Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TROPHY AUTOMOTIVE DEALER GROUP LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/2007

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

611 N. BRAND BLVD.
GLENDALE, CA 91203

611 N. BRAND BLVD.
GLENDALE, CA 91203

2b Employer Identification Number (EIN)
46-4311653

2c Plan Sponsor's telephone number
818-769-8700

2d Business code (see instructions)
441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	NASSER WATAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	NASSER WATAR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name FIRST MOTOR GROUP OF ENCINO LLC
c Plan Name FIRST MOTOR GROUP OF ENCINO LLC 401(K) PLAN

4b EIN 46-4700168

4d PN

5 Total number of participants at the beginning of the plan year	**5**	614
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	555
a(2) Total number of active participants at the end of the plan year	**6a(2)**	532
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	121
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	653
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	653
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	410
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
TROPHY AUTOMOTIVE DEALER GROUP LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TROPHY AUTOMOTIVE DEALER GROUP LLC

D Employer Identification Number (EIN)
46-4311653

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	81A070	410	01/01/2018	12/31/2018

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
23747	0

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

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

AMERICORP FINANCIAL PENSION & INSUR
1964 WESTWOOD BLVD, SUITE 120
LOS ANGELES, CA 90025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
23747			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	858264
5	Current value of plan's interest under this contract in separate accounts at year end	5	6498835

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	880276
c	Additions: (1) Contributions deposited during the year	7c(1)	61916		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	10440		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	11561		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	83917
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	964193
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	94153		
	(2) Administration charge made by carrier	7e(2)	1611		
	(3) Transferred to separate account	7e(3)	9581		
	(4) Other (specify below)	7e(4)	584		
	▶ LOAN DISBURSEMENTS				
	(5) Total deductions			7e(5)	105929
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	858264

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Part IV Provision of Information

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

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
TROPHY AUTOMOTIVE DEALER GROUP LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TROPHY AUTOMOTIVE DEALER GROUP LLC

D Employer Identification Number (EIN)
46-4311653

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS NW PRSPCTV R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	214491
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGAURD TOTAL INTL STK INDEX FD AD		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	245296
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD MID-CAP INDEX FUND ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	147877
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD SMALL-CAP INDEX FUND ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59354
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD REAL ESTATE INDEX ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33187
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD MID-CAP GRWTH INDEX FD ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	194481
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANUGUARD MID-CAP VALUE INDEX FND		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	137799

a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARDSM-CAP GRWTH INDEX FND ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	497161
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD SM-CAP VAL INDEX FND ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	41330
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD GLB CAP CYCLE FD INV		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13813
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD INFO TECH INDEX FND ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	468293
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD GROWTH INDEX FUND ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	350149
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD 500 INDEX FUND ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	310779
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD VALUE INDEX FUND ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	258616
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD LIFESTRAT GROWTH FD INV		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	82887
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD BALANCED INDEX FUND ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43727
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD LIFESTRAT CNSRV GRW FD INV		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	132926

a Name of MTIA, CCT, PSA, or 103-12 IE:	VOYA INDEX SOLUTION 2025 PORTFOLIO		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	294904
a Name of MTIA, CCT, PSA, or 103-12 IE:	VOYA INDEX SOLUTION 2030 PORTFOLIO		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	396637
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TOTAL BND MRKT IND F ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	145101
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD INFL-PRT SECURITIES FD ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	57451
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD GNMA FUND ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	103656
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TOT INTL BND IND FD ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40475
a Name of MTIA, CCT, PSA, or 103-12 IE:	VOYA FIXED ACCOUNT		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	858264
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD LIFESTRAT INCOME FD INV		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32628
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD LIFESTRAT MOD GRWTH FD INV		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10482
a Name of MTIA, CCT, PSA, or 103-12 IE:	VOYA INDEX SOLUTION 2035 PORTFOLIO		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	381861

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2040 PORTFOLIO

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 346698

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2045 PORTFOLIO

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 398001

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2050 PORTFOLIO

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 305197

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2055 PORTFOLIO

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 238465

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2060 PORTFOLIO

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 203500

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION INCOME PORT Z

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48437

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2020 PORTFOLIO

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 263177

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
TROPHY AUTOMOTIVE DEALER GROUP LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TROPHY AUTOMOTIVE DEALER GROUP LLC

D Employer Identification Number (EIN)
46-4311653

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		111903
(2) Participant contributions	1b(2)	626	900
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	230604	233993
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5682141	6498835
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	880276	858264
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6793647	7703895
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6793647	7703895

