| For  | m 5500-SF   | Short Form Annual R   | eturn/Report<br>Benefit Plan   | of Small Emplo   | yee   | ON  | IB Nos. 1210-0110<br>1210-0089 |  |
|--|---|---|--|--|---|---|--------------------------------|--|
|  | Department of the Treasury<br>Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee  |   |  |  | e   | 20  | 12                             |  |
| Employee Be  | Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).           Pension Benefit Guaranty Corporation         Pension Benefit Guaranty Corporation |   |  |  |   | This Form is Open to Public<br>Inspection |                                |  |
|  |   | Complete all entries in accord  | dance with the instru  | ctions to the Form 550   | 0-SF.   | mope                                      |                                |  |
| For calenda  | Annual Report Io  | lentification Information<br>al plan year beginning 01/01/2013  | 2  | and ending 1   | 2/31/20                                       | 012                                       |                                |  |
|  | Γ   | a single-employer plan  |  | lan (not multiemployer)  |   | a one-participar                          | nt plan                        |  |
|  | urn/report is:  | the first return/report   | the final return/report  | ( , , , , , , , , , , , , , , , , , , ,                                  | L   |   |                                |  |
|  |   | an amended return/report  | a short plan year retu   | n/report (less than 12 m   | onths)  |   |                                |  |
| C Check b  | ox if filing under:   | Form 5558   | automatic extension  |  |   | DFVC program                              |                                |  |
|  |   | special extension (enter description  | on)  |  |   |   |                                |  |
| Part II  |   | nation—enter all requested information  | ation  |  | -   |   |                                |  |
| 1a Name on NATIONWIDI  | •   | ICES, INC. 401(K) PLAN  |  |  |   | Three-digit<br>plan number<br>(PN) ►      | 001                            |  |
|  |   |   |  |  |   | Effective date of p<br>01/01/20           |                                |  |
|  | oonsor's name and addru<br>E AUTOMOTIVE SERV  | ess; include room or suite number (e<br>ICES, INC.  | mployer, if for a single   | -employer plan)  |   | Employer Identifica<br>(EIN) 65-0676      | ation Number                   |  |
| 7000 W. PAL  | METTO PARK ROAD   |   |  |  | 2c \$   | Sponsor's telepho<br>561-338-3            |                                |  |
| SUITE 200<br>BOCA RATC   | N, FL 33433   |   |  |  | <b>2d</b> E                                   | Business code (se<br>811110               | e instructions)                |  |
| 3a Plan ac   | ministrator's name and  | address Same as Plan Sponsor N  | lame Same as Pla   | n Sponsor Address  | 3b /  | Administrator's EI                        |                                |  |
| 4 If the n   | amo and/or EIN of the r   | lan sponsor has changed since the I   | ast roturn/roport filed (  | or this plan, optor the  | 4b  |   |                                |  |
| name,  | EIN, and the plan numb  | per from the last return/report.  | ast return/report filed i  | or this plan, enter the  |   |   |                                |  |
| a Sponso   |   | the beginning of the plan year  |  |  | 4c  | PN<br>T                                   |                                |  |
|  |   | the end of the plan year  |  |  | 5a<br>5b                                      |   | 6                              |  |
|  |   | count balances as of the end of the p   |  |  | 5b  |   | 6                              |  |
| comple   | ete this item)  |   | · · · ·  |  |   |   | 2                              |  |
| b Are you<br>under<br>If you<br>Caution: A<br>Under pena<br>SB or Sche | u claiming a waiver of th<br>29 CFR 2520.104-46? (<br>answered "No" to eith<br>penalty for the late or<br>Ities of perjury and othe   | luring the plan year invested in eligib<br>ne annual examination and report of a<br>See instructions on waiver eligibility a<br>er line 6a or line 6b, the plan cann<br>incomplete filing of this return/rep<br>r penalties set forth in the instruction<br>signed by an enrolled actuary, as we<br>te. | an independent qualifi<br>and conditions.)<br>ot use Form 5500-SF<br>port will be assessed<br>s, I declare that I have | and must instead use<br>unless reasonable cau<br>examined this return/re | PA)<br>Form <u>5</u><br>use is e<br>port, inc | 5500.<br>Stablished.                      | ·                              |  |
| ·  | Filed with authorized/va  |   | 02/11/2013   | ANTHONY ARENA  |   |   |                                |  |
| HERE   | Signature of plan adr   |   | Date   | Enter name of individ  | ual sign                                      | ning as plan admin                        | istrator                       |  |
| SIGN   |   |   |  |  | orgi  | 3 pian daniin                             |                                |  |
| HERE   | Signature of employe  | er/plan sponsor   | Date   | Enter name of individ  | ual sign                                      | ning as employer o                        | r plan sponsor                 |  |
| Preparer's r   |   | ne, if applicable) and address; includ  | le room or suite numbe   |  |   | arer's telephone nu                       |                                |  |
| For Paperwo  | ork Reduction Act Notice  | and OMB Control Numbers, see the ins  | tructions for Form 5500  | ·SF.   |   | For                                       | m 5500-SF (2012)               |  |

