## 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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information							
For calenda	r plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12	2/31/2014				
A This retu	urn/report is for:	a single-employer plan		r plan (not multiemployer) ployer information in accor					
		a one-participant plan							
<b>B</b> This retur	rn/report is	the first return/report	the final return/report						
	·	an amended return/report	nonths)						
C Check b	ox if filing under:	X Form 5558	automatic extensio	n	DFVC prog	gram			
		special extension (enter des	cription)						
Part II	Basic Plan Inf	ormation—enter all requested i	nformation						
1a Name o		one an equeen			<b>1b</b> Three-digit				
	•	ICS, INC. 401K PLAN			plan number				
					(PN) ▶	001			
					1c Effective date 01/	of plan 01/2012			
2a Plan sp	onsor's name and a	ddress; include room or suite num	ber (employer, if for a sing	le-employer plan)	2b Employer Ide				
FAG AUTOM	JIIVE DIAGNOSTI	US, INC.			(=,	3072635			
635 SEAMAN	AVE				2c Sponsor's tel	ephone number 223-6740			
	OWIN, NY 11510					e (see instructions)			
3a Plan ad	lministrator's name	and address XSame as Plan Spo	neor		<b>3b</b> Administrator	1300 'e FIN			
<b>Ja</b> mamaa		and address Foams as Fian ope	11001.		7 tarriiriistrator	o Liiv			
					<b>3c</b> Administrator	s telephone number			
4					41				
		he plan sponsor has changed sincumber from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN				
<b>a</b> Sponso	r's name				4c PN				
<b>5a</b> Total n	umber of participant	s at the beginning of the plan year			5a	1			
	•	s at the end of the plan year			5b	1			
		n account balances as of the end c			5c	1			
•	,	articipants at the beginning of the			5d(1)	1			
<b>d(2)</b> Tota	Il number of active p	articipants at the end of the plan y	ear		5d(2)				
		terminated employment during the			5e	(			
		or incomplete filing of this retu			use is established				
		other penalties set forth in the instr				licable, a Schedule			
SB or Sched	dule MB completed	and signed by an enrolled actuary,							
	ue, correct, and cor	npiete. d/valid electronic signature.							
SIGN HERE	Signature of plan	-	Date	Enter name of individual signing as plan administrator					
SIGN	o.g.iatare or plan	adminiotrator	Date	Enter hame of marvie	ad pidir d	STATION CO.			
HERE	Signature of omn	lovor/plan spansor	Date	Enter name of individ	lual signing as ample				
D========	Signature of empl	OVENDIAN SUUNSUI	Dale	Enter name of individ	iuai siyiiiiy as eiiipi0	War ar alan caancar			
i Preparers n	name (including firm	name, if applicable) and address	include room or suite nun	nber ) (optional)		yer or plan sponsor ne number (optional)			
Preparer's n	name (including firm	name, if applicable) and address	include room or suite nun	nber ) (optional)		ne number (optional)			
Preparer's n	name (including firm	name, if applicable) and address (	(include room or suite nun	nber) (optional)					
Preparer's n	name (including firm	name, if applicable) and address (	(include room or suite nun	nber) (optional)					