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	111903	
	(B) Participants	2a(1)(B)	1185146	
	(C) Others (including rollovers)	2a(1)(C)	675027	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1972076
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	12438	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12438
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-483528
(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		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1500986
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	535176	
(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)		535176
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		31361
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	24201	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		24201
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		590738
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		910248
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: LEMAS & ASSOCIATES **(2)** EIN: 33-0744998

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
TROPHY AUTOMOTIVE DEALER GROUP LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TROPHY AUTOMOTIVE DEALER GROUP LLC

D Employer Identification Number (EIN)
46-4311653

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TROPHY AUTOMOTIVE DEALER GROUP LLC
401(K) PLAN

INDEPENDENT AUDITOR'S REPORT

FOR THE YEAR ENDED

DECEMBER 31, 2018 AND 2017

TROPHY AUTOMOTIVE DEALER GROUP LLC
401(K) PLAN

INTRODUCTORY SECTION

DECEMBER 31, 2018 AND 2017

TROPHY AUTOMOTIVE DEALER GROUP LLC 401(K) PLAN
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DECEMBER 31, 2018 AND 2017

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TROPHY AUTOMOTIVE DEALER GROUP LLC
401(K) PLAN

FINANCIAL SECTION

DECEMBER 31, 2018 AND 2017

MATTHEW LEMAS
CPA & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

4275 Executive Square, Suite 200, La Jolla, CA 92037 | Tel 858.260.5236 | Fax 309.410.4146

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Trophy Automotive Dealer Group LLC 401(k) Plan
Glendale, California

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of Trophy Automotive Dealer Group LLC 401(k) 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 years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, I was 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 4, which was certified by Voya Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions.

Basis for Disclaimer of Opinion (Continued)

The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held at the end of year as of or for the year ended December 31, 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

San Diego, California
October 14, 2019

TROPHY AUTOMOTIVE DEALER GROUP LLC 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 AND 2017

ASSETS	2018	2017
Investments at Fair Value:		
Guaranteed Accounts	$ 858,264	$ 880,276
Pooled Separate Accounts	6,498,835	5,682,141
Subtotal Investments at Fair Value	**7,357,099**	**6,562,417**
Receivables:		
Notes Receivable from Participants	233,993	230,604
Participant Contributions Receivable	900	626
Employer Contributions Receivable	111,903	-
Subtotal Receivables	**346,796**	**231,230**
TOTAL ASSETS	**7,703,895**	**6,793,647**
LIABILITIES		
TOTAL LIABILITIES	-	-
NET ASSETS		
Net Assets Available for Benefits	7,703,895	6,793,647
TOTAL NET ASSETS	**7,703,895**	**6,793,647**
TOTAL LIABILITIES AND NET ASSETS	**$ 7,703,895**	**$ 6,793,647**

The notes to the financial statements are an integral part of the statement.

TROPHY AUTOMOTIVE DEALER GROUP LLC 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 AND 2017

ADDITIONS	**2018**	**2017**
Investment Income:		
Net (Depreciation) Appreciation in Fair Value of Investments	$ (483,528)	$ 656,582
Interest Earned on Notes Receivable from Participants	12,438	9,301
Subtotal - Investment Income	**(471,090)**	**665,883**
CONTRIBUTIONS		
Employer Contributions	111,903	-
Employee Contributions	1,185,146	543,888
Transfers from Previous Carriers	675,027	1,791,369
Subtotal - Contributions	**1,972,076**	**2,335,257**
TOTAL ADDITIONS AND CONTRIBUTIONS	**1,500,986**	**3,001,140**
DEDUCTIONS		
Deductions from Net assets attributed to:		
Benefits Paid to Participants	535,176	356,473
Corrective Distributions of Contributions	-	16,371
Deemed Distributions of Notes Receivable from Participants	32,361	11,400
Administrative Expenses	24,201	11,120
TOTAL DEDUCTIONS	**591,738**	**395,364**
INCREASE AND IN NET ASSETS	**909,248**	**2,605,776**
NET ASSETS - BEGINNING	6,793,647	3,314,659
NET ASSETS - ENDING	**$ 7,702,895**	**$ 5,920,435**

The notes to the financial statements are an integral part of the statement.

TROPHY AUTOMOTIVE DEALER GROUP LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

The notes provided in the Financial Section of this report are considered an integral and essential part of adequate disclosure and fair presentation of this report. The notes include a summary of accounting policies and other necessary disclosure of pertinent matters relating to financial position and results of operations of Trophy Automotive Dealer Group LLC 401(k) Plan ("The Plan"). These notes express significant insight to the financial statements and are conjunctive to understanding the rationale for presentation of the financial statements and information contained in this report.

