

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>    |                                                                                                                                                                                                                                                                                                                                           |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                 | <b>Basic Plan Information</b> —enter all requested information      |                                                                                      |  |
| <b>1a</b> Name of plan<br><u>HUNTINGTON COACH CORPORATION 401K PLAN</u>                                                                                                                                                                                                                                                                                                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>HUNTINGTON COACH CORPORATION</u><br><br><u>1355 NEW YORK AVENUE</u><br><u>HUNTINGTON STATION, NY 11746</u> | <b>1c</b> Effective date of plan<br><u>09/01/1997</u>               |                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                | <b>2b</b> Employer Identification Number (EIN)<br><u>11-0899750</u> |                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                | <b>2c</b> Plan Sponsor's telephone number<br><u>516-628-1888</u>    |                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                | <b>2d</b> Business code (see instructions)<br><u>485410</u>         |                                                                                      |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/30/2019 | MAUREEN ALBERS                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 1040                                                                                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 983<br><b>6a(2)</b> 915<br><b>6b</b> 7<br><b>6c</b> 71<br><b>6d</b> 993<br><b>6e</b> 0<br><b>6f</b> 993<br><b>6g</b> 516<br><b>6h</b> 5 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                          |

**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

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

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> 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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                               |                                                             |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018    |                                                             |
| <b>A</b> Name of plan<br>HUNTINGTON COACH CORPORATION 401K PLAN                               | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>HUNTINGTON COACH CORPORATION | <b>D</b> Employer Identification Number (EIN)<br>11-0899750 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                                       |
|---------------------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY |
|---------------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 71-0294708 | 86509         | PHX249                                | 993                                                                         | 01/01/2018              | 12/31/2018 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> 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. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                      |                                           |
|------------------------------------------------------|-------------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br>42860 | <b>(b)</b> Total amount of fees paid<br>0 |
|------------------------------------------------------|-------------------------------------------|

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>LPL FINANCIAL CORPORATION<br>4707 EXECUTIVE DR<br>SAN DIEGO, CA 92121 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 42860                                         |                                 |             | 3                     |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 5312938  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 11545427 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier.....                                                                                                                                                                         | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 PENSION FUNDING

|                                                       |           |         |
|-------------------------------------------------------|-----------|---------|
| <b>b</b> Balance at the end of the previous year..... | <b>7b</b> | 4812833 |
|-------------------------------------------------------|-----------|---------|

|                                                                       |              |        |  |
|-----------------------------------------------------------------------|--------------|--------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 482476 |  |
|                                                                       | <b>7c(2)</b> |        |  |
|                                                                       | <b>7c(3)</b> | 145861 |  |
|                                                                       | <b>7c(4)</b> | 164004 |  |
|                                                                       | <b>7c(5)</b> | 71317  |  |

▶ \*

|                          |              |        |
|--------------------------|--------------|--------|
| (6) Total additions..... | <b>7c(6)</b> | 863658 |
|--------------------------|--------------|--------|

|                                                                                       |           |         |
|---------------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 5676491 |
|---------------------------------------------------------------------------------------|-----------|---------|

**e** Deductions:

|                                                                           |              |        |  |
|---------------------------------------------------------------------------|--------------|--------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 325472 |  |
| (2) Administration charge made by carrier .....                           | <b>7e(2)</b> | 1365   |  |
| (3) Transferred to separate account.....                                  | <b>7e(3)</b> |        |  |
| (4) Other (specify below) .....                                           | <b>7e(4)</b> | 60080  |  |

▶ \*

|                           |              |        |
|---------------------------|--------------|--------|
| (5) Total deductions..... | <b>7e(5)</b> | 386917 |
|---------------------------|--------------|--------|

|                                                                                                         |           |         |
|---------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 5289574 |
|---------------------------------------------------------------------------------------------------------|-----------|---------|

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2018                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 |                                                      |     |
| A Name of plan<br>HUNTINGTON COACH CORPORATION 401K PLAN                                   | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HUNTINGTON COACH CORPORATION     | D Employer Identification Number (EIN)<br>11-0899750 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| VOYA RETIREMENT INSURANCE & ANNUITY                                                                        |
| 71-0294708                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (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 |
|------------------------------------------------------------------------------------------------------------|

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (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

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**(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

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**(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

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**(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

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**(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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | SERVICE PROVIDER                                                                                  | 4375                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 8584                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

MORNINGSTAR

36-3297908

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | SERVICE PROVIDER                                                                                  | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 8584                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MORNINGSTAR                                                                                                                                                                                             | 27                                      | 8584                                      |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br>VOYA RETIREMENT INSURANCE AND ANNUITY<br>71-0294708                                                                       |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>INVESTMENT ADVISORY (PLAN) |                                         |                                           |
| (a) Enter service provider name as it appears on line 2                                                                                                                                                 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
| VOYA RETIREMENT INSURANCE & ANNUITY                                                                                                                                                                     | 27                                      | 8584                                      |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br>VOYA RETIREMENT INSURANCE AND ANNUITY<br>71-0294708                                                                       |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>INVESTMENT ADVISORY (PLAN) |                                         |                                           |
| (a) Enter service provider name as it appears on line 2                                                                                                                                                 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|                                                                                                                                                                                                         |                                         |                                           |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                                                                                                                              |                                         |                                           |
| <b>(e)</b> 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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                         |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration               |  | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> |  | OMB No. 1210-0110<br><br><div>2018</div><br><b>This Form is Open to Public Inspection.</b>                   |  |
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018                                                                                              |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>A</b> Name of plan<br>HUNTINGTON COACH CORPORATION 401K PLAN                                                                                                                         |  |                                                                                                                                                                                                                              |  | <b>B</b> Three-digit plan number (PN) ► 001                                                                  |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>HUNTINGTON COACH CORPORATION                                                                                    |  |                                                                                                                                                                                                                              |  | <b>D</b> Employer Identification Number (EIN)<br>11-0899750                                                  |  |
| <b>Part I</b> Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D                                                                                                               |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY CO                                                                                                |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>c</b> EIN-PN 71-0294708-000                                                                                                                                                          |  | <b>d</b> Entity code P                                                                                                                                                                                                       |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11545427 |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                          |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                                                       |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>c</b> EIN-PN                                                                                                                                                                         |  | <b>d</b> Entity code                                                                                                                                                                                                         |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                          |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                                                       |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>c</b> EIN-PN                                                                                                                                                                         |  | <b>d</b> Entity code                                                                                                                                                                                                         |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                          |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                                                       |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>c</b> EIN-PN                                                                                                                                                                         |  | <b>d</b> Entity code                                                                                                                                                                                                         |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                          |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                                                       |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>c</b> EIN-PN                                                                                                                                                                         |  | <b>d</b> Entity code                                                                                                                                                                                                         |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                          |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                                                       |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>c</b> EIN-PN                                                                                                                                                                         |  | <b>d</b> Entity code                                                                                                                                                                                                         |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                          |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                                                       |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>c</b> EIN-PN                                                                                                                                                                         |  | <b>d</b> Entity code                                                                                                                                                                                                         |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                          |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                                                       |  |                                                                                                                                                                                                                              |  |                                                                                                              |  |
| <b>c</b> EIN-PN                                                                                                                                                                         |  | <b>d</b> Entity code                                                                                                                                                                                                         |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.
 Schedule D (Form 5500) 2018 v.171027

