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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALBANY AUTO MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/23/2015

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)

ALBANY AUTO MANAGEMENT, LLC

133 SEVILLA AVENUE
CORAL GABLES, FL 33134

2b Employer Identification Number (EIN)
47-4196721

2c Plan Sponsor's telephone number
305-567-3582

2d Business code (see instructions)
441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	TED VARAMOGIANNIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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**	129
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)**	118
a(2) Total number of active participants at the end of the plan year	**6a(2)**	127
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	12
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	139
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	139
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	74
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [ ] **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)** [ ] ___ **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 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
ALBANY AUTO MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALBANY AUTO MANAGEMENT, LLC

D Employer Identification Number (EIN)
47-4196721

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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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)

NATIONWIDE

(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 99	RECORDKEEPER	25589	Yes [X] No [ ]	Yes [X] No [ ]	11007	Yes [ ] No [X]

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

INTAC

(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 99	TPA	8711	Yes [X] No [ ]	Yes [ ] No [X]	4128	Yes [ ] No [X]

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

SECURITIES SERVICE NETWORK

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	ADVISOR		Yes [X] No [ ]	Yes [ ] No [X]	19835	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)

CLS INVESTMENTS

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	ADVISOR	11007	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

(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
NATIONWIDE	15 99	11007

(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.
CLS INVESTMENTS	ADVISORY SERVICE PROVIDER FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONWIDE	15 99	10411

(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.
ADVISOR ONE FUNDS	MUTUAL FUND PAYMENTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
INTAC	15 99	4128

(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.
NATIONWIDE	ADVISORY/SERVICE PROVIDER FEE

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
SECURITIES SERVICE NETWORK	15 99	19835

(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.
NATIONWIDE	COMPENSATION

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(complete as many entries as needed)

a Name: MBAF CPAS, LLC **b** EIN: 13-3842744

c Position: AUDITOR

d Address: **e** Telephone:

Explanation: CHANGE OF AUDITOR

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
ALBANY AUTO MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALBANY AUTO MANAGEMENT, LLC

D Employer Identification Number (EIN)
47-4196721

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)	61217	61010
(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)	4803182	4987530
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4864399	5048540
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4864399	5048540

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)	45449	
	(B) Participants	2a(1)(B)	351447	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		396896
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)	2355	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2355
	(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)		606472
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1005723
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	821582	
(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)		821582
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		821582
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		184141
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MORRISON, BROWN, ARGIZ & FARRA, LLC **(2)** EIN: 01-0720052

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			

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.)

ALBANY AUTO MANAGEMENT, LLC
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2017 AND 2016



ALBANY AUTO MANAGEMENT, LLC
401(K) PROFIT SHARING PLAN

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MBAF
MORRISON BROWN ARGIZ & FARRA, LLC
CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Albany Auto Management, LLC 401(K) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Albany Auto Management, LLC 401(K) Profit Sharing Plan (the "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 ended December 31, 2017 and 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 Nationwide Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2017 and 2016 and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedules

The supplemental schedules of Form 5500 Schedule H, Line 4i – Schedules of Assets (Held at End of Year) as of December 31, 2017 and 2016 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With Department of Labor Rules and Regulations

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

Morrison, Brown, Argiz & Farra

Miami, Florida
October 11, 2018

ALBANY AUTO MANAGEMENT, LLC
401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2017	2016
ASSETS		
INVESTMENTS:		
Registered investment companies, at fair value	$ 4,987,530	$ 4,803,182
RECEIVABLES:		
Notes receivable from participants	61,010	61,217
NET ASSETS AVAILABLE FOR BENEFITS	**$ 5,048,540**	**$ 4,864,399**

The accompanying notes are an integral part of these financial statements

ALBANY AUTO MANAGEMENT, LLC
401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31,

