Form 5500	-SF	Short Form Annu	oyee	C	OMB Nos. 1210-0110 1210-0089					
Department of the Trea Internal Revenue Ser		This form is required to be fil	Benefit Pla		etirement		2015			
Employee Benefits Security Ad	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Retirement Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Benefits Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
-				nstructions to the Form 5	500-SF.		c Inspection			
Part IAnnualFor calendar plan year 2		lentification Information al plan year beginning 01/01/		and ending 1	2/31/2015					
A This return/report is	×	a single-employer plan	a multiple-employ	er plan (not multiemployer) g employer information in ad	(Filers check	-				
B This return/report is		the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 m	ionths)					
C Check box if filing ur	nder:	Form 5558 special extension (enter descent	automatic extension	on	[] D	FVC progra	m			
Part II Basic P	lan Inforr	nation—enter all requested in								
1a Name of plan FXG AUTOMOTIVE DIA		·			(PN)	umber	001 Dlan			
_						01/01/	2012			
Mailing address (ind	clude room,	r, if for a single-employer plan) apt., suite no. and street, or P. country, and ZIP or foreign pos		instructions)	(EIN)	11-30				
FXG AUTOMOTIVE DIAGNOSTICS, INC.					2c Sponsor's telephone number 516-223-6740					
35 SEAMAN AVE. IORTH BALDWIN, NY 11	1510				20 Busine	ess code (se 54199	ee instructions)			
3a Plan administrator's	s name and	address XSame as Plan Spor	isor.		3b Admir	istrator's El	N			
					3c Admir	istrator's te	lephone number			
4 If the name and/or	EIN of the p	lan sponsor has changed since	the last return/report fil	ed for this plan, enter the	4b EIN					
name, EIN, and the a Sponsor's name	e plan numb	er from the last return/report.			4c PN					
5a Total number of pa	rticipants at	the beginning of the plan year.			5a		1			
		the end of the plan year			5b		1			
• •		count balances as of the end of		•	5c		1			
d(1) Total number of	active partic	cipants at the beginning of the p	lan year		5d(1)		1			
		cipants at the end of the plan ye			5d(2)		1			
than 100% vested		minated employment during th			5e		0			
Under penalties of perju	iry and othe npleted and	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary,	ctions, I declare that I h	ave examined this return/re	port, includin	g, if applica				
SIGN Filed with a		lid electronic signature.	10/05/2016	FRANCIS GILMOUR						
	of plan adr	ninistrator	Date	Enter name of individ	lual signing a	s plan admi	nistrator			
SIGN HERE Signature	of employe	r/plan sponsor	Date	Enter name of individ	lual signing a	s emplover	or plan sponsor			
		ne, if applicable) and address (i			Preparer's					
For Paperwork Reduction	Act Notice a	and OMB Control Numbers, see ti	ne instructions for Form 5	500-SF.		F	orm 5500-SF (2015)			

b	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b 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. 									res 🗌 No res 🗌 No		
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	termined		
Ра	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning					(b) En	d of Year			
<u>a</u>	Total plan assets	7a		61	165				8	37313		
b	Total plan liabilities	7b				_						
	Net plan assets (subtract line 7b from line 7a)	7c		61165					6	37313		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	(a) Amount				(b)	Total			
a	Contributions received or receivable from: (1) Employers	8a(1)		2	400							
	(2) Participants	8a(2)		18	000							
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b		5	748							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	26148		
d	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										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h										
i	Net income (loss) (subtract line 8h from line 8c)								2	26148		
j	Transfers to (from) the plan (see instructions)	8j										
Pa	rt IV Plan Characteristics		•									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2J$ $3D$	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the instr	uctions:			
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	les in th	e instru	ctions:			
Par	t V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amou	at .		
a		tions with	in the time period		103	110			Amou			
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		x						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x						
С	Was the plan covered by a fidelity bond?			10c		х						
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х						
e		ner persor ne or all of	is by an insurance the benefits under	10e		Х						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year o	end.)	10g		Х						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	10g		Х						
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10"	ne require	d notice or one of the	10i								
j	Did the plan trust incur unrelated business taxable income?			10j								
Par	VI Pension Funding Compliance			·	-	-		-				
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions a	and cor	nplete	Sched	ule SB	(Form				
	5500) and line 11a below)								Y	'es X No		