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>HUNTINGTON COACH CORPORATION 401K PLAN</b>                                                                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>HUNTINGTON COACH CORPORATION</b>                                                                                                                                                                     | <b>D</b> Employer Identification Number (EIN)<br><b>11-0899750</b>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 447715                | 390200          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 11743575              | 11545427        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 4812833               | 5289574         |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                   |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 17004123 17225201 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                   |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0               |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 17004123 17225201 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 504872    |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 1285913   |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> | 9948      |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 1800733   |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> | 20615     |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> | 145861    |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 166476    |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> |           |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 0         |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            | -570883   |
| (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) |            |           |
| c Other income.....                                                                            | 2c     |            | 1420      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 1397746   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 1123681 |         |
| (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) |         | 1123681 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         | 48612   |
| 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) | 4375    |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |         | 4375    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 1176668 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 221078 |
| 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: DDK & COMPANY LLP

(2) EIN: 13-2738625

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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.) .....                                          |     | X  |        |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>d</b> 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.).....                                |     | X  |        |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>g</b> 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?.....                                                     |     | X  |        |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>h</b> 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?.....                                           |     | X  |        |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |        |
| <b>j</b> 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.) ..... |     | X  |        |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |        |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                                      |                                                                    |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>HUNTINGTON COACH CORPORATION 401K PLAN</u>                               | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>HUNTINGTON COACH CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>11-0899750</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> |  |
| <b>2</b> 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):<br><br>EIN(s): <u>71-0294708</u> |          |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |  |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2018  
v. 171027

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

**a** The current year .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

**b** The corresponding number for the second preceding plan year .....

**15a****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 .....

**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 .....

**16a****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):

**HUNTINGTON COACH CORPORATION  
401(K) PLAN**

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITORS' REPORT**

**YEARS ENDED DECEMBER 31, 2018 AND 2017**

**HUNTINGTON COACH CORPORATION  
401(K) PLAN**

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITORS' REPORT**

**YEARS ENDED DECEMBER 31, 2018 AND 2017**

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## INDEPENDENT AUDITORS' REPORT

The Plan Administrator  
Huntington Coach Corporation 401(k) Plan

### ***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of Huntington Coach Corporation 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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 5, which was certified by Voya Retirement Services and Annuity Company ("Voya"), the custodian 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 Voya holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the plan administrator by Voya is complete and accurate.

## **INDEPENDENT AUDITORS' REPORT (Continued)**

### ***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 schedule of Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018 is 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 is presented for the purpose of additional analysis and is 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 schedule.

### ***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 schedule, other than that derived from the information certified by Voya, 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.

*DDK & Company LLP*

Jericho, New York  
July 25, 2019

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31, 2018 and 2017**

|                                    | <u>2018</u>                 | <u>2017</u>                 |
|------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                      |                             |                             |
| Investments at fair value          | \$ 11,545,427               | \$ 11,743,575               |
| Investment at contract value       | <u>5,289,574</u>            | <u>4,812,833</u>            |
| Total investments                  | <u>16,835,001</u>           | <u>16,556,408</u>           |
| Receivables                        |                             |                             |
| Participants' contributions        | 9,226                       | 8,463                       |
| Employer's contributions           | 3,785                       | 3,402                       |
| Notes receivable from participants | <u>390,200</u>              | <u>447,715</u>              |
| Total receivables                  | <u>403,211</u>              | <u>459,580</u>              |
| Total assets                       | 17,238,212                  | 17,015,988                  |
| <b>LIABILITIES</b>                 |                             |                             |
| Total liabilities                  | <u>-</u>                    | <u>-</u>                    |
| Net assets available for benefits  | <u><u>\$ 17,238,212</u></u> | <u><u>\$ 17,015,988</u></u> |

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**Year Ended December 31, 2018**

**ADDITIONS**

|                                                       |                  |
|-------------------------------------------------------|------------------|
| Investment income:                                    |                  |
| Net depreciation in fair value of investments         | \$ (570,883)     |
| Dividends and other income                            | <u>147,281</u>   |
| Total investment loss                                 | <u>(423,602)</u> |
| Interest income on notes receivable from participants | <u>20,615</u>    |
| Contributions:                                        |                  |
| Participants                                          | 1,286,676        |
| Rollover                                              | 9,948            |
| Employer                                              | <u>505,255</u>   |
| Total contributions                                   | <u>1,801,879</u> |
| Total additions                                       | <u>1,398,892</u> |

**DEDUCTIONS**

|                                                        |                             |
|--------------------------------------------------------|-----------------------------|
| Benefits paid to participants                          | 1,172,293                   |
| Administrative expenses                                | <u>4,375</u>                |
| Total deductions                                       | <u>1,176,668</u>            |
| Net increase                                           | 222,224                     |
| Net assets available for benefits at beginning of year | <u>17,015,988</u>           |
| Net assets available for benefits at end of year       | <u><u>\$ 17,238,212</u></u> |

**HUNTINGTON COACH CORPORATION 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
Years Ended December 31, 2018 and 2017**

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following description of the Huntington Coach Corporation 401(k) Plan (the "Plan") provides only general information. A more complete description is provided in the Plan agreement.

***General***

The Plan is a defined contribution plan under Section 401(k) of the Internal Revenue Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers all eligible employees of Huntington Coach Corporation, Huntington Coach, LLC and Hendrickson Bus Corporation (collectively referred to as the "Company").

***Eligibility***

Employees are eligible to participate and qualify for employer matching contributions once they are age twenty-one or older and have completed one year of service, except non-resident aliens as defined in the Plan. Eligible participants can enter the Plan on the first day of the first month following eligibility.

***Contributions***

Eligible participants may make contributions to the Plan ranging from 1% to 15% of their compensation, subject to federally imposed limits. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Rollover contributions from other qualified plans may be made as well.