	2017	2016
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net appreciation in fair value of investments	$ 606,472	$ 289,106
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	2,355	3,200
CONTRIBUTIONS		
Participant	351,447	407,328
Employer	45,449	52,253
Rollovers	-	411,036
TOTAL CONTRIBUTIONS	396,896	870,617
TOTAL ADDITIONS	1,005,723	1,162,923
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	821,582	1,527,470
NET INCREASE (DECREASE)	184,141	(364,547)
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	4,864,399	5,228,946
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	**$ 5,048,540**	**$ 4,864,399**

The accompanying notes are an integral part of these financial statements

1. DESCRIPTION OF PLAN

General

The following description of the Albany Auto Management, LLC 401(K) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Albany Auto Management, LLC established the plan in November 2015. Companies covered by the Plan include, BMW of South Albany, Northway Toyota, and Audi Albany, collectively referred to herein as "Company" or "Employer". The Plan is a defined contribution plan covering all eligible employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

Employees must be twenty-one years of age or more, complete one year of service and not be members of a collective bargaining unit to be eligible to participate in elective deferrals. Employees who meet these requirements and are enrolled in the Plan become eligible to receive the Employer matching contributions.

Participant Contributions

Participants may elect to defer a portion of their annual compensation, as defined by the Plan and consistent with the IRS guidelines. Additionally, participants may rollover or transfer to the Plan any portion or all of the funds received from another nonaffiliated qualified retirement plan (rollover contribution). At any time, an employee can elect not to make contributions. Participants that reach age 50 before the end of the calendar year may make additional catch-up contributions up to an additional limit of $6,000 for the years ended December 31, 2017 and 2016.

Participants direct their elective contributions into various investment options offered by the Plan. The Company's contributions are allocated in the same manner as that of the participant's elective contributions. Participants may change their investment options and deferral percentages or amounts at any time.

Employer Contributions

The Employer, at its discretion, may make a matching contribution (the "Matching Contribution"). For the year ended December 31, 2017, the Matching Contribution was 100% of the first $200 of salary deferrals then 10% up to $13,500 with a maximum match of $1,530. Employer matching contributions totaled for $45,499 for the year ended December 31, 2017, and $52,253 for the year ended December 31, 2016.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution, (b) Plan earnings, and (c) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Investment Options

Contributions are invested by Nationwide Financial Services, Inc., ("Nationwide" or the "Custodian") according to the options elected by the participants. All participant and Employer contributions are directed by the participant among the available investment options. Investment earnings are automatically reinvested into the fund or portfolio from which they were derived.

1. DESCRIPTION OF PLAN (CONTINUED)

Vesting

Under the Plan, employees acquire a vested and nonforfeitable interest in a percentage of their account attributable to the Company's contributions as determined from the following table.

Years of Service	Percentage Vested and Nonforfeitable
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Notes Receivable from Participants

Participants may borrow from their accounts the lesser of 50% of their vested account balance or $50,000. Loan terms may not exceed five years unless it is being used to acquire a principal residence of the borrower, in which case the loan terms cannot exceed the repayment period of the principal residence loan. The loans are secured by the balance in the participant's account and bear interest. Interest rates are commensurate with local prevailing rates at the time of borrowing as determined by the Plan administrator. The interest rate for notes outstanding as of December 31, 2017 was from 4.25% to 5.25%. The interest rate for notes outstanding as of December 31, 2016 was from 4.25% to 4.75%. Principal and interest is repaid in equal installments through payroll deductions.

Administrative Expenses and Investment Management

Loan origination fees associated with notes receivable from participants and the Plan's record keeping and custodian fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income reported by the Plan. All other expenses of the Plan are paid by the Company.

Payment of Benefits

Participants' benefits under the Plan are payable to participants or their beneficiaries upon termination of employment, normal retirement, disability, financial hardship or death. Benefits are payable in one lump sum payment. Hardship withdrawals are available, as are in service distributions to participants who have attained the age of 59 ½. Corrective distributions are made, returning contributions to participants, in order to comply with Department of Labor regulations.

