Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in accorda	ance with the instruc	tions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part I	Annual Report lo	dentification Information								
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013				
A This ret	turn/report is for:			an (not multiemployer)		a one-partici	pant plan			
B This ret	turn/report is:	the first return/report	he final return/report							
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)					
C Check box if filing under: Form 5558 automatic extension DFVC program										
Part II	Racio Plan Infor	special extension (enter description mation—enter all requested information)	,							
		mation—enter all requested information	1011		1h	Throo digit				
1a Name		/ICES, INC. 401(K) PLAN			וו	Three-digit plan number				
INATIONVID	L AUTOMOTIVE CERV	1020, 110. 401(K) 1 EAN				(PN) ▶	001			
					1c	Effective date of	f plan			
						01/01	/2006			
2a Plan s	ponsor's name and addr DE AUTOMOTIVE SER\	ress; include room or suite number (en /ICES, INC.	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 65-06	fication Number 76103			
7000 W PA	LMETTO PARK ROAD				2c	Sponsor's telep				
SUITE 200	ON, FL 33433				2d	Business code 81111	(see instructions)			
3a Plan a	dministrator's name and	I address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's				
					3c	Administrator's	telephone number			
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN				
	, EIN, and the plan num or's name	ber from the last return/report.			4c	PN				
5a Total	number of participants a	t the beginning of the plan year			5a		6			
b Total i	number of participants a	t the end of the plan year			5b		6			
		ccount balances as of the end of the pl	,	•	5c		5			
6a Were	all of the plan's assets	during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No			
		he annual examination and report of a					₩ waa □ Na			
		(See instructions on waiver eligibility an					X Yes No			
-		ner line 6a or line 6b, the plan canno					1			
C If the p	olan is a defined benefit	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?	····· <u></u>	Yes No	Not determined			
Caution: A	penalty for the late or	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	se is	established.				
SB or Sche		er penalties set forth in the instructions. I signed by an enrolled actuary, as wel ete.								
SIGN	· · · · ·	alid electronic signature.	05/28/2014	ANTHONY ARENA						
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ıal sin	ıning as nlan adı	ninistrator			
OLON	Signature of plan au	illinistrator	Date	Litter flame of flatviot	marviadai signing as pian administrator					
SIGN HERE										
	Signature of employers name (including firm name)	er/plan sponsor me, if applicable) and address; include	room or suite numbe	Enter name of individur (optional)			er or plan sponsor number (optional)			
i reparer s	name (morading mm na	me, ii applicasio, and address, include	Toom of Suite Humbe	(optional)	ТОР	arer o telepriorie	namber (optional)			

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Do	t III Financial Information							
Pai	t III Financial Information	<u> </u>			T			
7	Plan Assets and Liabilities	(a) Beginning of Y					(b) End of Year	
	Total plan assets		62466			126412		
	Total plan liabilities	. 7b		0	-		0	
	Net plan assets (subtract line 7b from line 7a)	- 7c	6246	6	-		126412	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	. 8a(1)	1779	2				
	(2) Participants	8a(2)	3579	8				
	3) Others (including rollovers)			0				
	Other income (loss)	8b	1067	7				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					64267	
	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	. 8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0				
f	Administrative service providers (salaries, fees, commissions)	. 8f	32	1				
g	Other expenses	. 8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					321	
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i					63946	
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2G	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:	
Part	V Compliance Questions							
10								
a		tions withi	in the time period described in				7 unounc	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		
	'				X			_
<u>c</u>				10c	,,		26500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all							
	instructions.)			10e	X		234	40
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10ii				
Part	1 1 0 11	1-5		101				
		onto? (If "	Voc. " and instructions and com	nloto	Soboo	lula CE	2 (Form	
	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				_			
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	enter th Day		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Fo	rm 5500), and skip to line 13.		-		1	
h	Enter the minimum required contribution for this plan year					12b		

