678
	Principal Global		Principal High Yield A		***		$ 234,980

See independent auditors' report.

Hoffman Car Wash, Inc. Retirement Plan

EIN 14-1515338 Plan #001

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

(Continued)

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fixed Income Contract (Annuities):			
*	Great-West Life & Annuity Insurance Company of New York	Key Guaranteed Portfolio Fund	***	$ 178,400
	Receivables:			
*	Notes Receivable from Participants	3.25% - 6.25%, Various Maturity Dates (January 2018 - November 2022); Collateral - Portion of Participants' Vested Account Balances	-0-	642,625
			$ -0-	$15,374,644

*Indicates party-in-interest to the Plan.

***Information not required.

See independent auditors' report.

Hoffman Car Wash, Inc. Retirement Plan

EIN 14-1515338 Plan #001

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

Year Ended December 31, 2017

(a)	Identity of Issue, Borrower, Lessor, or Similar Party	(b)	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c)	Costs of Acquisitions	(d)	Proceeds of Dispositions
	Notes Receivable from Participants		3.25% - 6.25%, Various Maturity Dates (January 2018 - November 2022); Collateral - Portion of Participants' Vested Account Balances		$ -0-		$ -0-

See independent auditors' report.

Hoffman Car Wash, Inc. Retirement Plan

EIN 14-1515338 Plan #001

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

December 31, 2017

(a)(b)	Identity of Issue, Borrower, Lessor, or Similar Party	(c)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d)	Cost	(e)	Current Value
	Registered Investment Companies:						
	American Funds		American Funds 2030 Target Date Fund R3		***		$ 25,160
	American Funds		American Funds 2040 Target Date Fund R3		***		18,957
	American Funds		American Funds 2050 Target Date Fund R3		***		15,049
	American Funds		American Funds 2060 Target Date Fund R3		***		15,048
	American Funds		American Funds 2055 Target Date Retire R3		***		13,406
	American Funds		American Funds New World Fund R3		***		883,574
	Janus Henderson		Janus Henderson Global Equity Income A		***		797,382
	Ivy Investments		Ivy International Core Equity Y		***		1,116,972
	Oppenheimer Funds		Oppenheimer International Growth A		***		751,397
	Principal Global		Principal Global Real Estate Sec A		***		202,175
	DWS		Deutsche Enhanced Commodity Strategy A		***		387,931
	Principal Global		Principal Real Estate Securities A		***		124,259
	Black Rock		iShares Russell 2000 Small-Cap Index A		***		228,248
	Janus Henderson		Janus Henderson Triton A		***		381,747
	JP Morgan		JPMorgan Small Cap Equity A		***		156,921
	Janus Henderson		Janus Henderson Small Cap Value A		***		330,158
	Columbia Threadneedle		Columbia Mid Cap Index A		***		452,506
	Franklin Templeton Investments		Franklin Small-Mid Cap Growth Fund		***		420,863
	Wells Fargo Funds		Wells Fargo Spec Md Cp Val A		***		446,529
	Alliance Bernstein Investments		AB Large Cap Growth A		***		975,817
	Black Rock		iShares S&P 500 Index I		***		1,946,811
	Macquarie		Delaware Value A		***		1,055,287
	Alliance Bernstein Investments		AB High Income A		***		233,760
	Lord Abbett		Lord Abbett Total Return R4		***		2,519,793
	PIMCO		PIMCO Foreign Bond (USD-Hedged) A		***		398,211
	PIMCO		PIMCO Real Return A		***		420,678
	Principal Global		Principal High Yield A		***		$ 234,980

See independent auditors' report.

Hoffman Car Wash, Inc. Retirement Plan

EIN 14-1515338 Plan #001

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

(Continued)

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fixed Income Contract (Annuities):			
*	Great-West Life & Annuity Insurance Company of New York	Key Guaranteed Portfolio Fund	***	$ 178,400
	Receivables:			
*	Notes Receivable from Participants	3.25% - 6.25%, Various Maturity Dates (January 2018 - November 2022); Collateral - Portion of Participants' Vested Account Balances	-0-	642,625
			$ -0-	$15,374,644

*Indicates party-in-interest to the Plan.

***Information not required.

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