Forfeited Accounts

The non-vested portion of terminated participants accounts plus earnings thereon are forfeited and can be used by the Plan to reduce the amount of future employer contributions to the Plan. During the years ended December 31, 2017 and 2016, there were no forfeitures.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

The Plan's investments are reported at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Estimates

The preparation of financial statements in conformity with U.S. 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. Actual results may differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. Repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Investment Valuation and Income Recognition

Investments are reported at fair value. 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 securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment Management Fees and Operating Expenses

Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation in fair value of investments.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. The Plan is responsible for administrative expenses relating to the management of Plan assets incurred by the Plan except for certain transaction fees such as loan and distribution requests, which are paid by the participants. These fees are allocated either proportionally based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. The method of allocating the expenses depends on the nature of the expense itself.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Tax Status

The Plan obtained the latest determination letter for the prototype plan it has adopted, on March 31, 2008, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. 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 audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

Adopted Accounting Pronouncements

Fair Value Measurement

In May 2015, the Financial Accounting Standards Board ("FASB") issued an accounting standard update that removes the requirement to include investments in the fair value hierarchy for which fair value is measured at net asset value using the practical expedient. The update also changes certain disclosure requirements. The update is effective retrospectively for fiscal years beginning after December 15, 2016 and interim periods within those fiscal years. The Plan implemented the update effective January 1, 2017 and retrospectively applied. There were no material effects on net assets available for benefits, changes in net assets available for benefits, nor the overall financial statements

Risks and Uncertainties

The Plan provides for various investment options. The underlying investments are exposed to various risks, such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and participants' account balances.

Subsequent Events

Plan management has evaluated subsequent events for recognition and disclosure through October 11, 2018, which is the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520. 103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee, Nationwide, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN (CONTINUED)

	December 31, 2017	December 31, 2016
Registered investments companies, at fair valu	**$ 4,987,530**	**$ 4,803,182**

	Year Ended December 31, 2017	Year Ended December 31, 2017
Investment income:		
Net appreciation in fair value of investments	$ 606,472	$ 289,106
Interest on notes receivable from participants	2,355	3,200
	$ 608,827	**$ 292,306**

4. FAIR VALUE MEASUREMENTS

The FASB Accounting Standards Codification ("ASC"), *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under the FASB ASC are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
  - quoted prices for similar assets or liabilities in active markets;
  - quoted prices for identical or similar assets or liabilities in inactive markets;
  - inputs other than quoted prices that are observable for the asset or liability;
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

  If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Registered investment companies: Valued at fair value by the Plan at year end at the fund's publicly-quoted price in active markets.

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.

4. FAIR VALUE MEASUREMENTS (CONTINUED)

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

		Fair Value Measurements at Reporting Date Using:		
Description	Fair Value 12/31/17	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies	$ 4,987,530	$ 3,184,221	$ 1,803,309	$ -
Investments at fair value	**$ 4,987,530**	**$ 3,184,221**	**$ 1,803,309**	**$ -**

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

		Fair Value Measurements at Reporting Date Using:		
Description	Fair Value 12/31/16	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies	$ 4,803,182	$ 2,749,143	$ 2,054,039	$ -
Investments at fair value	**$ 4,803,182**	**$ 2,749,143**	**$ 2,054,039**	**$ -**

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right at any time to terminate the Plan in accordance with ERISA. Upon termination of the Plan, no further contributions will be made to the Plan and all amounts credited to participant's accounts will become fully vested.

6. PARTY-IN-INTEREST

Parties in interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer, and certain others. The Plan holds registered investment accounts by Nationwide Trust Company. Nationwide is the Plan's custodian and, therefore, these transactions and the payment of record keeping fees, custodian fees, and investment management fees qualify as party-in-interest transactions. Notes receivable from participants held by the Plan also reflect party-in-interest transactions. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company.