| Pa   | rt III Financial Information   |   |   |   |            |   |                  |
|--|--|---|---|---|------------|---|------------------|
| 7  | Plan Assets and Liabilities  |   | (a) Beginning of Yea  | ır  |            |   | (b) End of Year  |
| а  | Total plan assets  | 7a  | 5745  |   |            |   | 62466            |
| b  | Total plan liabilities   | 7b  |   | 0   |            |   | 0                |
| С  | Net plan assets (subtract line 7b from line 7a)  | 7c  | 5745  | 57459   |            |   | 62466            |
| 8  | Income, Expenses, and Transfers for this Plan Year   |   | (a) Amount  |   |            |   | (b) Total        |
| а  | Contributions received or receivable from:   | - <i>(</i> 1)   |   |   |            |   |                  |
|  | (1) Employers  | 8a(1)   |   | 0   | _          |   |                  |
|  | (2) Participants   | 8a(2)   |   | 0   | _          |   |                  |
|  | (3) Others (including rollovers)   | 8a(3)   |   | 0   |            |   |                  |
|  | Other income (loss)  | 8b  | 815   | C   | _          |   | 0455             |
|  | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)<br>Benefits paid (including direct rollovers and insurance premiums   | 8c  |   |   | -          |   | 8155             |
|  | to provide benefits)   | 8d  |   | 0   |            |   |                  |
| е  | Certain deemed and/or corrective distributions (see instructions)  | 8e  |   | 0   |            |   |                  |
| f  | Administrative service providers (salaries, fees, commissions)   | 8f  | 314   | 8   |            |   |                  |
| g  | Other expenses   | 8g  |   | 0   |            |   |                  |
| h  | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h  |   |   |            |   | 3148             |
| _ <u>i</u>   | Net income (loss) (subtract line 8h from line 8c)  | 8i  |   |   | _          |   | 5007             |
| j  | Transfers to (from) the plan (see instructions)  | 8j  |   | 0   |            |   |                  |
| b<br>Par   | 2E       2J       2K       3D         If the plan provides welfare benefits, enter the applicable welfare feature         t       V       Compliance Questions   | eature code   | s from the List of Plan Charac  | cterist   | ic Cod     | es in th  | ne instructions: |
|  |  |   |   |   |            |   |                  |
| 10   | During the plan year:  |   |   |   | Yes        | No  | Amount           |
| <u>10</u><br>a   | During the plan year:<br>Was there a failure to transmit to the plan any participant contribu<br>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu   |   |   | 10a   | Yes        | No<br>X   | Amount           |
| a  | Was there a failure to transmit to the plan any participant contribu   | uciary Corre<br>? (Do not in  | ction Program)<br>clude transactions reported   | 10a<br>10b  | Yes        |   | Amount           |
| a  | Was there a failure to transmit to the plan any participant contribu<br>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu<br>Were there any nonexempt transactions with any party-in-interest<br>on line 10a.)   | uciary Corre<br>? (Do not in  | ction Program)<br>clude transactions reported   |   | Yes        | Х   |                  |
| a<br>b   | Was there a failure to transmit to the plan any participant contribu<br>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu<br>Were there any nonexempt transactions with any party-in-interest<br>on line 10a.)<br>Was the plan covered by a fidelity bond?   | (Do not in<br>fidelity bond   | ction Program)<br>clude transactions reported<br><br>d, that was caused by fraud  | 10b   |            | Х   | Amount<br>265000 |
| a<br>b<br>c<br>d   | Was there a failure to transmit to the plan any participant contribu<br>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu<br>Were there any nonexempt transactions with any party-in-interest<br>on line 10a.)<br>Was the plan covered by a fidelity bond?<br>Did the plan have a loss, whether or not reimbursed by the plan's  | iciary Corre<br>? (Do not in<br>fidelity bond<br>her persons<br>of the benefi   | ction Program)<br>clude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See  | 10b<br>10c  |            | X<br>X  |                  |
| a<br>b<br>c<br>d   | Was there a failure to transmit to the plan any participant contribu<br>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu<br>Were there any nonexempt transactions with any party-in-interest<br>on line 10a.)<br>Was the plan covered by a fidelity bond?<br>Did the plan have a loss, whether or not reimbursed by the plan's<br>or dishonesty?<br>Were any fees or commissions paid to any brokers, agents, or oth<br>insurance service or other organization that provides some or all of  | iciary Corre<br>? (Do not in<br>fidelity bond<br>her persons<br>of the benefi   | ction Program)<br>clude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See  | 10b<br>10c<br>10d   |            | x<br>x<br>x   |                  |
| a<br>b<br>c<br>d<br>e  | Was there a failure to transmit to the plan any participant contribu<br>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu<br>Were there any nonexempt transactions with any party-in-interest<br>on line 10a.)<br>Was the plan covered by a fidelity bond?<br>Did the plan have a loss, whether or not reimbursed by the plan's<br>or dishonesty?<br>Were any fees or commissions paid to any brokers, agents, or oth<br>insurance service or other organization that provides some or all o<br>instructions.)   | iciary Corre<br>? (Do not in<br>fidelity bond<br>her persons<br>of the benefit  | ction Program)<br>clude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See  | 10b<br>10c<br>10d<br>10e  |            | x<br>x<br>x<br>x<br>x   |                  |