NOTE 1 - DESCRIPTION OF PLAN

A. General
B. Contributions
C. Participant Accounts
D. Vesting
E. Notes Receivable from Participants
F. Payment of Benefits
G. Hardship Distributions
H. Forfeited Accounts
I. Administrative Expenses

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting
B. Basis of Presentation
C. Use of Estimates
D. Advertising, Marketing, and Fundraising Expenses

NOTE 3 - CASH AND CASH EQUIVALENTS

NOTE 4 - INVESTMENTS

A. Investments
B. Fair Value Measurements
C. Risk and Uncertainties

NOTE 5 - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

NOTE 6 - PLAN TERMINATION

NOTE 7 - TAX STATUS

NOTE 8 - SUBSEQUENT EVENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Trophy Automotive Dealer Group LLC 401(k) Plan (The Plan) provides only general information. Financial statement users should refer to The Plan agreement for a more complete description of The Plan's provisions.

A. General

The Plan was established on July 1, 2007 as a defined contribution plan covering eligible employees of Encino Motorcars LLC. Trophy Automotive Dealer Group LLC (The Company) assumed ownership of The Plan and adopted effective January 1, 20148. The Plan's name changed from First Motor Group of Encino LLC 401(k) Plan to Trophy Automotive Dealer Group LLC 401(k) Plan at that time. Eligible employees are those who have a minimum six months of service and are age twenty-one or older. All employees employed on July 1, 2007 shall be eligible to participate in The Plan as of the earliest entry date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions

Each year, participants may contribute a portion of pretax annual compensation, as defined in The Plan. Participants direct the investment of their contributions into various investment options offered by The Plan. The Plan currently offers investment options through Retirement Insurance's Annuity Company (see Note 4). The Company may make matching contributions proportionate to each employee's elective contributions as well as discretionary profit-sharing contributions. For the year ended December 31, 2018, The Company made discretionary profit-sharing contributions of $ 111,903 and made no matching contributions for the benefit of its employees.

The Company may also make discretionary profit-sharing contributions to The Plan. For the year ended December 31, 2018 no profit-sharing contributions were made by The Company.

C. Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) The Company's contributions and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations of The Company contributions are proportionate to each participant's contributions as determined at each payroll date. Investment earnings and losses and administrative expenses are allocated daily based upon each participant's average balance. The benefit to which a participant is entitled is the benefits that can be provided from the participant's vested account.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

D. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in The Company's contribution portion of their accounts plus actual earnings thereon is based on one to five full years of continuous service. Participant vest in the following manner:

Years of Service	Vested Percentage
2.	20%
3.	40%
4.	60%
5.	80%
6.	100%

E. Notes Receivable from Participants

Participants may borrow from their accounts up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the vested balance in the participant's account and bear interest at the prime rate as published by the Wall Street Journal as of the last day of the month preceding the loan plus 1%. Loans are required to be repaid within five years.

F. Payment of Benefits

A participant whose employment terminates through normal cause may elect to commence distribution of his benefits within a reasonable time period after the established plan distribution date or delay the commitment of benefits to a further determined date. Furthermore, unless the participant elects otherwise, his vested and non-forfeitable account balance will be disbursed no later than 60 days after the last day of The Plan year. The Plan distributed $ 535,176 in benefits to terminated participants for the year ended December 31, 2018.

G. Hardship Distributions

Hardship distributions are allowed for participants that have incurred expenses related to medical, a first-time home purchase, foreclosure, damages to a principal residence, and tuition for educational fees. Hardship distributions may also be used to make payments required to prevent the eviction of the Participant from his principle residence or the foreclosure on the mortgage of the Participant's principal residence. Participants who take a hardship withdrawal may not make any elective contributions to The Plan for six months after the initial distribution date.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

H. Forfeited Accounts

Forfeited accounts are considered the portion of a participant's account that is not vested on the last day of The Plan's year. Each year on the anniversary date of The Plan, a distribution of the entire vested portion of the participant's account is reallocated to supplement the non-elective contribution payable to The Plan. The Plan had forfeitures of $ 20,410for the year ended December 31, 2018.

I. Administrative Expenses

Administrative expenses consist of maintenance charges paid to Retirement Insurance's Annuity Company. These charges are calculated as a percentage of the closing daily market value of investments held by The Plan. These costs are allocated on a per capita basis and charged equally to each participant's account.