SUPPLEMENTAL SCHEDULES

ALBANY AUTO MANAGEMENT, LLC
401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4(I)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017
EIN 47-4196721 PLAN NO. 001

	(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment	(d) Cost**	(e) Current Value
*	AdvisorOne	AdvisorOne CLS Flexibile Income N		$ 603,337
*	AdvisorOne	AdvisorOne CLS Global Aggressive Eq N		298,151
*	AdvisorOne	AdvisorOne CLS Global Diversified Eq N		852,039
*	AdvisorOne	AdvisorOne CLS Growth and Income N		988,734
*	AdvisorOne	AdvisorOne CLS International Equity N		90,069
*	AdvisorOne	AdvisorOne CLS Shelter N		1,909
*	American Century	American Century Equity Income		7,070
*	American Century	American Century Mid Cap Value		13,028
*	American Funds	American Funds AMCAP		120,922
*	American Funds	American Funds Capital World Growth & Income		176,702
*	American Funds	American Funds New World R6		4,753
*	American Funds	American Funds Growth Fund of America		109,227
*	AQR Capital Management	AQR LgCap DefnStyle I		1,459
*	BlackRock	BlackRock Health Sciences Ops		1,453
*	Db-Line	Dbline Enhcd CAPE I		1,460
*	Federated	Federated Government Obligation Prmr		12,782
*	Federated	Federated Strategic Value Dividend Instl		7,037
*	Fidelity	Fidelity Strategic Dividend & Income A		17,597
*	Fidelity	Fidelity Strategic Dividend & Income		7,051
*	Goldman Sachs	Goldman Sachs Growth Opportunities		26,676
*	Goldman Sachs	Goldman Sachs Mid Cap Value		71,141
*	Harbor	Harbor International Institutional		12,942
*	Hotchkis & Wiley	Hotchkis & Wiley Large Cap Value		44,171
*	John Hancock	JH Growth tr China Opportunities I		1,452
*	Loomis Sayles	Loomis Sayles Growth		7,200
*	Lord Abbett	Lord Abbett Small Cap Value A		99,346
*	Morgan Stanley	MSIF Global Opportunities I		1,460
*	Morgan Stanley	MFS Value		89,078
*	Morgan Stanely	Morgan Stanely Inst Growth		8,641
*	Nationwide	Nationwide Government Money Market		246,867
*	Nationwide	Nationwide Inv Dest Agrsv		24,518
*	Nationwide	Nationwide Inv Dest Cnsrv		18,023
*	Nationwide	Nationwide Inv Dest Mod Agrsv		172,251
*	Nationwide	Nationwide Inv Dest Mod Cnsrv		54,661
*	Nationwide	Nationwide Inv Dest Mod		289,321
*	Nationwide	Nationwide Mid Cap Market Idx		33,556
*	Parnassus	Parnassus Endvrlnstl		1,433
*	PIMCO	PIMCO Low Duration		47,118
*	PIMCO	PIMCO Stocks Plus Small Return		1,446
*	PIMCO	PIMCO StocksPLUS Total Return Inst		1,465
*	PIMCO	PIMCO Total Return		173,993

ALBANY AUTO MANAGEMENT, LLC
401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4(I)
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2017
EIN 47-4196721 PLAN NO. 001

	(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Identity of issue, borrower, lessor or similar party	(d) Cost**	(e) Current Value
*	John Hancock	Principal MidCap Odysy Growth		1,451
*	T. Rowe Price	T. Rowe Price Financial Services		9,499
*	T. Rowe Price	T. Rowe Price Emerging market Stock I		4,840
*	T. Rowe Price	T. Rowe Price Mid-Cap Growth		23,456
*	Vanguard	Vanguard REIT Index Admiral		43,567
*	Vanguard	Vanguard Small Cap Index Fund		66,204
*	Vanguard	Vanguard Small Cap Growth Index Admiral		76,705
*	Vanguard	Vanguard Wellesley Income Admiral		7,024
*	Victory Sycamore	Victory Sycamore Established Value		13,245
				4,987,530
*	Notes Receivable from Participants	Interest at 4.25% to 5.25% with maturity dates up through November 2022		61,010
				$ 5,048,540

* Issuer is party-in-interest.
** Cost is not required as the Plan is participant directed.