| a<br>b<br>c<br>d<br>d<br>e<br>f  | Was there a failure to transmit to the plan any participant contribu<br>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu<br>Were there any nonexempt transactions with any party-in-interest<br>on line 10a.)<br>Was the plan covered by a fidelity bond?<br>Did the plan have a loss, whether or not reimbursed by the plan's<br>or dishonesty?<br>Were any fees or commissions paid to any brokers, agents, or oth<br>insurance service or other organization that provides some or all of<br>instructions.)<br>Has the plan failed to provide any benefit when due under the plan  | ciary Corre<br>? (Do not in<br>fidelity bond<br>fidelity fidelity fidelity fidelity<br>fidelity fidelity fidelity<br>fidelity fidelity fidelity<br>fidelity fidelity fidelity<br>fidelity fidelity fidelity<br>fidelity fidelity fidelity<br>fidelity fidelity<br>fidelity fidelity fidelity<br>fidelity fidelity fidelity<br>fidelity fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelity<br>fidelit | ction Program)<br>clude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See<br>d.)<br>tions and 29 CFR   | 10b<br>10c<br>10d<br>10e<br>10f                                 |            | x<br>x<br>x<br>x<br>x<br>x<br>x   |                  |
| a<br>b<br>c<br>d<br>d<br>e<br>f  | <ul> <li>Was there a failure to transmit to the plan any participant contribu<br/>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu<br/>Were there any nonexempt transactions with any party-in-interest<br/>on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's<br/>or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth<br/>insurance service or other organization that provides some or all or<br/>instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan<br/>Did the plan have any participant loans? (If "Yes," enter amount a<br/>If this is an individual account plan, was there a blackout period?</li> </ul>   | ciary Corre<br>? (Do not in<br>fidelity bond<br>ner persons<br>of the benefi<br>n?<br>s of year en<br>(See instruc  | ction Program)<br>clude transactions reported<br>   | 10b<br>10c<br>10d<br>10e<br>10f<br>10g                          |            | x<br>x<br>x<br>x<br>x<br>x<br>x<br>x  |                  |
| a<br>b<br>c<br>d<br>e<br>f<br>g  | <ul> <li>Was there a failure to transmit to the plan any participant contribu<br/>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu<br/>Were there any nonexempt transactions with any party-in-interest<br/>on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's<br/>or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth<br/>insurance service or other organization that provides some or all or<br/>instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount a<br/>If this is an individual account plan, was there a blackout period?<br/>2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th<br/>exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>  | ciary Corre<br>? (Do not in<br>fidelity bond<br>ner persons<br>of the benefi<br>n?<br>s of year en<br>(See instruc  | ction Program)<br>clude transactions reported<br>   | 10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h                   |            | x<br>x<br>x<br>x<br>x<br>x<br>x<br>x  |                  |
| a<br>b<br>c<br>d<br>d<br>e<br>f<br>f<br>h                              | <ul> <li>Was there a failure to transmit to the plan any participant contribu<br/>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu<br/>Were there any nonexempt transactions with any party-in-interest<br/>on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's<br/>or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth<br/>insurance service or other organization that provides some or all or<br/>instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount a<br/>If this is an individual account plan, was there a blackout period?</li> <li>If 10h was answered "Yes," check the box if you either provided th<br/>exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>   | iciary Corre<br>? (Do not in<br>fidelity bond<br>fidelity bond<br>fidelity bond<br>ner persons<br>of the benefi<br>n?<br>s of year en<br>(See instruc<br>ner required<br>1-3  | ction Program)<br>clude transactions reported<br>   | 10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h<br>10i            | X          | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X  | 265000           |
| a<br>b<br>c<br>d<br>d<br>e<br>f<br>f<br>g<br>h<br>i<br>i               | <ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem</li> </ul>                            | iciary Corre<br>? (Do not in<br>fidelity bond<br>her persons<br>of the benefit<br>n?<br>s of year en<br>(See instruct<br>he required<br>1-3   | ction Program)<br>clude transactions reported<br>   | 10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h<br>10i            | X<br>Schec | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X  | 265000           |
| a<br>b<br>c<br>d<br>d<br>e<br>f<br>f<br>g<br>h<br>i<br>i<br>l          | <ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>   | iciary Corre<br>? (Do not in<br>fidelity bond<br>fidelity bond<br>ner persons<br>of the benefit<br>n?<br>s of year en<br>(See instruct<br>ne required<br>1-3  | ction Program)<br>clude transactions reported<br>   | 10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h<br>10i            | X<br>Schee | X<br>X<br>X<br>X<br>X<br>X<br>X<br>Uule SB  | 265000           |