The Company makes matching contributions to eligible participants equal to a discretionary percentage of the participant's salary deferrals up to a maximum amount, as stated in the Company's Union Contract. During 2018, the Company made matching contributions of 50 cents per dollar contributed by eligible participants, up to 7% of the participant's compensation.

All contributions are participant-directed and held and invested by the custodian in accordance with the participant's investment allocation. During the year ended December 31, 2018, the Company's total matching contributions to the Plan were \$505,255.

***Participant Accounts***

Each participant's account is credited with the participant's contribution and Company contributions, as well as an allocation of the Plan's earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific transactions, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 1 - DESCRIPTION OF THE PLAN** *(Continued)*

***Investment Options***

The Plan provides participants with participant-directed investment options which can be elected through Voya Financial Advisors, LLC.

***Vesting***

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Company's matching contributions is based on years of continuous service. A participant is fully vested after 3 years of continuous service in accordance with the following schedule:

| <u>Years of Service</u> | <u>Percent of Vested Interest</u> |
|-------------------------|-----------------------------------|
| Less than 3             | 0%                                |
| 3                       | 100%                              |

***Payment of Benefits***

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a 10-year period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

***Plan Administration***

The Plan is administered by the Company's Director of Human Resources who is also a trustee of the Plan. The Plan has three other trustees who are members of the Company's executive management. Voya Retirement Services and Annuity Company ("Voya") was the custodian of the Plan for the years ended December 31, 2018 and 2017.

***Notes Receivable from Participants***

Participants may borrow from their participant accounts a minimum of \$500 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes receivable from participants are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. The interest rate on all outstanding notes receivable was between 4.25% and 6.25% at December 31, 2018, and 4.25% and 5.25% at December 31, 2017. Repayments are made through payroll deductions over the term of the note. All notes are payable within a period of five years. A participant may not have more than one note outstanding at any time.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 1 - DESCRIPTION OF THE PLAN** *(Continued)*

***Forfeited Accounts***

Forfeitures of terminated participant's non-vested accounts may be used to reduce employer contributions. At December 31, 2018 and 2017, forfeited non-vested accounts were \$8,004 and \$2,454, respectively. For the year ended December 31, 2018, no forfeited funds were used to reduce employer contributions.

***Hardship Distribution***

Participants may withdraw in a lump sum up to 100% of the vested interest in the participant's elective deferral account (excluding any investment earnings), matching contribution account, and non-elective contribution account to pay for a financial hardship caused by (1) eligible medical expenses incurred by the participant or his or her family, (2) the purchase (excluding mortgage payments) of a principal residence, (3) tuition for the next 12 months of college for the participant or his or her family, (4) payments needed to prevent eviction from a principal residence or payments needed to prevent foreclosure on the mortgage of a principal residence, (5) payments for burial or funeral expenses for the participant's family, or (6) certain expenses for the repair of damage to the participant's principal residence.

A hardship distribution cannot exceed the amount required to relieve the financial need, and the participants are not permitted to make any elective deferrals for six months after the date of receiving the distribution.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Accounting***

The financial statements of the Plan have been prepared on the accrual basis of accounting.

***Investment Valuation and Income Recognition***

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract 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. Refer to Note 4 for the fair value measurement disclosures associated with the Plan's investments.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** *(Continued)*

***Investment Valuation and Income Recognition*** *(Continued)*

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recognized when earned. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Earnings on investments, with the exception of notes receivable from participants, are allocated on a pro rata basis to individual participant accounts based on the type of investment and the ratio of each participant's individual account balance to the aggregate of participant account balances. The portion of interest included in each loan payment made by a participant is recognized as interest income in the participant's individual account.

***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 had been recorded as of December 31, 2018 and 2017. 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.

***Excess Contributions Payable***

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction to contributions. There were no excess contributions payable at December 31, 2018 and 2017.

***Payment of Benefits***

The Plan records benefit payments to withdrawing participants when paid. Under the rules for preparation of Form 5500, the Plan's Form 5500 will reflect an accrual for the amount to be paid to participants who withdrew from the Plan prior to year end, and who had requested a distribution which was approved but not yet paid at period end, if any. There were no unpaid distributions at December 31, 2018 and 2017.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** *(Continued)*

***Expenses***

For the year ended December 31, 2018, administrative expenses of \$4,375 were paid by the Plan. Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivables from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

***Subsequent Events***

Subsequent events were evaluated through July 25, 2019, which is the date the financial statements were available to be issued.

**NOTE 3 - RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investments in securities are generally exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is 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.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

***Basis of Fair Value Measurement***

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.

A financial instrument's 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 maximize the use of relevant 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, 2018 and 2017.

***Pooled Separate Accounts:*** Pooled separate accounts invest primarily in domestic and international long-term bonds, domestic and international stocks, or mutual funds. The net asset value ("NAV") is used as a practical expedient to determine fair value for these accounts. Each pooled separate account provides for redemptions by the Plan at reported net asset value per share, with no advance notice.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 4 - FAIR VALUE MEASUREMENTS** *(Continued)*

***Basis of Fair Value Measurement (Continued)***

The following tables present by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2018 and 2017. The investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

| <u>Description</u>                                      | <u>Quoted<br/>Prices<br/>In Active<br/>Markets for<br/>Identical Assets<br/>(Level 1)</u> | <u>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</u> | <u>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</u> | <u>Total</u>                |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------|
| <b><u>December 31, 2018</u></b>                         |                                                                                           |                                                                      |                                                              |                             |
| Investments measured<br>within the fair value hierarchy | \$ -                                                                                      | \$ -                                                                 | \$ -                                                         | \$ -                        |
| Pooled separate accounts<br>measured at NAV             |                                                                                           |                                                                      |                                                              | <u>11,545,427</u>           |
| Total investments at fair<br>value                      |                                                                                           |                                                                      |                                                              | <u><u>\$ 11,545,427</u></u> |

| <u>Description</u>                                      | <u>Quoted<br/>Prices<br/>In Active<br/>Markets for<br/>Identical Assets<br/>(Level 1)</u> | <u>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</u> | <u>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</u> | <u>Total</u>                |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------|
| <b><u>December 31, 2017</u></b>                         |                                                                                           |                                                                      |                                                              |                             |
| Investments measured<br>within the fair value hierarchy | \$ -                                                                                      | \$ -                                                                 | \$ -                                                         | \$ -                        |
| Pooled separate accounts<br>measured at NAV             |                                                                                           |                                                                      |                                                              | <u>11,743,575</u>           |
| Total investments at fair<br>value                      |                                                                                           |                                                                      |                                                              | <u><u>\$ 11,743,575</u></u> |

**HUNTINGTON COACH CORPORATION 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
Years Ended December 31, 2018 and 2017**

**NOTE 4 - FAIR VALUE MEASUREMENTS** *(Continued)*

***Basis of Fair Value Measurement*** *(Continued)*

Unrealized gains/(losses) from the guaranteed investment contract are not included in the statement of changes in net assets available for benefits as the contract is recorded at contract value.

