## 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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit NATIONWIDE AUTOMOTIVE SERVICES, INC. 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2006 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number NATIONWIDE AUTOMOTIVE SERVICES, INC. (EIN) 65-0676103 Sponsor's telephone number 561-338-3151 7000 W. PALMETTO PARK ROAD SUITE 200 Business code (see instructions) BOCA RATON, FL 33433 811110 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ...... 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	09/16/2015	ANTHONY ARENA				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address (		oom or suite number	r) (optional)	Preparer's telephone number (optional)			

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								Yes Yes	     	No No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)?		Yes	No [	Not	deteri	mined	ŀ
Par	t III Financial Information		<u> </u>								_
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Ye			
<u>a</u>	Total plan assets	_				1926					
	Total plan liabilities								1000	0	
	Net plan assets (subtract line 7b from line 7a)	7c	1264				1926	19			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal			
	Contributions received or receivable from: (1) Employers	8a(1)	193	374							
	(2) Participants	8a(2)	401	121							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	67	712							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							662	07	
	Benefits paid (including direct rollovers and insurance premiums	04		0							
	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8d 8e		0							_
	Administrative service providers (salaries, fees, commissions)	8f		0							
	Other expenses	8g		0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
	Net income (loss) (subtract line 8h from line 8c)	8i							662	07	
	Transfers to (from) the plan (see instructions)										
Par	t IV Plan Characteristics	<u> </u>	l								
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	tic Coc	les in t	he instruct	ions:			_
10	During the plan year:				Yes	No		Amo	unt		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ					
С	Was the plan covered by a fidelity bond?			10c	X					2650	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X					39	67
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	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			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	<u> </u>	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a		1			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA?		Yes	<b>X</b>	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		he le Yea		ling	_

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 1	3.		
b	Enter the minimum required contribution for this plan year		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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		nt under the contro	1	Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify	the plan(s) to		
1	3c(1) Name of plan(s):		13c(2)	EIN(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pension B	Benefit Guaranty Corporation	➤ Complete all entries in a	accordance with the instr	uctions to the Form 55	00-SF.	Public Inspection			
Part I	Annual Repor	t Identification Information							
For calend	lar plan year 2014 or t	iscal plan year beginning	01/01/2014	and ending	12,	/31/2014			
A This return/report is for:  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)  a one-participant plan  b This return/report is  the first return/report  an amended return/report  a short plan year return/report (less than 12 months)									
C Check	box if filing under:	X Form 5558	automatic extension			FVC program			
		special extension (enter descri	iption)						
Part II	Basic Plan Inf	ormation—enter all requested info	ormation						
1a Name NATION	of plan WIDE AUTOMOTI		1b Three-digit plan number (PN) ▶						
						ctive date of plan			
		ddress; include room or suite numbe VE SERVICES, INC.	er (employer, if for a single-	employer plan)		loyer Identification Number ) 65-0676103			
7000 W	. Palmetto Pa	rk Road				nsor's telephone number -338-3151			
Suite Boca R		FL 33433			2d Business code (see instructions) 811110				
		nd address XSame as Plan Spons	or.		3b Administrator's EIN				
name	, EIN, and the plan nι	e plan sponsor has changed since t umber from the last return/report.	he last return/report filed fo	r this plan, enter the	4b EIN				
	or's name				4c PN				
i i		at the beginning of the plan year		}	5a				
	A S A S A S A S A S A S A S A S A S A S	s at the end of the plan year			5b	7			
compl	ete this item)	account balances as of the end of the account balances as of the end of the end of the end of the end of the pla			5c	5			
2000 BOOL 5000	on the property of the control of th	Secretaria esta de la companya de l			5d(1)	7			
		articipants at the end of the plan year erminated employment during the pl		}	5d(2) 5e	7			
						0			
Under pens SB or Sche	alties of perjury and o	or incomplete filing of this return ther penalties set forth in the instruct and signed by an enrolled actuary, as plete.	tions, I declare that I have e	examined this return/rep	ort, includir	ng, if applicable, a Schedule			
SIGN		///	9/15/15	ANTHONY ARENA					
HERE	Signature of plan	administrator	Date	Enter name of individu	ial signing a	as plan administrator			
SIGN		///	9/15/15	ANTHONY ARENA					
Preparer's	Signature of emptor name (including firm i	oyer/pjan sponsor name/, if applicable) and address (inc	Date clude room or suite number			as employer or plan sponsor telephone number (optional)			

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b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannuf the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must Instea	nt (IQ d use	PA) Form	5500.		X	Yes Yes letern	No No No
Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Yea	ar	
а	Total plan assets	7a		2641	2				1	92619
b	Total plan liabilities	7b			0					0
	Net plan assets (subtract line 7b from line 7a)	7c	1:	2641	.2				1	92619
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			<b></b>	(b) Te	nfal		
	Contributions received or receivable from:	· · ·	(a) Anount						V. (2.5)	
	(1) Employers	8a(1)		1937	4	hahak			Makib	granes.
	(2) Participants	8a(2)		4012	1					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		671	2					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								66207
d	Benefits paid (including direct rollovers and insurance premiums				14.					
•	to provide benefits)	8d			0			giii.		e kan si Si Si Si Si
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0	janiji,		yani.		
f	Administrative service providers (salaries, fees, commissions)	8f			0	SIAN				
g	Other expenses	8g	'		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			ani Na					0
i	Net income (loss) (subtract line 8h from line 8c)	8i		High.				-		66207
Ť	Transfers to (from) the plan (see instructions)	8]			0		\$145 \$445 \$45 \$2	A. Salar		
Do	t IV Plan Characteristics	<u> </u>			<u> </u>					
b	2E 2J 2K 3D 2G  If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	c Cod	es in th	ne instructio	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amoı	int	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		х				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				<u>.</u>
	Was the plan covered by a fidelity bond?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10c	Х				2	65000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all cinstructions.)	of the ben	efits under the plan? (See	10e	х					3967
f	Has the plan failed to provide any benefit when due under the plan	າ?	***************************************	10f		х				
q	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	nd.)	10g		х				
<u>_</u>	If this is an individual account plan, was there a blackout period? (	·····	· ·	109				:	5.5.5	,
i	2520.101-3.)			10h		X			<u> </u>	
Part	exceptions to providing the notice applied under 29 CFR 2520.101			10i	:					
11	Is this a defined benefit plan subject to minimum funding requirement	ents? (If "\	es." see instructions and com	plete	Schen	lule SR	(Form	,		
	5500) and line 11a below)								Yes	No
	Enter the unpaid minimum required contribution for current year fro	•				11a		П	Yes	V Na
12	is this a defined contribution plan subject to the minimum funding	<del></del>		orse	ction :	302 of 6	:KISA?[		148	X No
а	(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 bein granting the waiver.	ıg amortize	ed in this plan year, see instruc		and e	nter the		e lette Year	er rulii	ng

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	orm 5500), and	skir	p to line 13.					
b	Enter the minimum required contribution for this plan year	***************************************			12b				
C	Enter the amount contributed by the employer to the plan for this plan year	Γ			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)									
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?							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	rthis year			13a				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						control Yes X N			
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	olan to another p	lan(	(s), identify the plan(s)	to				
1	3c(1) Name of plan(s):			1	13c(2) EIN(s)			13c(3	) PN(s)
	VIII Trust Information (optional)								
14a i	lame of trust				14b ⊺	Trust's Ell	N		