| a<br>b<br>c<br>d<br>d<br>e<br>f<br>f<br>g<br>h<br>i<br>11<br>11a       | <ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> </ul> | iciary Corre<br>? (Do not in<br>fidelity bond<br>fidelity bond<br>her persons<br>of the benefit<br>n?<br>s of year en<br>(See instruct<br>he required<br>1-3  | ction Program)<br>clude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See<br>d.)<br>tions and 29 CFR<br>notice or one of the<br>es," see instructions and com  | 10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h<br>10i            | X<br>Schee | X<br>X<br>X<br>X<br>X<br>X<br>X<br>Uule SB  | 265000           |
| a<br>b<br>c<br>d<br>d<br>e<br>f<br>g<br>h<br>i<br>11<br>11a<br>12<br>a | <ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>   | Iciary Corre<br>(Do not in<br>fidelity bond<br>her persons<br>of the benefit<br>n?<br>s of year en<br>(See instruct<br>he required<br>1-3   | ction Program)<br>clude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See<br>d.)<br>d.)<br>totions and 29 CFR<br>notice or one of the<br>es," see instructions and corr<br>the of section 412 of the Code<br>ole.)<br>d in this plan year, see instructions<br>Mon | 10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h<br>10i<br>e or se | X<br>Scheo | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>11a<br>302 of E                                | 265000           |
| a<br>b<br>d<br>d<br>f<br>f<br>f<br>f<br>f<br>                          | <ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>   | iciary Corre<br>? (Do not in<br>fidelity bond<br>fidelity bond<br>her persons<br>of the benefit<br>n?<br>s of year en<br>(See instruction<br>her required<br>1-3  | ction Program)<br>clude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See<br>d.)<br>d.)<br>tions and 29 CFR<br>notice or one of the<br>es," see instructions and com<br>ots of section 412 of the Code<br>ole.)<br>d in this plan year, see instruc<br>            | 10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h<br>10i<br>0plete  | X<br>Schec | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X | 265000           |

| С    | Enter  | the amount contributed by the employer to the plan for this plan year  | 12c            |          |                     |
|------|--------|--|----------------|----------|---------------------|
| d    |        | act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)   | 12d            |          |                     |
| е    |        | he minimum funding amount reported on line 12d be met by the funding deadline?   |                | Yes      | No N/A              |
| Part | VII    | Plan Terminations and Transfers of Assets  |                |          |                     |
| 13a  | Has a  | a resolution to terminate the plan been adopted in any plan year?  | ,<br>,         | Yes X No |                     |
|      | lf "Ye | es," enter the amount of any plan assets that reverted to the employer this year   | 13a            |          |                     |
| b    |        | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?  | control        |          | Yes X No            |
| С    |        | ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.) | to             | _        |                     |
| 1    | 3c(1)  | Name of plan(s): 1   | <b>3c(2)</b> E | IN(s)    | <b>13c(3)</b> PN(s) |
|      |        |  |                |          |                     |
|      |        |  |                |          |                     |
| Part | VIII   | Trust Information (optional)   |                |          |                     |

| 14a Name of trust | 14b Trust's EIN |
|-------------------|-----------------|
|                   |                 |
|                   |                 |

|         |  | rm 5500-SF  | Short Form Annual Re  | eturn/Report<br>enefit Plan | of Small Emplo           | yee                                 | OMB Nos. 1210-0110<br>1210-0089                    |  |  |
|---------|--|---|---|-----------------------------|--------------------------|-------------------------------------|--|--|--|
|         |  | intment of the Treasury<br>mal Revenue Service          | This form is required to be filed   | under sections 104          | and 4065 of the Employe  | e                                   | 2012   |  |  |
|         | Employee   | epartment of Labor<br>Benefits Security Administration  | Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code). |                             |                          | 8(a) of                             | This Form is Open to Public                        |  |  |
|         |  | enefit Guaranty Corporation                             | Complete all entries in accorda   | ance with the instru        | ictions to the Form 550  | 0-SF.                               | Inspection   |  |  |
|         | For calend                                       | Annual Report Id  | entification Information  | 01/2012                     | and ending               |                                     | 12/31/2012   |  |  |
|         |  | turn/report is for:                                     |   |                             | plan (not multiemployer) |                                     | a one-participant plan                             |  |  |
|         |  | turn/report is:   |   | he final return/report      |                          |                                     |  |  |  |
|         |  |   |   | •                           | m/report (less than 12 m | onthe                               |  |  |  |
|         | C Check  | box if filing under:                                    | DFVC program  |                             |                          |                                     |  |  |  |