	Form 5500-SF 2014		Page <b>2</b>							
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							<u>.</u>	′es 🗌	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	)21)?		Yes	No	Not de	termin	ed
Par	t III   Financial Information		Г							
	Plan Assets and Liabilities		(a) Beginning of Yea		+		(b) End			
	Total plan assets	7a 	409	909	_			•	61165	
	Total plan liabilities	7b	409	209					61165	
	Net plan assets (subtract line 7b from line 7a)	7c		,00	+		(b) T		71100	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	21	198						
	(2) Participants	8a(2)	175	500						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	5	558						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-	20256	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	Net income (loss) (subtract line 8h from line 8c)	8i							20256	
J	Transfers to (from) the plan (see instructions)	8j								
Par		_								
9a	If the plan provides pension benefits, enter the applicable pension ${}_{2}\text{E} \hspace{0.1cm} {}_{2}\text{J} \hspace{0.1cm} {}_{3}\text{D}$	reature co	des from the list of Plan Char	acteris	Stic Co	aes in	tne instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructi	ons:		
Part					1					
10	During the plan year:	d 20-1	and the control of the control of the		Yes	No		Amou	nt	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's	-	•							
е	or dishonesty?	ner person	s by an insurance carrier,	10d		X				
	instructions.)			10e		Χ				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a		,	10g		X				
	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										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							\	'es X	No
	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a	<u> </u>			
12	Is this a defined contribution plan subject to the minimum funding			or se	ection (	302 of	ERISA?	\	'es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·	- 1.						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne lette Year _	r ruling	

	Form 5500-SF 2014	Page <b>3</b> - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
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?		🔲 Y	′es 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?		inder the control		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 th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(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
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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2014

This Form is Open to Public Inspection

Part I Annual Report	Identification Information							
or calendar plan year 2014 or fi		01/01/2014	and ending	12/31/2014				
A This return/report is for:	a single-employer plan 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 foreign plan							
B This return/report is:	the first return/report	the final return/report	·					
	an amended return/report	a short plan year return	n/report (less than 12 n	nonths)				
C Check box if filing under:	Form 5558	automatic extension	·	DFVC progra	am			
Part II Basic Plan Info	ormation enter all requested	· · · · · · · · · · · · · · · · · · ·	•••		<u> </u>			
<b>1a</b> Name of plan	officialion effer all requested	momaton		1b Three-digit				
·				plan number	001			
FXG Automotive Dia	gnostics, Inc. 401k Pla	<b>n</b>		(PN) ► 1c Effective date				
				01/01/2012	•			
2a Plan sponsor's name and a FXG Automotive Dia	nddress; include room or sulte numb Ignostics, Inc.	per (employer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 11-3072635				
				2c Sponsor's telephone number (516) 223-6740				
635 Seaman Ave.				2d Business code 441300	ness code (see instructions)			
3a Plan administrator's name	and address 🗓 Same as Plan Sp	onsor Name		3b Administrator's	EIN			
				3c Administrator's	telephone number			
	he plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN				
a Sponsor's name				4c PN	<u>.                                    </u>			
5a Total number of participant	ts at the beginning of the plan year	***************************************	44441144		1			
, ,	ts at the end of the plan year			5b	1			
• •	h account balances as of the end of	, - ,		5c	1			
•	articipants at the beginning of the p			5d(1)	1			
	articipants at the end of the plan ye			5d(2)	1			
	t terminated employment during the			5e	0			
	te or incomplete filing of this retu	rn/report will be assessed	l unless reasonable c	ause is established				
Under penalties of perjury and	other penalties set forth in the instr d and signed by an enrolled actuary	uctions, I declare that I have	e examined this return/	report, including, if app	olicable, a Schedule my knowledge and			
SIGN Franci !	0. /2l	9-26-15	Francis X	. Gilmour	_			
HERE Signature of plan at	iministrator	Date	Enter name of individ	ual signing as plan adr	ninistrator			
	2 H-P	9-26-15	_	c. Gilmou				
SIGN HERE Signature of employ	verinian sponsor	Date		ual signing as employe				
	n name, if applicable) and address;		·		e number (optional)			
			,,,,,					
1								