Page	3 -	1
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С	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)	12d		
е	Will the 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 resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calenda	r plan year 2013 or fi	scal plan year beginning	01/01/2013	and ending	12/31/2013					
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	oyer) a one-participant plan					
	urn/report is:	_	_							
	B This return/report is:									
C Check box if filling under: Form 5558 automatic extension						DFVC program				
• Check b	ox ii iiiiig diidei.		Ļ] by the program						
Dowt II	Pacia Blan Info	special extension (enter descrip	W. A. C.							
Part II		ormation—enter all requested info	rmation		1h	Three-digit				
1a Name of plan NATIONWIDE AUTOMOTIVE SERVICES, INC. 401(K) PLAN						plan number				
20000 - 3700			(PN) • 001							
					1c Effective date of plan 01/01/2006					
		ddress; include room or suite number	(employer, if for a single	-employer plan)	2b 1	Employer Identification Number				
NATION	VIDE AUTOMOTI	VE SERVICES, INC.				(EIN) 65-0676103				
7000 W.	Palmetto Pa	rk Road			September 1	Sponsor's telephone number 561-338-3151				
Suite 2	200				2d	Business code (see instructions)				
Boca Ra	8.2	FL 33433				811110				
3a Plan ad	lministrator's name a	nd address XSame as Plan Sponso	or Name XSame as Pla	n Sponsor Address	3b /	Administrator's EIN				
					3c /	Administrator's telephone number				
4 If the n	ame and/or FIN of th	e plan sponsor has changed since th	ne last return/report filed f	or this plan, enter the	4b	FIN				
		imber from the last return/report.	.o .ao. rotalia oport ilioa .		TO LIN					
a Sponso	or's name				4c PN					
5a Total r	number of participants	s at the beginning of the plan year			5a	6				
b Total r	number of participants	s at the end of the plan year			5b	6				
		account balances as of the end of th	A B B	1	5c	5				
6a Were	all of the plan's asset	ts during the plan year invested in eli	gible assets? (See instru	ctions.)		X Yes No				
		of the annual examination and report								
		6? (See instructions on waiver eligibili				A STATE OF THE PARTY OF THE PAR				
		either line 6a or line 6b, the plan ca								
C If the p	lan is a defined bene	fit plan, is it covered under the PBGC	C insurance program (see	ERISA section 4021)?		Yes No Not determined				
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cau	use is e	established.				
Under pena	alties of perjury and o	ther penalties set forth in the instructi	ions, I declare that I have	examined this return/rep	port, inc	cluding, if applicable, a Schedule				
SB or Sche	dule MB completed a rue, correct, and com	and signed by an enrolled actuary, as	s well as the electronic ve	rsion of this return/report	t, and to	o the best of my knowledge and				
Dollor, it io t	140, 0011001, 114 00									
SIGN HERE	/-/		05,28,14	ANTHONY ARENA						
HEIKE	Signature of plan	administrator	Date	Enter name of individ	ual sigr	ning as plan administrator				
SIGN										
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)						arer's telephone number (optional)				

Pai	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a		6246	6		126412
b	Total plan liabilities	7b			0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	(6246	6		126412
8 Income, Expenses, and Transfers for this Plan Year			(a) Amount				(b) Total
а	Contributions received or receivable from:	8a(1)		1779	2		
	(1) Employers	<u> </u>		3579			
	(2) Participants	8a(2)		,,,,	0		
	(3) Others (including rollovers)	8a(3) 8b		1067	7		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			╁	***************************************	64267
	Benefits paid (including direct rollovers and insurance premiums	00			+		0.230.
	to provide benefits)	8d			0		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e			0 .		
f	Administrative service providers (salaries, fees, commissions)	8f		32	1		
<u>g</u>	Other expenses	. 8g			0		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					321
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			_ _		63946
j	Transfers to (from) the plan (see instructions)	8j			0		·.
Pai	t IV Plan Characteristics				-		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2G	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	fes in t	he instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		х	
b		l? (Do not	include transactions reported	10b		х	
	Was the plan covered by a fidelity bond?			10c	Х		265000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		х	
—е							
	insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e	Х		2340
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		х	
h		(See instr	uctions and 29 CFR	10h		х	
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require 1-3	d notice or one of the	10i			
Par							
11							
118	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39						
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		ng amortiz	ed in this plan year, see instru		, and	enter ti Day	ne date of the letter ruling Year
It	you completed line 12a, complete lines 3, 9, and 10 of Schedul	le MB (Fo	rm 5500), and skip to line 13.				
ł	Enter the minimum required contribution for this plan year			**********	<u> </u>	12b	

•					
С	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).	. 12d			
е	Will the 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 resolution to terminate the plan been adopted in any plan year?	,	Yes X	No	
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	he control	Yes X No		
С	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.)	(s) to			
	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)	
•					
Part	VIII Trust Information (optional)				
$\overline{}$	Name of trust	14b T	rust's EIN	J	

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