|         |  | , je na se          | special extension (enter description)   | iutomatic extension. )      |                          |                                     |  |  |  |
|         | Part II  |   | nation-enter all requested informat   | lon                         |                          |                                     |  |  |  |
|         | 1a Name  |   |   |                             |                          | 1b                                  | Three-digit  |  |  |
|         | NATIONWIDE AUTOMOTIVE SERVICES, INC. 401(K) PLAN |   |   |                             |                          | (PN) 001                            |  |  |  |
|         |  |   |   |                             |                          | 1c                                  | Effective date of plan                             |  |  |
|         | 0  |   |   |                             |                          | ·                                   | 01/01/2006   |  |  |
|         | Za Plans<br>NATION                               | ponsor's name and addre                                 | ss; include room or suite number (em<br>SERVICES, INC.  | ployer, if for a single     | -employer plan)          |                                     | Employer Identification Number<br>(EIN) 65-0676103 |  |  |
|         | 7000 W   | . Palmetto Park   | Road  |                             |                          |                                     | Sponsor's telephone number<br>561-338-3151         |  |  |
|         | Suite  |   |   |                             |                          | 2d Business code (see instructions) |  |  |  |
|         | Boca R   |   | FL 33433  |                             |                          |                                     | 811110   |  |  |
|         |  | WIDE AUTOMOTIVE   | ddress Same as Plan Sponsor Nar   | me USame as Plai            | n Sponsor Address        |                                     | Administrator's EIN<br>65-0676103                  |  |  |
|         |  |   | SERVICED, INC.  |                             |                          | 3c                                  | Administrator's telephone number                   |  |  |
|         | 7000 W   | . Palmetto Park   | Road  |                             |                          | 1                                   | 561-338-3151                                       |  |  |
| 1       | Suite  |   |   |                             |                          |                                     |  |  |  |
|         | Boca R   |   | FL 33433  |                             |                          |                                     |  |  |  |
|         | 4 If the r<br>name                               | name and/or EIN of the pla<br>. EIN, and the plan numbe | an sponsor has changed since the las<br>ar from the last return/report.   | t return/report filed fo    | or this plan, enter the  | 4b                                  | EIN  |  |  |
|         | a Spons  |   | annan an a  |                             |                          | 4c                                  | PN   |  |  |
|         |  |   | he beginning of the plan year   |                             |                          | 5a                                  | 6  |  |  |
|         |  |   | he end of the plan year   |                             |                          | 5b                                  | 6  |  |  |
|         |  |   | ount balances as of the end of the pla  |                             |                          | 5c                                  | 2  |  |  |
|         | 6a Were  | all of the plan's assets du                             | ring the plan year invested in eligible   | assets? (See instruc        | tions.)                  |                                     |  |  |  |
|         | b Are yo   | u claiming a waiver of the                              | annual examination and report of an   | independent qualifie        | d public accountant (IQI | PA)                                 |  |  |  |
|         | If you   | answered "No" to eithe                                  | ee instructions on waiver eligibility and<br>r line 6a or line 6b, the plan cannot                                  | use Form 5500-SF            | and must instead use i   | Form !                              | XIYes    No<br>5500.                               |  |  |
|         |  |   | ncomplete filing of this return/repor   |                             |                          |                                     |  |  |  |
|         | Under pena<br>SB or Sche                         | ilties of perjury and other<br>dule MB completed and s  | penalties set forth in the instructions, I<br>igned by an enrolled actuary, as well                                 | declare that I have         | examined this return/rep | ort inc                             | luding if applicable a Schedule                    |  |  |
|         | bellet, it is t                                  | rue, correct, and complete                              | ).<br>  |                             |                          |                                     |  |  |  |
|         | SIGN   | 11-12   | <u>L</u>  | 2.11.13                     | ANTHONY ARENA            |                                     |  |  |  |
|         | HERE   | Signature of planyadmi                                  | nistrator   | Date                        | Enter name of individu   | al sign                             | ing as plan administrator                          |  |  |