***Fair Value of Investments in Entities that Use NAV***

The following table summarizes investments measured at fair value based on Net Asset Value per share as of December 31, 2018 and 2017.

| <u>December 31, 2018</u>   | <u>Fair Value</u> | <u>Unfunded<br/>Commitments</u> | <u>Redemption<br/>Frequency (if<br/>currently eligible)</u> | <u>Redemption<br/>Notice Period</u> |
|----------------------------|-------------------|---------------------------------|-------------------------------------------------------------|-------------------------------------|
| Pooled separate<br>account | \$ 11,545,427     | N/A                             | Daily                                                       | None                                |

| <u>December 31, 2017</u>   | <u>Fair Value</u> | <u>Unfunded<br/>Commitments</u> | <u>Redemption<br/>Frequency (if<br/>currently eligible)</u> | <u>Redemption<br/>Notice Period</u> |
|----------------------------|-------------------|---------------------------------|-------------------------------------------------------------|-------------------------------------|
| Pooled separate<br>account | \$11,743,575      | N/A                             | Daily                                                       | None                                |

**NOTE 5 - INFORMATION CERTIFIED BY THE CUSTODIAN**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. At December 31, 2018 and 2017, the assets of the Plan are held by the custodian, Voya Retirement Services and Annuity Company. Accordingly, the custodian has certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- a. Investments, as shown in the Statements of Net Assets Available for Benefits, as of December 31, 2018 and 2017;

**HUNTINGTON COACH CORPORATION 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
Years Ended December 31, 2018 and 2017**

**NOTE 5 - INFORMATION CERTIFIED BY THE CUSTODIAN** *(Continued)*

- b. Dividend income and other income, net appreciation (depreciation) in fair value of investments and interest income on notes receivable from participants, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2018;
- c. The Schedule of Investments (Held at End of Year) as of December 31, 2018 as shown in the supplemental schedule.

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

**NOTE 6 - INVESTMENT CONTRACT WITH INSURANCE COMPANY**

In 2004, the Plan entered into a traditional fully benefit-responsive guaranteed investment contract with ING Life Insurance and Annuity Company (ILIAC). ILIAC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 3 percent. During 2014, ILIAC changed their name to Voya Retirement Services and Annuity Company with no effect on the fully benefit-responsive investment contract. In 2018, the Plan entered into an amendment of the contract and added Fixed Asset Account A under the contract.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Voya, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 6 - INVESTMENT CONTRACT WITH INSURANCE COMPANY** *(Continued)*

Certain events limit the Plan's ability to transact at contract value with Voya. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (d) the failure of the trust, that was established under the Plan to hold the Plan's assets, to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974, or (e) premature termination of the contract.

The Plan administrator does not believe events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (a) an uncured violation of the Plan's investment guidelines, (b) a breach of material obligation under the contract, (c) a material misrepresentation, or (d) a material amendment to the agreement without the consent of the issuer.

**NOTE 7 - RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan allows for transactions with certain parties who have or may perform services or have fiduciary responsibilities to the Plan. Certain employees and officers of the Company, who are also participants in the Plan, perform administrative services to the Plan at no cost to the Plan. The Plan issues loans to participants, which are secured by the balances in the participants' accounts. The Company pays a portion of the administrative and accounting fees of the Plan. These transactions qualify as party-in-interest transactions.

Certain Plan investments are shares of pooled separate accounts managed by Voya. Voya is the custodian as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions and are denoted as such on the Supplemental Schedule of Assets (Held at End of Year). Fees incurred by the plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment.

Voya is also the principal underwriter for the Guaranteed Investment Contract and received commissions of \$12,959 for the year ended December 31, 2018.

Two other investment service providers also received compensation of \$51,444 for the year ended December 31, 2018.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 8 - PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right, under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

**NOTE 9 - TAX STATUS**

The Company has adopted a prototype plan of Voya, for which the IRS has issued an opinion letter dated September 1, 2014 stating that the form of the plan is appropriate for use by employers for the benefit of their employees. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed, and is currently 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500**

The following are the reconciliations of the financial statements at December 31, 2018 and 2017 to Schedule H of Form 5500:

|                                                                | <u><b>2018</b></u>          | <u><b>2017</b></u>          |
|----------------------------------------------------------------|-----------------------------|-----------------------------|
| Net assets available for benefits per the financial statements | \$ 17,238,212               | \$ 17,015,988               |
| Less: Participants' contributions receivable                   | (9,226)                     | (8,463)                     |
| Less: Employer's matching contributions receivable             | <u>(3,785)</u>              | <u>(3,402)</u>              |
| Net assets available for benefits per Form 5500                | <u><u>\$ 17,225,201</u></u> | <u><u>\$ 17,004,123</u></u> |

**HUNTINGTON COACH CORPORATION 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
Years Ended December 31, 2018 and 2017**

**NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF  
FORM 5500 (Continued)**

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2018 to Schedule H of Form 5500:

|                                                           | <u><b>2018</b></u>         |
|-----------------------------------------------------------|----------------------------|
| Contributions per the financial statements                | \$ 1,801,879               |
| Add: Contributions receivable as of<br>December 31, 2017  | 11,865                     |
| Less: Contributions receivable as of<br>December 31, 2018 | <u>(13,011)</u>            |
| Contributions per the Form 5500                           | <u><u>\$ 1,800,733</u></u> |

**SUPPLEMENTAL SCHEDULE REQUIRED BY  
THE U.S. DEPARTMENT OF LABOR (DOL)**

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**SUPPLEMENTAL SCHEDULE REQUIRED BY DOL**  
**SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 11-0899750**  
**PLAN NUMBER 001**  
**Year Ended December 31, 2018**