11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	X

No

Form 5500-SF 2015

Page **3 -** 1

-										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.					
b	Enter	the minimum required contribution for this plan year		12b						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Υe	es X No				
		es," 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 c										
D		e PBGC?				Yes 🗙	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information								
14a	Name	of trust		14b	Trust's E	IN				
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	. ,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No	No			
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A			

Form 5500-SF Department of the Treasury		Short Form Annual	уее	OMB Nos. 1210-0110 1210-0089						
Internal Revenue Service		This form is required to be Retirement Income Security A	58(a) of							
En	nployee Benefits Security Administration	the Ini	ernal Revenue Code (th	e Code).			is Open to Public spection			
ie -	Pension Benefit Guaranty Corporation	Complete all entries in acc	cordance with the instr	uctions to the Form 55	00-SF.					
	art Annual Report Id	dentification Information	01/01/2015			104 1004 -				
		x a single-employer plan		and ending		/31/2015				
	This return/report is for:	a one-participant plan	a list of participating	plan (not multiemployer) employer information in	(Filers cl accordar	hecking this bo ace with the for	x must attach m instructions)			
В	This return/report is:	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 r	nonths)					
С	Check box if filing under:	x Form 5558	automatic extension		Ĺ	DFVC progra	m			
_		special extension (enter descri	ption)							
		mation enter all requested i	formation							
1a	Name of plan FXG Automotive Diagn	nostics, Inc. 401k Plan	L		P	hree-digit Ian number PN) ►	001			
			1c E	ffective date o						
2a	 Plan sponsor's name (employe Mailing Address (include room City or town, state or province 	er, if for a single-employer plan) n, apt., suite no. and street or P.O e, country, and ZIP or foreign post	. Box)		2b ∈		fication Number			
	FXG Automotive Diagn		ai code (il loreigh, see ili	su licuons)		ponsor's telepi 516) 223-6				
	635 Seaman Ave.				2d Business code (see instructions) 541990					
	US North Baldwin NY 11510									
3a	Plan administrator's name and	i address 🕱 Same as Plan Spo	nsor Name	·	3b Administrator's EIN					
					3c A	dministrator's t	elephone number			
4	If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since t per from the last return/report.	he last return/report filed	for this plan, enter the	4b E	IN				
	Sponsor's name				4c P	N				
5a	Total number of participants a	t the beginning of the plan year .			5a	5a 1				
b		t the end of the plan year			5b	1				
с С	complete this item)	count balances as of the end of the	********		5c		1			
		cipants at the beginning of the pla	-	***************************************	5d(1))	1			
d		cipants at the end of the plan year			5d(2))	1			
е 	less than 100% vested	rminated employment during the p	******	*****	5e		0			
<u></u>	aution: A penalty for the late o	r incomplete filing of this return	i/report will be assesse	d unless reasonable ca	iuse is e	stablished.				
S	B or Schedule MB completed and elief, it is true, correct, and completed	er penalties set forth in the instruc d signed by an enrolled actuary, a lete.	tions, I declare that I have s well as the electronic v	ve examined this return/repo version of this return/repo	eport, inc rt, and to	luding, if applic the best of my	cable, a Schedule / knowledge and			
5	IGN Francis be	Mil-	10-5-16	Francis	×	Gilmou				
1102	IERE Signature of plan admir	nistrator	Date	Enter name of individua						
5	IGN Francis bo	Hil	10-5-16	Francis	ar aigrinig کد	Gilmo				
	IERE Signature of employer/p	plan sponsor	Date	Enter name of individu						
Pi	reparer's name (including firm na	me, if applicable) and address; in	clude room or suite num	ber		er's telephone r				
		otion and OHD Graterian in	AB.							
- r t	a raperwork Reduction Act N	otice and OMB Control Number	s, see the instructions '	tor Form 5500-SF		Fo	rm 5500-SE (2015)			