|         | SIGN   | 110   | 1   | 2.11.13                     | Anthony Aren             | ıa                                  |  |  |  |
|         | HERE   | Signature of employer                                   | plan sponsor  | Date                        | Enter name of individu   | al sign                             | ing as employer or plan sponsor                    |  |  |
|         | Preparer's i                                     | name (including firm name                               | e, if applicable) and address; include n  | oom or suite number         | r (optional)             | Prepa                               | rer's telephone number (optional)                  |  |  |
|         |  |   | ,<br>,  |                             |                          |                                     |  |  |  |
|         |  |   |   |                             | Ļ                        |                                     |  |  |  |
|         |  | andra<br>Articles<br>Articles (1997) (1997)             |   |                             |                          |                                     |  |  |  |
|         | For Paperwo                                      | rk Reduction Act Notice an                              | d OMB Control Numbers, see the instruc  | tions for Form 5500 S       | 3F                       |                                     | Entre EEGA OF (POLIC)                              |  |  |
| <i></i> |  |   |   |                             |                          |                                     | Form 5500-SF (2012)<br>v. 120126                   |  |  |

1.04

Form 5500-SF 2012

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|   |  | (a) Beginning of Yea   | ar   |            |  | (b) End o     | f Year                |                     |
|---|--|--|--|------------|--|---------------|-----------------------|---------------------|
| a Total plan assets   | 7a   |  | 5745   | 59         |  |               |                       | 62466               |
| <b>b</b> Total plan liabilities   | 7b   |  |  | 0          |  |               |                       | 0                   |
| C Net plan assets (subtract line 7b from line 7a)   | 7c   |  | 5745   | 59         |  |               |                       | 62466               |
| 8 Income, Expenses, and Transfers for this Plan Year  |  | (a) Amount   |  |            |  | (b) To        | tal                   |                     |
| a Contributions received or receivable from:  |  |  |  | 0          |  |               |                       |                     |
| (1) Employers   | 8a(1)  |  |  | 0          |  |               |                       |                     |
| (2) Participants  | 8a(2)  |  |  | 0          |  |               |                       |                     |
| (3) Others (including rollovers)  | 8a(3)  |  | 815  | <u> </u>   |  |               |                       |                     |
| <ul> <li>b Other income (loss)</li> <li>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> </ul>   | 8b   |  | 013  |            |  |               |                       | 8155                |
| d Benefits paid (including direct rollovers and insurance premiums  | 80   |  |  | +          |  |               |                       | 0100                |
| to provide benefits)  | 8d   |  |  | 0          |  |               |                       |                     |
| e Certain deemed and/or corrective distributions (see instructions)   | 8e   |  |  | 0          |  |               |                       |                     |
| f Administrative service providers (salaries, fees, commissions)  | 8f   |  | 314  | 8          |  |               |                       |                     |
| g Other expenses  | 8g   |  |  | 0          |  |               |                       |                     |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h   |  |  |            |  |               |                       | 3148                |
| i Net income (loss) (subtract line 8h from line 8c)   | 81   |  |  |            |  |               |                       | 5007                |
| j Transfers to (from) the plan (see instructions)   | 8]   |  |  | 0          |  |               |                       |                     |
| Part IV Plan Characteristics  |  |  |  |            |  |               |                       |                     |
| 9a If the plan provides pension benefits, enter the applicable pension fe<br>2E 2J 2K 3D  | ature cod  | es from the List of Plan Chara   | acteris  | tic Co     | des in   | the instructi | ons:                  |                     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare fea  | ature code   | s from the List of Plan Charac   | cterísti   | c Cod      | es in t  | he instructio | ns:                   |                     |
| Part V Compliance Questions   |  |  |  |            |  |               |                       |                     |
|   | · · ·  |  |  | Yes        | Na   | l             |                       |                     |
| 10 During the plan year:  |  |  |  |            |  |               |                       |                     |
| a Was there a failure to transmit to the plan any participant contribution  | ons within   | the time period described in   |  | Tes        | No   | <i>F</i>      | mount                 |                     |
| a Was there a failure to transmit to the plan any participant contribution<br>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)  |  |  | 10a  | Tes        | X  | , F           | mount                 |                     |