**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

| (a) | (b)                                                                                    | (c)                                                                                                             | (d)  | (e)                  |
|-----|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------|----------------------|
|     | Identity of issuer, borrower,<br>lessor, or similar party                              | Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value | Cost | Current<br>Value     |
|     | Pooled separate accounts:                                                              |                                                                                                                 |      |                      |
|     | MFS International Value Fund                                                           | Foreign Large Blend Fund                                                                                        | N/A  | \$ 514,993           |
|     | Baron Asset Fund                                                                       | Mid-Cap Growth Fund                                                                                             | N/A  | 646,565              |
|     | Victory Sycamore Established<br>Value Fund                                             | Mid-Cap Blended Fund                                                                                            | N/A  | 308,978              |
| *   | Voya Russell Small-Cap Index<br>Portfolio                                              | Small Blended Fund                                                                                              | N/A  | 234,306              |
| *   | Voya Russell Mid-Cap Index Portfolio                                                   | Mid-Cap Blended Fund                                                                                            | N/A  | 94,950               |
| *   | VY T. Rowe Price Growth<br>Equity Fund                                                 | Large Growth Fund                                                                                               | N/A  | 833,195              |
| *   | Voya U.S. Stock Index Portfolio                                                        | Large Blended Fund                                                                                              | N/A  | 1,533,231            |
|     | American Funds Washington<br>Mutual Investors Fund                                     | Large Value Fund                                                                                                | N/A  | 1,790,882            |
|     | American Funds American<br>Balanced Fund                                               | Moderate Allocation                                                                                             | N/A  | 1,748,137            |
|     | American Funds Fundamental<br>Investors Fund                                           | Large Blended Fund                                                                                              | N/A  | 467,199              |
| *   | Voya Solution 2020 Portfolio                                                           | Asset Allocation                                                                                                | N/A  | 55,917               |
| *   | Voya Solution 2025 Portfolio                                                           | Asset Allocation                                                                                                | N/A  | 1,086,579            |
| *   | Voya Solution 2030 Portfolio                                                           | Asset Allocation                                                                                                | N/A  | 60,938               |
| *   | Voya Solution 2035 Portfolio                                                           | Asset Allocation                                                                                                | N/A  | 528,096              |
| *   | Voya Solution 2040 Portfolio                                                           | Asset Allocation                                                                                                | N/A  | 14,079               |
| *   | Voya Solution 2045 Portfolio                                                           | Asset Allocation                                                                                                | N/A  | 134,245              |
| *   | Voya Solution 2050 Portfolio                                                           | Asset Allocation                                                                                                | N/A  | 15,846               |
| *   | Voya Solution 2055 Portfolio                                                           | Asset Allocation                                                                                                | N/A  | 156,259              |
| *   | Voya Solution 2060 Portfolio                                                           | Asset Allocation                                                                                                | N/A  | 46,586               |
| *   | Voya Solution Income                                                                   | Asset Allocation                                                                                                | N/A  | 337,993              |
| *   | Voya Intermediate Bond Fund                                                            | Intermediate-Term Bond Fund                                                                                     | N/A  | 936,453              |
| *   | Voya Fixed Account (Contract Value)                                                    | Stability of Principal                                                                                          | N/A  | 4,763,813            |
| *   | Voya Fixed Account A (Contract Value)                                                  | Stability of Principal                                                                                          | N/A  | 525,761              |
|     |                                                                                        |                                                                                                                 |      | <u>\$ 16,835,001</u> |
| *   | Notes receivable from participants, 4.25% to 6.25%,<br>maturities through October 2023 |                                                                                                                 |      | <u>\$ 390,200</u>    |

\* Denotes party-in-interest

Note: Column (d) cost is not required for participant-directed investments.

Attachment to 2018 Form 5500  
**Schedule H, line 4i - Schedule of Assets**  
 (Held at End of Year)  
 Huntington Coach Corporation 401(k) Plan  
 EIN#11-0899750  
 Plan#001  
 As Of December 31, 2018

| (a) (b) Identity of issue, borrower, lessor or similar party | (c) Description of investments including maturity date,<br>rate of interest, collateral, par, or maturity date | (d) Cost | (e) Current Value   |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------|---------------------|
| American Funds Am Balancd R3                                 | Registered Investment Company                                                                                  |          | \$1,748,137         |
| American Funds Fdmntl Inv R3                                 | Registered Investment Company                                                                                  |          | \$467,199           |
| American Funds Wash Mtual R3                                 | Registered Investment Company                                                                                  |          | \$1,790,882         |
| Baron Asset Fund Ret                                         | Registered Investment Company                                                                                  |          | \$646,565           |
| MFS International Value - R2                                 | Registered Investment Company                                                                                  |          | \$514,993           |
| Victory Sycmr Est VI Fd R                                    | Registered Investment Company                                                                                  |          | \$308,978           |
| * Voya Fixed Account                                         | Insurance Company General Account                                                                              |          | \$4,763,813         |
| * Voya Fixed Account A                                       | Insurance Company General Account                                                                              |          | \$525,761           |
| * Voya Intermediate Bond Fund A                              | Registered Investment Company                                                                                  |          | \$936,453           |
| * Voya Russell MdCp Indx Prt I                               | Registered Investment Company                                                                                  |          | \$94,950            |
| * Voya Russell SmCp Indx Prt I                               | Registered Investment Company                                                                                  |          | \$234,306           |
| * Voya Solution 2020 Port Adv                                | Registered Investment Company                                                                                  |          | \$55,917            |
| * Voya Solution 2025 Port Adv                                | Registered Investment Company                                                                                  |          | \$1,086,578         |
| * Voya Solution 2030 Port Adv                                | Registered Investment Company                                                                                  |          | \$60,938            |
| * Voya Solution 2035 Port Adv                                | Registered Investment Company                                                                                  |          | \$528,096           |
| * Voya Solution 2040 Port Adv                                | Registered Investment Company                                                                                  |          | \$14,079            |
| * Voya Solution 2045 Port Adv                                | Registered Investment Company                                                                                  |          | \$134,245           |
| * Voya Solution 2050 Port Adv                                | Registered Investment Company                                                                                  |          | \$15,846            |
| * Voya Solution 2055 Port Adv                                | Registered Investment Company                                                                                  |          | \$156,259           |
| * Voya Solution 2060 Port Adv                                | Registered Investment Company                                                                                  |          | \$46,586            |
| * Voya Solution Income Pt Adv                                | Registered Investment Company                                                                                  |          | \$337,993           |
| * Voya US Stock Index Port Ins                               | Registered Investment Company                                                                                  |          | \$1,533,231         |
| * VY TRwPr Grw Eqty Pt I                                     | Registered Investment Company                                                                                  |          | \$833,195           |
|                                                              | Participant Loans - Rate(s): 4.25% to 6.25%                                                                    |          | \$390,200           |
| <b>TOTAL</b>                                                 |                                                                                                                |          | <b>\$17,225,201</b> |

\* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.

**HUNTINGTON COACH CORPORATION  
401(K) PLAN**

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITORS' REPORT**

**YEARS ENDED DECEMBER 31, 2018 AND 2017**

**HUNTINGTON COACH CORPORATION  
401(K) PLAN**

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITORS' REPORT**

**YEARS ENDED DECEMBER 31, 2018 AND 2017**

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## INDEPENDENT AUDITORS' REPORT

The Plan Administrator  
Huntington Coach Corporation 401(k) Plan

### ***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of Huntington Coach Corporation 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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 5, which was certified by Voya Retirement Services and Annuity Company ("Voya"), the custodian 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 Voya holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the plan administrator by Voya is complete and accurate.