A third-party administrator is engaged by The Plan to assist with compliance to Department of Labor, Internal Revenue Service and ERISA regulations. The cost of engaging the third-party administrator is paid by the company. The cost of maintaining participant accounts by the custodian Retirement Insurance's Annuity Company is absorbed by The Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The preparation of financial statements is in conformity with United States generally accepted accounting principles requires The Plan administrator also makes estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

B. Basis of Presentation

The Plan's investments are stated at fair value. Fair value is defined as 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 (an exit price). See Note 4 for further discussion of fair value measurements. Investments in common collective trust funds include the Guaranteed Interest Account Fund. The Guaranteed Interest Account Fund invests in fully benefit-responsive investment contracts including primarily guaranteed and synthetic investment contracts issued by banks, insurance companies and other issuers. The Guaranteed Interest Account Fund is recorded at fair value (see Note 4).

B. Basis of Presentation (Continued)

However, since these contracts are fully benefit-responsive, an adjustment is made to reflect this investment at contract value, which represents cost plus accrued income less redemptions. The fair value of the guaranteed investment contracts is generally determined by discounting the schedule future payments required under the contract. The fair value of wrap contracts reflects the discounted present value of the difference between the current wrap contract cost and its replacement cost, based on issuer quotes.

For assets other than investment contracts, including securities underlying synthetic investment contracts, fair value generally is reflected by market value at close of business on the valuation date. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by The Plan at year-end.

Short term investments are valued at cost, which approximates fair value. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

C. Use of Estimates in Preparing Financial Statements

The Plan uses estimates and assumptions in preparing financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amount of assets and liabilities and the reported amounts of revenues and expenses. Actual results could vary from the estimates that were used.

D. Advertising, Marketing and Fundraising Expenses

The Plan accounts for advertising, fundraising and marketing costs as expenses in the period in which they are incurred.

NOTE 3 - CASH AND CASH EQUIVALENTS

Cash balances held in banks and/or credit unions and in revolving funds are insured up to $250,000 per account by federal agencies. The Plan had no uninsured cash amounts for the year ended December 31, 2018. The Plan had no cash equivalents for the years ended December 31, 2018.

NOTE 4 – INVESTMENTS AND FAIR VALUE MEASUREMENTS

A. Investments

The Plan provides investment options through an allocated retirement account group annuity contract (ARA contract) with Retirement Insurance's Annuity Company. The ARA contract offers guaranteed accounts and pooled separate accounts. Guaranteed interest investment options are defined as the 3-year, 5-year and 10-year guaranteed accounts that earn guaranteed interest at specific rates. Contributions to these accounts are invested in the general funds of and are guaranteed by Retirement Insurance's Annuity Company. Pooled separate accounts are defined as funds sub-advised by the third parties, or which invest in funds managed by external mutual fund companies. Such pooled separate accounts are established in accordance with state laws and are maintained separately from the general assets of Retirement Insurance's Annuity Company.

B. Fair Value Measurements

Accounting Standards Codification (ASC) 820 defines fair value as 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. (ASC 820) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities **(Level 1 measurements)** and lowest priority to measurements involving significant unobservable inputs **(Level 3 measurements)**.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of their investments. When available, the organization measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are only used when Level 1 or 2 inputs are not available.

NOTE 4 - INVESTMENTS (CONTINUED)

B. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, The Plan's assets at fair value as of December 31, 2018.

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Fixed Income Assets:				
(Insurance Company General Account)	$ 858,264	$ -	$ -	$ 858,264
Pooled Separate Assets:				
(Mutual Funds)	6,498,835	-	-	6,498,835
Total Investments at Fair Value	7,357,099	-	-	7,357,099
Total Investments at Net Asset Value	**$ 7,357,099**	**$ -**	**$ -**	**$ 7,357,099**

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

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Fixed Income Assets:				
(Insurance Company General Account)	$ 880,276	$ -	$ -	$ 880,276
Pooled Separate Assets:				
(Mutual Funds)	5,682,141	-	-	5,682,141
Total Investments at Fair Value	6,562,417	-	-	6,562,417
Total Investments at Net Asset Value	**$ 6,562,417**	**$ -**	**$ -**	**$ 6,562,417**

C. Risks and Uncertainties

The Plan provides for investments in various securities, which in general, are 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 the amounts reported in the statements of net assets available for benefits and participant account balances.

NOTE 5 - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

All information included in the accompanying Statements of Net Assets Available for Benefits and Statement of Changes in Net Assets Available for Benefits and the Schedule of Assets Held at End of Year was obtained from data that has been prepared and certified to as complete and accurate by Voya Retirement Insurance and Annuity Company (Trustee).

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent 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.

