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).

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to **Public Inspection**

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning and ending x 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report X a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan 1b Three-digit plan number NATIONWIDE AUTOMOTIVE SERVICES, INC. 401(K) PLAN 001 (PN) • 1c Effective date of plan 01/01/2006 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 65-0676103 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number NATIONWIDE AUTOMOTIVE SERVICES, INC. 561-338-3151 2d Business code (see instructions) 7000 W. PALMETTO PARK ROAD SUITE 200 811110 BOCA RATON, FL 33433 **3a** Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year..... 5b **b** Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c n complete this item) 5d(1) d(1) Total number of active participants at the beginning of the plan year 5d(2) n d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 0 5e 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 true, correct, and complete.

HERE	Filed with authorized/valid electronic signature.	12/20/2016	ANTHONY ARENA			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN HERE						
	Signature of employer/plan sponsor	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include r	r)	Preparer's telephone number			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 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 cannot be a second to the plan cannot be a second t	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			□ □	es No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not det	ermined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a			999					0
b Total plan liabilities	7b			601					0
C Net plan assets (subtract line 7b from line 7a)	7c			'398					0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otal	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		17	944					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	7944
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		265	342					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							26	5342
i Net income (loss) (subtract line 8h from line 8c)	8i							-24	7398
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in t	ne instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare for	0041110 004	as from the List of Dis	n Char		io Coo	laa ia th	- inatricat		
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es nom the List of Pla	ii Cilaia	acterist	ic Coc	162 111 1116	e mstruct	UHS.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amour	nt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Χ					26000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons	by an insurance he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount a					X				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g 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 required	notice or one of the	10h 10i						
j Did the plan trust incur unrelated business taxable income?			10j			X			
Part VI Pension Funding Compliance			ivj	I					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								 П ү	es No
11a Enter the unpaid minimum required contribution for all years from						11a			<u> </u>
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Y	es X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian		14d Trustee's or custodian's			
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP harbor test method			
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye			
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?				No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):						erage efit test
16b	16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?						
17a Has the plan been timely amended for all required tax law changes?					S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable	
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	," enter amount	·····	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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

2015

This Form is Open to Public Inspection

Part I		Identification Information										
For calenda	ar plan year 2015 or fi	scal plan year beginning	01/01/2016	and ending	08/10/2							
A This ret	urn/report is for:	X a single-employer plan		lan (not multiemployer) pployer information in ac								
	and the second s	a one-participant plan	a foreign plan									
B This retu	ırn/report is	the first return/report	X the final return/report									
		an amended return/report	X a short plan year retur	n/report (less than 12 m	less than 12 months)							
C Check I	pox if filing under:	Form 5558	automatic extension		☐ DFVC p	ogram						
		special extension (enter descri				•						
Part II	Basic Plan Info	ormation—enter all requested info	ormation									
1a Name Nationw		ve Services, Inc. 401	(k) Plan		1b Three-digit plan number (PN)	001						
					1c Effective dat 01/01/20							
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O		n 8	2b Employer Ide (EIN) 65-0	entification Number 676103						
		e, country, and ZIP or foreign posta ive Services, Inc.	il code (if foreign, see instr	uctions)	2c Sponsor's te							
					561-338-	le (see instructions)						
7000 W Suite	1. Palmetto Pa	ark Road			811110	,						
Boca R		FL 33433										
3a Plan ad	dministrator's name ar	nd address XSame as Plan Spons	or.		3b Administrator's EIN							
					3c Administrator	's telephone number						
					7 Administrator	a telephone number						
A 17.0.					41							
		e plan sponsor has changed since to mber from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN							
a Sponso	or's name				4c PN							
12 0 Dept. 10 W		at the beginning of the plan year			5a	5						
		at the end of the plan year			5b	0						
		account balances as of the end of the			5c	0						
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	n year		5d(1)	0						
		rticipants at the end of the plan yea			5d(2)	0						
		terminated employment during the			5e	0						
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau								
SB or Sche		her penalties set forth in the instruct nd signed by an enrolled actuary, as										
SIGN	rue, correct, and com	74//		ANTHONY ARENA								
HERE	Signature of plan a	dministrator	Date 12 20 16	Enter name of individ	ual signing as plan a	administrator						
sign	/	701	12 65 10	ANTHONY ARENA								
HERE	Signature of emplo	yer/plan sponsor	Date 12 20 16	Enter name of individu	ual signing as emplo	yer or plan sponsor						
Preparer's	name (including firm n	ame, if applicable) and address (inc	clude room or suite numbe		Preparer's telepho							