## **INDEPENDENT AUDITORS' REPORT (Continued)**

### ***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 schedule of Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018 is 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 is presented for the purpose of additional analysis and is 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 schedule.

### ***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 schedule, other than that derived from the information certified by Voya, 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.

*DDK & Company LLP*

Jericho, New York  
July 25, 2019

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31, 2018 and 2017**

|                                    | <u>2018</u>                 | <u>2017</u>                 |
|------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                      |                             |                             |
| Investments at fair value          | \$ 11,545,427               | \$ 11,743,575               |
| Investment at contract value       | <u>5,289,574</u>            | <u>4,812,833</u>            |
| Total investments                  | <u>16,835,001</u>           | <u>16,556,408</u>           |
| Receivables                        |                             |                             |
| Participants' contributions        | 9,226                       | 8,463                       |
| Employer's contributions           | 3,785                       | 3,402                       |
| Notes receivable from participants | <u>390,200</u>              | <u>447,715</u>              |
| Total receivables                  | <u>403,211</u>              | <u>459,580</u>              |
| Total assets                       | 17,238,212                  | 17,015,988                  |
| <b>LIABILITIES</b>                 |                             |                             |
| Total liabilities                  | <u>-</u>                    | <u>-</u>                    |
| Net assets available for benefits  | <u><u>\$ 17,238,212</u></u> | <u><u>\$ 17,015,988</u></u> |

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**Year Ended December 31, 2018**

**ADDITIONS**

|                                                       |                  |
|-------------------------------------------------------|------------------|
| Investment income:                                    |                  |
| Net depreciation in fair value of investments         | \$ (570,883)     |
| Dividends and other income                            | <u>147,281</u>   |
| Total investment loss                                 | <u>(423,602)</u> |
| Interest income on notes receivable from participants | <u>20,615</u>    |
| Contributions:                                        |                  |
| Participants                                          | 1,286,676        |
| Rollover                                              | 9,948            |
| Employer                                              | <u>505,255</u>   |
| Total contributions                                   | <u>1,801,879</u> |
| Total additions                                       | <u>1,398,892</u> |

**DEDUCTIONS**

|                                                        |                             |
|--------------------------------------------------------|-----------------------------|
| Benefits paid to participants                          | 1,172,293                   |
| Administrative expenses                                | <u>4,375</u>                |
| Total deductions                                       | <u>1,176,668</u>            |
| Net increase                                           | 222,224                     |
| Net assets available for benefits at beginning of year | <u>17,015,988</u>           |
| Net assets available for benefits at end of year       | <u><u>\$ 17,238,212</u></u> |

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following description of the Huntington Coach Corporation 401(k) Plan (the "Plan") provides only general information. A more complete description is provided in the Plan agreement.

***General***

The Plan is a defined contribution plan under Section 401(k) of the Internal Revenue Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers all eligible employees of Huntington Coach Corporation, Huntington Coach, LLC and Hendrickson Bus Corporation (collectively referred to as the "Company").

***Eligibility***

Employees are eligible to participate and qualify for employer matching contributions once they are age twenty-one or older and have completed one year of service, except non-resident aliens as defined in the Plan. Eligible participants can enter the Plan on the first day of the first month following eligibility.

***Contributions***

Eligible participants may make contributions to the Plan ranging from 1% to 15% of their compensation, subject to federally imposed limits. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Rollover contributions from other qualified plans may be made as well.

The Company makes matching contributions to eligible participants equal to a discretionary percentage of the participant's salary deferrals up to a maximum amount, as stated in the Company's Union Contract. During 2018, the Company made matching contributions of 50 cents per dollar contributed by eligible participants, up to 7% of the participant's compensation.

All contributions are participant-directed and held and invested by the custodian in accordance with the participant's investment allocation. During the year ended December 31, 2018, the Company's total matching contributions to the Plan were \$505,255.

***Participant Accounts***

Each participant's account is credited with the participant's contribution and Company contributions, as well as an allocation of the Plan's earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific transactions, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 1 - DESCRIPTION OF THE PLAN** *(Continued)*

***Investment Options***

The Plan provides participants with participant-directed investment options which can be elected through Voya Financial Advisors, LLC.

***Vesting***

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Company's matching contributions is based on years of continuous service. A participant is fully vested after 3 years of continuous service in accordance with the following schedule:

| <u>Years of Service</u> | <u>Percent of Vested Interest</u> |
|-------------------------|-----------------------------------|
| Less than 3             | 0%                                |
| 3                       | 100%                              |

***Payment of Benefits***

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a 10-year period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

***Plan Administration***

The Plan is administered by the Company's Director of Human Resources who is also a trustee of the Plan. The Plan has three other trustees who are members of the Company's executive management. Voya Retirement Services and Annuity Company ("Voya") was the custodian of the Plan for the years ended December 31, 2018 and 2017.

***Notes Receivable from Participants***

Participants may borrow from their participant accounts a minimum of \$500 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes receivable from participants are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. The interest rate on all outstanding notes receivable was between 4.25% and 6.25% at December 31, 2018, and 4.25% and 5.25% at December 31, 2017. Repayments are made through payroll deductions over the term of the note. All notes are payable within a period of five years. A participant may not have more than one note outstanding at any time.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 1 - DESCRIPTION OF THE PLAN** *(Continued)*

***Forfeited Accounts***

Forfeitures of terminated participant's non-vested accounts may be used to reduce employer contributions. At December 31, 2018 and 2017, forfeited non-vested accounts were \$8,004 and \$2,454, respectively. For the year ended December 31, 2018, no forfeited funds were used to reduce employer contributions.

***Hardship Distribution***

Participants may withdraw in a lump sum up to 100% of the vested interest in the participant's elective deferral account (excluding any investment earnings), matching contribution account, and non-elective contribution account to pay for a financial hardship caused by (1) eligible medical expenses incurred by the participant or his or her family, (2) the purchase (excluding mortgage payments) of a principal residence, (3) tuition for the next 12 months of college for the participant or his or her family, (4) payments needed to prevent eviction from a principal residence or payments needed to prevent foreclosure on the mortgage of a principal residence, (5) payments for burial or funeral expenses for the participant's family, or (6) certain expenses for the repair of damage to the participant's principal residence.

A hardship distribution cannot exceed the amount required to relieve the financial need, and the participants are not permitted to make any elective deferrals for six months after the date of receiving the distribution.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Accounting***

The financial statements of the Plan have been prepared on the accrual basis of accounting.