ALBANY AUTO MANAGEMENT, LLC
401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4(I)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2016
EIN 47-4196721 PLAN NO. 001

	(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment	(d) Cost**	(e) Current Value
*	AdvisorOne	AdvisorOne CLS Flexibile Income N		$ 473,877
*	AdvisorOne	AdvisorOne CLS Global Aggressive Eq N		226,200
*	AdvisorOne	AdvisorOne CLS Global Diversified Eq N		807,713
*	AdvisorOne	AdvisorOne CLS Global Grown N		496,745
*	AdvisorOne	AdvisorOne CLS Growth and Income N		809,524
*	AdvisorOne	AdvisorOne CLS International Equity N		47,246
*	AdvisorOne	AdvisorOne CLS Shelter N		2,949
*	American Century	American Century Equity Income		5,051
*	American Century	American Century Mid Cap Value		10,408
*	American Funds	American Funds AMCAP		92,023
*	American Funds	American Funds Capital World Growth & Income		160,508
*	American Funds	American Funds Growth Fund of America		82,202
*	AMG Managers	AMG Managers CenterSquare Real Estate		1,918
*	Federated	Federated Strategic Value Dividend Instl		4,785
*	Fidelity	Fidelity Strategic Dividend & Income		4,920
*	Goldman Sachs	Goldman Sachs Growth Opportunities		20,566
*	Goldman Sachs	Goldman Sachs Mid Cap Value		79,767
*	Harbor	Harbor International Institutional		9,243
*	Hotchkis & Wiley	Hotchkis & Wiley Large Cap Value		56,305
*	Loomis Sayles	Loomis Sayles Growth		4,628
*	Lord Abbett	Lord Abbett Small Cap Value A		86,434
*	Morgan Stanely	MFS Value		110,533
*	Morgan Stanely	Morgan Stanely Inst Growth		4,430
*	Nationwide	Nationwide Government Money Market		270,326
*	Nationwide	Nationwide Inv Dest Agrsv		12,689
*	Nationwide	Nationwide Inv Dest Cnsrv		16,057
*	Nationwide	Nationwide Inv Dest Mod Agrsv		146,946
*	Nationwide	Nationwide Inv Dest Mod Cnsrv		41,927
*	Nationwide	Nationwide Inv Dest Mod		252,075
*	Nationwide	Nationwide Mid Cap Market Idx		46,558
*	PIMCO	PIMCO Low Duration		43,412
*	PIMCO	PIMCO Total Return		158,114
*	T. Rowe Price	T. Rowe Price Financial Services		5,604
*	T. Rowe Price	T. Rowe Price Mid-Cap Growth		16,491
*	Vanguard	Vanguard REIT Index Admiral		59,078
*	Vanguard	Vanguard Small Cap Index Fund		50,098
*	Vanguard	Vanguard Small Cap Growth Index Admiral		70,768
*	Vanguard	Vanguard Wellesley Income Admiral		4,802
*	Victory Sycamore	Victory Sycamore Established Value		10,262
				4,803,182
*	Notes Receivable from Participants	Interest at 4.25% to 4.75% with maturity dates up through January 2022		61,217
				$ 4,864,399

* Issuer is party-in-interest.