	Form 5500-SF 2015		Page 2								
	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 at the sum of the plan cannot be under 1900 answered "No" to either line 6a or line 6b, the plan cannot be under the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's asset and the plan year invested in eligible and the plan year i	an indepe and condit	ndent qualified public a	account	ant (IC	PA)					
С	If the plan is a defined benefit plan, is it covered under the PBGC in							No Not de	etermined		
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End of Yea	<u>r</u>		
а	Total plan assets	7a		25	1,99	9			0		
b	Total plan liabilities	7b		•	4,60	1			0		
С	Net plan assets (subtract line 7b from line 7a)	7c		24	7,39	8	······································		0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)				o					
	(2) Participants	8a(2)				0					
	(3) Others (including rollovers)	8a(3)				0					
b	Other income (loss)	8b		1	7,94	4					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							17,944		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		26	5,34	2					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f			0						
g	Other expenses	8g				0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							265,342		
i	Net income (loss) (subtract line 8h from line 8c)	8i							247,398		
j	Transfers to (from) the plan (see instructions)	8j				0					
Par											
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2J 2K 3D 2G	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in t	he instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Pla	n Chara	cterist	ic Cod	es in th	e instructions:			
Part	V Compliance Questions								•		
10	During the plan year:	***************************************			Yes	No	N/A	Amou	ınt		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo					х					
	Program)			10a		^					
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		Х					
С				10c	Х				26,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		х			• • • • • • • • • • • • • • • • • • • •		
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	er person	s by an insurance	704					<u></u>		
	the plan? (See instructions.)		***************************************	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		Х					
n	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		Х			Yes No No Note the first state of the stat		

Was there a failure to transmit to the plan any participant contributions within the described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu-Program) Were there any nonexempt transactions with any party-in-interest? (Do not incl reported on line 10a.) Was the plan covered by a fidelity bond?..... Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by carrier, insurance service, or other organization that provides some or all of the the plan? (See instructions.)..... Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end. If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.)<u>.....</u> 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..... 10i Х Did the plan trust incur unrelated business taxable income? Part VI |Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 5500) and line 11a below). 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...... 12 Yes No Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

Part V

10

	Form 5500-SF 2015 Page 3 -				
## STEIN HOW TO USE OF THE	(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 granting the waiver	enter t Day		the letter ru Year	ling
<u>If y</u>	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<u>b</u>	Enter the minimum required contribution for this plan year	12b			
C E	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			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. [Yes	No	N/A
Part \	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s 🗌 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		[2	Yes 🗌	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)	o 			
1;	3c(1) Name of plan(s): 13c(2)	EIN(s)	13c(3)	PN(s)
Part '	VIII Trust Information				
14a N	lame of trust	14b	Trust's El	N	
14c	Name of trustee or custodian	140		s or custodi e number	an's
Part	IX IRS Compliance Questions				
15a	Is the plan a 401(k) plan?	[] Y	es	□No	
	f "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- pased safe parbor method	ADF test	
1	f the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2(a)(2)(ii))?	_ Y	es	No	
16a (Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	U r	Ratio ercentage est		rage efit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining his plan with any other plans under the permissive aggregation rules?	Y	es	No	
17a i	las the plan been timely amended for all required tax law changes?	[] Y	es	No	∏N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).	applica	able code _	(See in	structions
	f the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number			<u>.</u>	or
(f the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the pla	an's last fa	vorable	
	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	∏Y€	es	No	
19 \	Vere in-service distributions made during the plan year?		es	No	
ı	f "Yes," enter amount	19	T		
	Vere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not etired), as required under section 401(a)(9)?	Y	es	No	N/A