|   | iary Corre<br>(Do not ir   | ction Program)   | 10a<br>10b   |            |  | F             | mount                 |                     |
| 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc<br>b Were there any nonexempt transactions with any party-in-interest?   | iary Corre<br>(Do not ir   | ction Program)   | 10Ь  | x          | x  |               |                       | 265000              |
| 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc<br>b Were there any nonexempt transactions with any party-in-interest?<br>on line 10a.)  | iary Corre<br>(Do not in<br>delity bone  | action Program)<br>Include transactions reported<br>d, that was caused by fraud  |  |            | x  |               |                       | 265000              |
| <ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li></ul>   | iary Corre<br>(Do not in<br>delity bon   | action Program)<br>Include transactions reported<br>d, that was caused by fraud  | 10b<br>10c   |            | x<br>x   |               |                       | 265000              |
| <ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc</li> <li>b Were there any nonexempt transactions with any party-in-interest?<br/>on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's file<br/>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othe<br/>insurance service or other organization that provides some or all of</li> </ul>  | Do not in<br>delity bond<br>r persons<br>the benef   | ction Program)<br>clude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See   | 10b<br>10c<br>10d  |            | x<br>x   |               |                       | 265000              |
| <ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc</li> <li>b Were there any nonexempt transactions with any party-in-interest?<br/>on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fidor dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)</li> </ul>   | iary Corre<br>(Do not in<br>delity bond<br>or persons<br>the benef   | action Program)<br>actude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See   | 10b<br>10c   |            | x<br>x<br>x<br>x   |               |                       | 265000              |
| <ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc</li> <li>b Were there any nonexempt transactions with any party-in-interest?<br/>on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's file<br/>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othe<br/>insurance service or other organization that provides some or all of</li> </ul>  | iary Corre<br>(Do not in<br>delity bond<br>or persons<br>the benef   | action Program)<br>actude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See   | 10b<br>10c<br>10d  |            | x<br>x<br>x  |               |                       | 265000              |
| <ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc</li> <li>b Were there any nonexempt transactions with any party-in-interest?<br/>on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's file<br/>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othe<br/>insurance service or other organization that provides some or all of<br/>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan's<br/>g Did the plan have any participant loans? (If "Yes," enter amount as</li> </ul>   | iary Corre<br>(Do not ir<br>delity bond<br>or persons<br>the benef<br>?<br>  | action Program)<br>nclude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See   | 10b<br>10c<br>10d<br>10e   |            | x<br>x<br>x<br>x   |               |                       | 265000              |
| <ul> <li>29 CFR 2610.3-102? (See instructions and DOL's Voluntary Fiduc</li> <li>b Were there any nonexempt transactions with any party-in-interest?<br/>on line 10a.)</li></ul>  | iary Corre<br>(Do not ir<br>delity bond<br>or persons<br>the benef<br>?<br>  | Action Program)<br>Active transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See<br>ad.)   | 10b<br>10c<br>10d<br>10e<br>10f                                      |            | x<br>x<br>x<br>x<br>x<br>x   |               |                       | 265000              |
| <ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc</li> <li>b Were there any nonexempt transactions with any party-in-interest?<br/>on line 10a.)</li></ul>  | delity bond<br>delity bond<br>or persons<br>the benef<br>?<br>   | Action Program)<br>Active transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See<br>actions and 29 CFR<br>notice or one of the   | 10b<br>10c<br>10d<br>10e<br>10f<br>10g                               |            | x<br>x<br>x<br>x<br>x<br>x<br>x<br>x                               |               |                       | 265000              |
| <ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's file or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (S 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-</li> </ul>                                | delity bond<br>delity bond<br>or persons<br>the benef<br>?<br>   | Action Program)<br>Active transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See<br>actions and 29 CFR<br>notice or one of the   | 10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h                        |            | x<br>x<br>x<br>x<br>x<br>x<br>x<br>x                               |               |                       | 265000              |