***Investment Valuation and Income Recognition***

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract 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. Refer to Note 4 for the fair value measurement disclosures associated with the Plan's investments.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** *(Continued)*

***Investment Valuation and Income Recognition*** *(Continued)*

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recognized when earned. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Earnings on investments, with the exception of notes receivable from participants, are allocated on a pro rata basis to individual participant accounts based on the type of investment and the ratio of each participant's individual account balance to the aggregate of participant account balances. The portion of interest included in each loan payment made by a participant is recognized as interest income in the participant's individual account.

***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 had been recorded as of December 31, 2018 and 2017. 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.

***Excess Contributions Payable***

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction to contributions. There were no excess contributions payable at December 31, 2018 and 2017.

***Payment of Benefits***

The Plan records benefit payments to withdrawing participants when paid. Under the rules for preparation of Form 5500, the Plan's Form 5500 will reflect an accrual for the amount to be paid to participants who withdrew from the Plan prior to year end, and who had requested a distribution which was approved but not yet paid at period end, if any. There were no unpaid distributions at December 31, 2018 and 2017.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** *(Continued)*

***Expenses***

For the year ended December 31, 2018, administrative expenses of \$4,375 were paid by the Plan. Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivables from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

***Subsequent Events***

Subsequent events were evaluated through July 25, 2019, which is the date the financial statements were available to be issued.

**NOTE 3 - RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investments in securities are generally exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is 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.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

***Basis of Fair Value Measurement***

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.

A financial instrument's 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 maximize the use of relevant 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, 2018 and 2017.

***Pooled Separate Accounts:*** Pooled separate accounts invest primarily in domestic and international long-term bonds, domestic and international stocks, or mutual funds. The net asset value ("NAV") is used as a practical expedient to determine fair value for these accounts. Each pooled separate account provides for redemptions by the Plan at reported net asset value per share, with no advance notice.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 4 - FAIR VALUE MEASUREMENTS** *(Continued)*

***Basis of Fair Value Measurement (Continued)***

The following tables present by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2018 and 2017. The investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

| <u>Description</u>                                      | <u>Quoted<br/>Prices<br/>In Active<br/>Markets for<br/>Identical Assets<br/>(Level 1)</u> | <u>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</u> | <u>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</u> | <u>Total</u>                |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------|
| <b><u>December 31, 2018</u></b>                         |                                                                                           |                                                                      |                                                              |                             |
| Investments measured<br>within the fair value hierarchy | \$ -                                                                                      | \$ -                                                                 | \$ -                                                         | \$ -                        |
| Pooled separate accounts<br>measured at NAV             |                                                                                           |                                                                      |                                                              | <u>11,545,427</u>           |
| Total investments at fair<br>value                      |                                                                                           |                                                                      |                                                              | <u><u>\$ 11,545,427</u></u> |

| <u>Description</u>                                      | <u>Quoted<br/>Prices<br/>In Active<br/>Markets for<br/>Identical Assets<br/>(Level 1)</u> | <u>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</u> | <u>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</u> | <u>Total</u>                |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------|
| <b><u>December 31, 2017</u></b>                         |                                                                                           |                                                                      |                                                              |                             |
| Investments measured<br>within the fair value hierarchy | \$ -                                                                                      | \$ -                                                                 | \$ -                                                         | \$ -                        |
| Pooled separate accounts<br>measured at NAV             |                                                                                           |                                                                      |                                                              | <u>11,743,575</u>           |
| Total investments at fair<br>value                      |                                                                                           |                                                                      |                                                              | <u><u>\$ 11,743,575</u></u> |

**HUNTINGTON COACH CORPORATION 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
Years Ended December 31, 2018 and 2017**

**NOTE 4 - FAIR VALUE MEASUREMENTS** *(Continued)*

***Basis of Fair Value Measurement*** *(Continued)*

Unrealized gains/(losses) from the guaranteed investment contract are not included in the statement of changes in net assets available for benefits as the contract is recorded at contract value.

***Fair Value of Investments in Entities that Use NAV***

The following table summarizes investments measured at fair value based on Net Asset Value per share as of December 31, 2018 and 2017.

| <u>December 31, 2018</u>   | <u>Fair Value</u> | <u>Unfunded<br/>Commitments</u> | <u>Redemption<br/>Frequency (if<br/>currently eligible)</u> | <u>Redemption<br/>Notice Period</u> |
|----------------------------|-------------------|---------------------------------|-------------------------------------------------------------|-------------------------------------|
| Pooled separate<br>account | \$ 11,545,427     | N/A                             | Daily                                                       | None                                |

| <u>December 31, 2017</u>   | <u>Fair Value</u> | <u>Unfunded<br/>Commitments</u> | <u>Redemption<br/>Frequency (if<br/>currently eligible)</u> | <u>Redemption<br/>Notice Period</u> |
|----------------------------|-------------------|---------------------------------|-------------------------------------------------------------|-------------------------------------|
| Pooled separate<br>account | \$11,743,575      | N/A                             | Daily                                                       | None                                |

**NOTE 5 - INFORMATION CERTIFIED BY THE CUSTODIAN**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. At December 31, 2018 and 2017, the assets of the Plan are held by the custodian, Voya Retirement Services and Annuity Company. Accordingly, the custodian has certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- a. Investments, as shown in the Statements of Net Assets Available for Benefits, as of December 31, 2018 and 2017;

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 5 - INFORMATION CERTIFIED BY THE CUSTODIAN** *(Continued)*

- b. Dividend income and other income, net appreciation (depreciation) in fair value of investments and interest income on notes receivable from participants, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2018;
- c. The Schedule of Investments (Held at End of Year) as of December 31, 2018 as shown in the supplemental schedule.

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

**NOTE 6 - INVESTMENT CONTRACT WITH INSURANCE COMPANY**

In 2004, the Plan entered into a traditional fully benefit-responsive guaranteed investment contract with ING Life Insurance and Annuity Company (ILIAC). ILIAC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 3 percent. During 2014, ILIAC changed their name to Voya Retirement Services and Annuity Company with no effect on the fully benefit-responsive investment contract. In 2018, the Plan entered into an amendment of the contract and added Fixed Asset Account A under the contract.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Voya, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 6 - INVESTMENT CONTRACT WITH INSURANCE COMPANY** *(Continued)*

Certain events limit the Plan's ability to transact at contract value with Voya. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (d) the failure of the trust, that was established under the Plan to hold the Plan's assets, to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974, or (e) premature termination of the contract.