	Form 5500-SF 2015		Page 2			_				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									XYes	
	•									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									No
~	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must ins	stead	use I	Form	5500.			
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	ogram (see ERISA section	on 40	21)?	********		S [] No	Not c	letermined
	IT III Financial Information									
<u>/</u>	Plan Assets and Liabilities Total plan assets		(a) Beginning o			_		(b) End		
b	Total plan liabilities	7a 7b		51,1	.65				87	,313
	Net plan assets (subtract line 7b from line 7a)	70		51,1	65					,313
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					 (b) T		, 313
	Contributions received or receivable from: (1) Employers	0-/4)								
	(2) Participants	8a(1) 8a(2)		2,4 18,0						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		5,7	48					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							26	,148
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions)	8e					enon en Sider Hill			
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			mgi				26	,148
Constant and and	Transfers to (from) the plan (see instructions)	8j								
	nt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe 2E 2J 3D	eature cod	es from the List of Plan C	harad	cteristi	ic Coo	des in t	ne instruct	tions:	
h		·								<u> </u>
"	if the plan provides welfare benefits, enter the applicable welfare fea	iture code:	s from the List of Plan Ch	aract	erístic	Code	es in the	e instructio	ons:	
Pa	rt V Compliance Questions							-		
10	During the plan year:				Yes	No	N/A		Amount	
a		tions withir	n the time period		100				Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fic	luciary Correction							
b	Program)			10a		x				
	reported on line 10a.)	r (Do not li		10b		x				
C	And the second			10c		x				
d		-	•							•
e	by fraud or dishonesty?			10d		x		·······		
Ŭ	 carrier, insurance service, or other organization that provides some 	e or all of t	the benefits under							
	the plan? (See instructions.)			10e		x				
f	Has the plan failed to provide any benefit when due under the plan	ı?		10f		х				
<u> </u>				10g		x				
h 	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h		x				
i 	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3									
j	j Did the plan trust incur unrelated business taxable income?									
Pai	t VI Pension Funding Compliance			10j						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (1f "'	Yes," see instructions and	t com	plete	Sche	dule SE	(Form		s 🕱 No
11:	a Enter the unpaid minimum required contribution for current year fro						11a	*************		
12	Is this a defined contribution plan subject to the minimum funding							RISA?		s X No

	Form 5500-SF 2015 Page 3-		# % *				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr anting the waiver.		i enter av		f the letter	ruling	
	bu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		<u>ay</u>				
	Enter the minimum required contribution for this plan year	*****	12b				
	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 negative amount)	ofa	12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		[Yes [No [
Part \	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes XI	ło			
	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 of the PBGC?	under the c	ontrol		🗌 Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or llabilities were transferred. (See instructions.)	he plan(s) to	כ				
13	Bc(1) Name of plan(s):	130	:(2) EII	N(s)	13c(3)	PN(s)	
Part	VIII Trust Information						
14a N	ame of trust		14b Trust's EIN				
14c	Name of trustee or custodian	14d Trustee or custodian's telephone number					
Part	IRS Compliance Questions						
15a I	s the plan a 401(k) plan:		[] Y	es	□ No		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e natching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/A harbor lest method			/ACP	
t	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year esting method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(r)(a)(2)(ii))?	n)-	🗌 Yes 🗌 N			No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	• •	Цр	atio ercentage est	🗌 Aven Bene	age fit Test	
16b t	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combir his plan with any other plans under the permissive aggregation rules?		ΠY	es	No No		
	Has the Plan been timely amended for all required law changes?		ΠY		🗌 No	□ N/A	
17b ii	Date of the last plan amendment/restatement for the required tax law changes was adopted/_/	Enter the	e appli	cable code	(Se	ee	
17c	f the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that	ls subject l	o a fav	orable IRS	opinion o	г	
17d :	advisory letter, enter the date of that favorable letter / / / and the letter's serial number If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please e letermination letter / / /	er. Enter the dat	e of pla	an's last fa	vorable		
18 Is	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has nade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla	s been ands)?	Πv	es	🗌 No		
19 V	Nere in-service distributions made during the plan year?		Y	es	🔲 No		
ľ	f Yes, enter amount	••••••	19				
20 v	Nere minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth not retired) as required under section 401(a)(9)?			85	🗌 No	□ N/A	