** Cost is not required as the Plan is participant directed.

ALBANY AUTO MANAGEMENT, LLC
401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4(I)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017
EIN 47-4196721 PLAN NO. 001

	(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment	(d) Cost**	(e) Current Value
*	AdvisorOne	AdvisorOne CLS Flexibile Income N		$ 603,337
*	AdvisorOne	AdvisorOne CLS Global Aggressive Eq N		298,151
*	AdvisorOne	AdvisorOne CLS Global Diversified Eq N		852,039
*	AdvisorOne	AdvisorOne CLS Growth and Income N		988,734
*	AdvisorOne	AdvisorOne CLS International Equity N		90,069
*	AdvisorOne	AdvisorOne CLS Shelter N		1,909
*	American Century	American Century Equity Income		7,070
*	American Century	American Century Mid Cap Value		13,028
*	American Funds	American Funds AMCAP		120,922
*	American Funds	American Funds Capital World Growth & Income		176,702
*	American Funds	American Funds New World R6		4,753
*	American Funds	American Funds Growth Fund of America		109,227
*	AQR Capital Management	AQR LgCap DefnStyle I		1,459
*	BlackRock	BlackRock Health Sciences Ops		1,453
*	Db-Line	Dbline Enhcd CAPE I		1,460
*	Federated	Federated Government Obligation Prmr		12,782
*	Federated	Federated Strategic Value Dividend Instl		7,037
*	Fidelity	Fidelity Strategic Dividend & Income A		17,597
*	Fidelity	Fidelity Strategic Dividend & Income		7,051
*	Goldman Sachs	Goldman Sachs Growth Opportunities		26,676
*	Goldman Sachs	Goldman Sachs Mid Cap Value		71,141
*	Harbor	Harbor International Institutional		12,942
*	Hotchkis & Wiley	Hotchkis & Wiley Large Cap Value		44,171
*	John Hancock	JH Growth tr China Opportunities I		1,452
*	Loomis Sayles	Loomis Sayles Growth		7,200
*	Lord Abbett	Lord Abbett Small Cap Value A		99,346
*	Morgan Stanley	MSIF Global Opportunities I		1,460
*	Morgan Stanley	MFS Value		89,078
*	Morgan Stanely	Morgan Stanely Inst Growth		8,641
*	Nationwide	Nationwide Government Money Market		246,867
*	Nationwide	Nationwide Inv Dest Agrsv		24,518
*	Nationwide	Nationwide Inv Dest Cnsrv		18,023
*	Nationwide	Nationwide Inv Dest Mod Agrsv		172,251
*	Nationwide	Nationwide Inv Dest Mod Cnsrv		54,661
*	Nationwide	Nationwide Inv Dest Mod		289,321
*	Nationwide	Nationwide Mid Cap Market Idx		33,556
*	Parnassus	Parnassus Endvrlnstl		1,433
*	PIMCO	PIMCO Low Duration		47,118
*	PIMCO	PIMCO Stocks Plus Small Return		1,446
*	PIMCO	PIMCO StocksPLUS Total Return Inst		1,465
*	PIMCO	PIMCO Total Return		173,993

ALBANY AUTO MANAGEMENT, LLC
401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4(I)
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2017
EIN 47-4196721 PLAN NO. 001

	(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Identity of issue, borrower, lessor or similar party	(d) Cost**	(e) Current Value
*	John Hancock	Principal MidCap Odysy Growth		1,451
*	T. Rowe Price	T. Rowe Price Financial Services		9,499
*	T. Rowe Price	T. Rowe Price Emerging market Stock I		4,840
*	T. Rowe Price	T. Rowe Price Mid-Cap Growth		23,456
*	Vanguard	Vanguard REIT Index Admiral		43,567
*	Vanguard	Vanguard Small Cap Index Fund		66,204
*	Vanguard	Vanguard Small Cap Growth Index Admiral		76,705
*	Vanguard	Vanguard Wellesley Income Admiral		7,024
*	Victory Sycamore	Victory Sycamore Established Value		13,245
				4,987,530
*	Notes Receivable from Participants	Interest at 4.25% to 5.25% with maturity dates up through November 2022		61,010
				$ 5,048,540

* Issuer is party-in-interest.
** Cost is not required as the Plan is participant directed.