	Form 5500-SF 2014		Page <b>2</b>						
6a	Were all of the plan's assets during the plan year invested in eligible		(Spe instructions )						
b	Are you claiming a waiver of the annual examination and report of a	n indepen	(See instructions.)dent qualified public accounts		 Ο Λ \	******	*******	X Yes	∐ No
	under 29 CFR 2520 104-462 (See instructions on waiver aligibility and conditions)						**********	X Yes	□No
	if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500								
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA section 40	21)?		□ Y	es 🔲 No	Not	determined
P	int III Financial Information								_
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of Yea	ir			(b) End	of Year	
a	Total plan assets	7a	40,9	09				61	,165
b	Total plan liabilities	7b		_				_	
8	Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year	7c	40,9	09				61	,165
a	Contributions received or receivable from:		(a) Amount			macin	(b) T	otal	
	(1) Employers	8a(1)	2,1	98					
	(2) Participants	8a(2)	17,5	00					
<u>b</u>	(3) Others (including rollovers)	8a(3)		_					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	5	58					
d	Benefits paid (Including direct rollovers and Insurance premiums	8c				inenen	(i varani i i i i i i i i i i i i i i i i i i	20	, 256
	to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
g h	Other expenses (add lines Rd Re Rf and Re)	8g							
<del>''</del>	Total expenses (add lines 8d, 8e, 8f, and 8g)  Net income (loss) (subtract line 8h from line 8c)	8h				_			
i	Transfers to (from) the plan (see instructions)	8i   8i				<b>551341</b> 452		20	, 256
Pa	rtilV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Charge	todet			H t- t t		
	2E 2J 3D		sa nom the clat of Fight Chalde	iensi	ic Coo	es in	the instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Characte		Cada		ha taal		
				511500	COUR	5 111 1	ne instrucțio	ns:	
Pa	nt V Compliance Questions								<del></del>
<u>10</u>	During the plan year:				Yes	No		Amount	<del></del>
а		ions within	the time period described in						
b	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest?	Do not in	clon Program)	10a	_	_X			
	on line 10a.)	***********		10b		X			
	Was the plan covered by a fidelity bond?	*******	***************************************	10c		x			
d		idelity boni	d, that was caused by fraud						
e	or dishonesty?		hu an ingurence	10d		Х			
	insurance service, or other organization that provides some or all o	if the bene	fits under the plan? /Sea		i				
	instructions.)	**********	***************************************	10e		X			
	Has the plan failed to provide any benefit when due under the plan			10f		x			
<u>g</u>	The state of the s			10g	_	x	"		
h		See instruc	ctions and 29 CFR						
i	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the	***************************************		10h		X			
	exceptions to providing the notice applied under 29 CFR 2520.101-	e required 3	notice or one of the	10i					
Pa	TVI Pension Funding Compliance		•	101					
11	Is this a defined benefit plan subject to minimum funding requirements	nte2 /if "V	'es " son instructions and						
	3300) and line ( (a pelow)	******	***************************************	******	********	S	B (Form	□ Ye	x No
11:	Enter the unpaid minimum required contribution for current year fro	m Schedu	le SB (Form 5500) line 39	*******					
_12	Is this a defined contribution plan subject to the minimum funding re	equiremen	ts of section 412 of the Code of	orsec	tion 30	 )2 of	ERISA?	Ye	x No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applical	ble.)						
а	If a waiver of the minimum funding standard for a prior year is being	amortize:	d in this plan year, see instruct	ions,	and er	nter t	he date of th	ne letter r	uling
	granting the waiver		Mon	th _		. Da		Year	-

	Form 5500-SF 2014	Page 3-	7					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500		 line 13.					
	Enter the minimum required contribution for this plan year			12b				
		,		7	I			
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 negative amount)	a minus sign to	the left of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding dead				Yes [	No □ N/A		
Parl	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************		.     Y	es 🗓 N	0		
	If "Yes," enter the amount of any plan assets that reverted to the employer this yea	Γ		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?	nother plan, or i	brought under the	control		Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to ar which assets or liabilities were transferred. (See instructions.)	other plan(s), i	dentify the plan(s)	to				
•	13c(1) Name of plan(s):		1:	3c(2) EIN	(s)	13c(3) PN(s)		
Pari	Part VIII Trust Information (optional)							
14a Name of trust					14b Trust's EIN			
				1				

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