The Plan administrator does not believe events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (a) an uncured violation of the Plan's investment guidelines, (b) a breach of material obligation under the contract, (c) a material misrepresentation, or (d) a material amendment to the agreement without the consent of the issuer.

**NOTE 7 - RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan allows for transactions with certain parties who have or may perform services or have fiduciary responsibilities to the Plan. Certain employees and officers of the Company, who are also participants in the Plan, perform administrative services to the Plan at no cost to the Plan. The Plan issues loans to participants, which are secured by the balances in the participants' accounts. The Company pays a portion of the administrative and accounting fees of the Plan. These transactions qualify as party-in-interest transactions.

Certain Plan investments are shares of pooled separate accounts managed by Voya. Voya is the custodian as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions and are denoted as such on the Supplemental Schedule of Assets (Held at End of Year). Fees incurred by the plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment.

Voya is also the principal underwriter for the Guaranteed Investment Contract and received commissions of \$12,959 for the year ended December 31, 2018.

Two other investment service providers also received compensation of \$51,444 for the year ended December 31, 2018.

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**Years Ended December 31, 2018 and 2017**

**NOTE 8 - PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right, under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

**NOTE 9 - TAX STATUS**

The Company has adopted a prototype plan of Voya, for which the IRS has issued an opinion letter dated September 1, 2014 stating that the form of the plan is appropriate for use by employers for the benefit of their employees. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed, and is currently 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500**

The following are the reconciliations of the financial statements at December 31, 2018 and 2017 to Schedule H of Form 5500:

|                                                                | <u><b>2018</b></u>          | <u><b>2017</b></u>          |
|----------------------------------------------------------------|-----------------------------|-----------------------------|
| Net assets available for benefits per the financial statements | \$ 17,238,212               | \$ 17,015,988               |
| Less: Participants' contributions receivable                   | (9,226)                     | (8,463)                     |
| Less: Employer's matching contributions receivable             | <u>(3,785)</u>              | <u>(3,402)</u>              |
| Net assets available for benefits per Form 5500                | <u><u>\$ 17,225,201</u></u> | <u><u>\$ 17,004,123</u></u> |

**HUNTINGTON COACH CORPORATION 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
Years Ended December 31, 2018 and 2017**

**NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF  
FORM 5500 (Continued)**

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2018 to Schedule H of Form 5500:

|                                                           | <u><b>2018</b></u>         |
|-----------------------------------------------------------|----------------------------|
| Contributions per the financial statements                | \$ 1,801,879               |
| Add: Contributions receivable as of<br>December 31, 2017  | 11,865                     |
| Less: Contributions receivable as of<br>December 31, 2018 | <u>(13,011)</u>            |
| Contributions per the Form 5500                           | <u><u>\$ 1,800,733</u></u> |

**SUPPLEMENTAL SCHEDULE REQUIRED BY  
THE U.S. DEPARTMENT OF LABOR (DOL)**

**HUNTINGTON COACH CORPORATION 401(K) PLAN**  
**SUPPLEMENTAL SCHEDULE REQUIRED BY DOL**  
**SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 11-0899750**  
**PLAN NUMBER 001**  
**Year Ended December 31, 2018**

*Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)*

| (a) | (b)                                                                                 | (c)                                                                                                    | (d)  | (e)                  |
|-----|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------|----------------------|
|     | Identity of issuer, borrower, lessor, or similar party                              | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost | Current Value        |
|     | Pooled separate accounts:                                                           |                                                                                                        |      |                      |
|     | MFS International Value Fund                                                        | Foreign Large Blend Fund                                                                               | N/A  | \$ 514,993           |
|     | Baron Asset Fund                                                                    | Mid-Cap Growth Fund                                                                                    | N/A  | 646,565              |
|     | Victory Sycamore Established Value Fund                                             | Mid-Cap Blended Fund                                                                                   | N/A  | 308,978              |
| *   | Voya Russell Small-Cap Index Portfolio                                              | Small Blended Fund                                                                                     | N/A  | 234,306              |
| *   | Voya Russell Mid-Cap Index Portfolio                                                | Mid-Cap Blended Fund                                                                                   | N/A  | 94,950               |
| *   | VY T. Rowe Price Growth Equity Fund                                                 | Large Growth Fund                                                                                      | N/A  | 833,195              |
| *   | Voya U.S. Stock Index Portfolio                                                     | Large Blended Fund                                                                                     | N/A  | 1,533,231            |
|     | American Funds Washington Mutual Investors Fund                                     | Large Value Fund                                                                                       | N/A  | 1,790,882            |
|     | American Funds American Balanced Fund                                               | Moderate Allocation                                                                                    | N/A  | 1,748,137            |
|     | American Funds Fundamental Investors Fund                                           | Large Blended Fund                                                                                     | N/A  | 467,199              |
| *   | Voya Solution 2020 Portfolio                                                        | Asset Allocation                                                                                       | N/A  | 55,917               |
| *   | Voya Solution 2025 Portfolio                                                        | Asset Allocation                                                                                       | N/A  | 1,086,579            |
| *   | Voya Solution 2030 Portfolio                                                        | Asset Allocation                                                                                       | N/A  | 60,938               |
| *   | Voya Solution 2035 Portfolio                                                        | Asset Allocation                                                                                       | N/A  | 528,096              |
| *   | Voya Solution 2040 Portfolio                                                        | Asset Allocation                                                                                       | N/A  | 14,079               |
| *   | Voya Solution 2045 Portfolio                                                        | Asset Allocation                                                                                       | N/A  | 134,245              |
| *   | Voya Solution 2050 Portfolio                                                        | Asset Allocation                                                                                       | N/A  | 15,846               |
| *   | Voya Solution 2055 Portfolio                                                        | Asset Allocation                                                                                       | N/A  | 156,259              |
| *   | Voya Solution 2060 Portfolio                                                        | Asset Allocation                                                                                       | N/A  | 46,586               |
| *   | Voya Solution Income                                                                | Asset Allocation                                                                                       | N/A  | 337,993              |
| *   | Voya Intermediate Bond Fund                                                         | Intermediate-Term Bond Fund                                                                            | N/A  | 936,453              |
| *   | Voya Fixed Account (Contract Value)                                                 | Stability of Principal                                                                                 | N/A  | 4,763,813            |
| *   | Voya Fixed Account A (Contract Value)                                               | Stability of Principal                                                                                 | N/A  | 525,761              |
|     |                                                                                     |                                                                                                        |      | <u>\$ 16,835,001</u> |
| *   | Notes receivable from participants, 4.25% to 6.25%, maturities through October 2023 |                                                                                                        |      | <u>\$ 390,200</u>    |

\* Denotes party-in-interest

Note: Column (d) cost is not required for participant-directed investments.