| <ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc</li> <li>b Were there any nonexempt transactions with any party-in-interest?<br/>on line 10a.)</li></ul>  | delity bond<br>delity bond<br>of persons<br>the benef<br>of year en<br>See instruct<br>of required<br>3                      | action Program)<br>actude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See<br>actions and 29 CFR<br>notice or one of the<br>es," see instructions and com  | 10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h<br>10i                 | X          | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X                               | (Form         |                       |                     |
| <ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc</li> <li>b Were there any nonexempt transactions with any party-in-interest?<br/>on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fidor dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount as h if this is an individual account plan, was there a blackout period? (S 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-</li> <li>i Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)</li> </ul> | iary Corre<br>(Do not in<br>delity bond<br>or persons<br>the benef<br>?<br>of year en<br>See instruct<br>a required<br>3<br> | action Program)<br>clude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See<br>ad.)  | 10b<br>10c<br>10d<br>10d<br>10f<br>10g<br>10h<br>10i                 | X          | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X                               | (Form         | 2                     |                     |
| <ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc</li> <li>b Were there any nonexempt transactions with any party-in-interest?<br/>on line 10a.)</li></ul>  | iary Corre<br>(Do not in<br>delity bond<br>or persons<br>the benef<br>?<br>  | action Program)<br>active transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See<br>actions and 29 CFR<br>notice or one of the<br>es," see instructions and com  | 10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h<br>10i                 | X          | X<br>X<br>X<br>X<br>X<br>X<br>X<br>ule SE                          | G (Form       | 2<br>Yes              |                     |
| <ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc</li> <li>b Were there any nonexempt transactions with any party-in-interest?<br/>on line 10a.)</li></ul>  | iary Corre<br>(Do not in<br>delity bon-<br>of persons<br>the benef<br>?<br>of year en<br>See Instruct<br>a required<br>3<br> | action Program)<br>active transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See<br>actions and 29 CFR<br>notice or one of the<br>es," see instructions and com  | 10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h<br>10i                 | X          | X<br>X<br>X<br>X<br>X<br>X<br>X<br>ule SE                          | G (Form       | 2<br>Yes              | No                  |
| <ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>  | iary Corre<br>(Do not in<br>delity bon-<br>pr persons<br>the benef<br>?<br>of year en<br>See instruct<br>a required<br>3<br> | action Program)<br>active transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See<br>add, )<br>add, )<br>ations and 29 CFR<br>anotice or one of the<br>es," see instructions and com<br>ations of section 412 of the Code<br>ble.)<br>d in this plan year, see instructions       | 10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h<br>10i<br>10i<br>0r se | X<br>Sched | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>Uule SE                    | ERISA?        | 2<br>   Yes<br>   Yes | X No                |
| <ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>  | iary Corre<br>(Do not in<br>delity bon-<br>pr persons<br>the benef<br>?<br>of year en<br>See instruct<br>a required<br>3<br> | action Program)<br>active transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>its under the plan? (See<br>actions and 29 CFR<br>actions and 29 CFR<br>notice or one of the<br>es," see instructions and com<br>actions and complete the code<br>ble.)<br>d in this plan year, see instructions and com | 10b<br>10c<br>10d<br>10e<br>10f<br>10g<br>10h<br>10i<br>10i<br>0r se | X<br>Sched | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>Ulle SE<br>111a<br>1002 of | ERISA?        | 2<br>Yes              | □ No       X     No |

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|------|-----|--|

| c Enter the amount contributed by the employer to the plan for this plan year   | 12c         |         |              |
|---|-------------|---------|--------------|
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)   |             |         |              |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline?  |             | Yes     |              |
| Part VII Plan Terminations and Transfers of Assets  | <u>-</u>    |         |              |
| 13a Has a resolution to terminate the plan been adopted in any plan year?   |             | Yes X N | lo           |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year   |             |         |              |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?   | the control | 1       | Yes 🛛 No     |
| C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.) | n(s) to     |         |              |
| 13c(1) Name of plan(s):   | 13c(2) E    | IN(s)   | 13c(3) PN(s) |
|   |             |         |              |
|   |             |         |              |
| Part VIII Trust Information (optional)  |             |         |              |
|   |             |         |              |

440 11-----

| 14a Name of trust  | 14b Trust's EIN |
|--|-----------------|
|  |                 |
| ·教育会会会开放,这些你们的问题,你们的问题,你们的问题,你们的问题,你们的问题,你们的问题,你们的问题,你们的问题,你们的问题,你们的问题,你们的问题,你们的问题 |                 |
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