NOTE 7 - TAX STATUS

Upon its inception on July 1, 2007, The Plan's form was based upon a prototype plan that was deemed acceptable by the Internal Revenue Service to qualify for tax-exempt status. Although, The Plan has been amended since then, The Plan's third-party administrator believes that The Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in The Plan's financial statements.

NOTE 8 - SUBSEQUENT EVENTS

Events subsequent to December 31, 2018 have been evaluated through October 14, 2019, the date at which The Plan's audited financial statements were available to be issued. From January 1, 2018 through October 14, 2019, terminated participants have received distributions of vested benefits totaling $ 316,964.

TROPHY AUTOMOTIVE DEALER GROUP LLC
401(K) PLAN

SUPPLEMENTARY INFORMATION SECTION

DECEMBER 31, 2018

TROPHY AUTOMOTIVE DEALER GROUP LLC 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2018

(A)	(B)	(C)	(D)	(E)
Identity of issue, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**		**Cost**	**Current Value**
Voya Financial	American Funds Nw Prspctv R6	$	241,481	$ 214,491
Voya Financial	Vangaurd 500 Index Fund Adm		335,035	310,779
Voya Financial	Vangaurd Balanced Index Fund Adm		45,139	43,727
Voya Financial	Vangaurd GNMA Fund Adm		101,808	103,656
Voya Financial	Vangaurd Growth Index Fund Adm		387,551	350,149
Voya Financial	Vangaurd Infl-Prt Secs Fund Adm		57,639	57,452
Voya Financial	Vangaurd Info Tech Indx Fund Adm		512,326	468,293
Voya Financial	Vangaurd LifeStrat Cns Gr Fund Inv		137,255	132,926
Voya Financial	Vangaurd LifeStrat Grw Fund Inv		89,328	82,887
Voya Financial	Vangaurd LifeStrat Inc Fund Inv		32,807	32,628
Voya Financial	Vangaurd LifeStrat Md Grw Fund Inv		11,122	10,482
Voya Financial	Vanguard Md-Cap Grw Index Fund Adm		218,444	194,481
Voya Financial	Vanguard Md-Cap Index Fund Adm		166,298	147,877
Voya Financial	Vanguard Md-Cap VI Index Fund Adm		158,952	137,799
Voya Financial	Vanguard Sm-Cap Grw Index Fund Adm		571,223	497,161
Voya Financial	Vanguard Sm-Cap VI Index Fund Adm		49,112	41,330
Voya Financial	Vanguard Sm-Cap Index Fund Adm		70,357	59,354
Voya Financial	Vanguard Tot Bd Mkt Ind Fund Adm		142,002	145,101
Voya Financial	Vanguard Tot Int Bnd In Fund Adm		39,772	40,475
Voya Financial	Vanguard Tot Int Stk In Fund Adm		289,475	245,296
Voya Financial	Vanguard Value Index Fund Adm		345,336	258,616
Voya Financial	Vanguard Gib Cap Cycle Fund Inv		19,931	13,814
Voya Financial	Vanguard Real Estate Index Adm		33,366	33,187
Voya Financial	Voya Fixed Account (4062)		851,397	858,264
Voya Financial	Voya Index Solution 2020 P Z		273,522	263,177
Voya Financial	Voya Index Solution 2025 P Z		311,287	294,904
Voya Financial	Voya Index Solution 2030 P Z		358,225	396,637
Voya Financial	Voya Index Solution 2035 P Z		413,948	381,861
Voya Financial	Voya Index Solution 2040 P Z		373,831	346,695
Voya Financial	Voya Index Solution 2045 P Z		439,523	398,001
Voya Financial	Voya Index Solution 2050 P Z		336,386	305,197
Voya Financial	Voya Index Solution 2055 P Z		263,017	238,465
Voya Financial	Voya Index Solution 2060 P Z		223,474	203,500

The notes to the financial statements are an integral part of the statement.

TROPHY AUTOMOTIVE DEALER GROUP LLC 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2018

(A)	(B)	(C)	(D)	(E)
Identity of issue, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**		**Cost**	**Current Value**
Voya Financial	Voya Index Solution Inc PZ		49,672	48,437
Participant Loans	Loans with various maturities and interest rates of Prime rate +1%		-	233,933
TOTAL INVESTMENTS			**$ 7,726,567**	**$ 7,591,032**

The notes to the financial statements are an integral part of the statement.

TROPHY AUTOMOTIVE DEALER GROUP LLC 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2018

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TROPHY AUTOMOTIVE DEALER GROUP LLC 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2018

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TOTAL INVESTMENTS			**$ 7,726,567**	**$ 7,591,032**

The notes to the financial statements are an integral part of the statement.