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).

2016

OMB Nos. 1210-0110

1210-0089

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 2016 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 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) FLORIDA HURRICANE IRMA Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit FXG AUTOMOTIVE DIAGNOSTICS, INC. 401K PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2012 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) 11-3072635 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number FXG AUTOMOTIVE DIAGNOSTICS, INC. 516-223-6740 2d Business code (see instructions) 635 SEAMAN AVE 541990 NORTH BALDWIN, NY 11510 **3a** Plan administrator's name and address X Same 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 (only defined contribution plans 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year.....

d(2) Total number of active participants at the end of the plan year**e** Number of participants that terminated employment during the plan year with accrued benefits that were less

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.

<u>beliet, it is t</u>	true, correct, and complete.							
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	FRANCIS GILMOUR					
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include i	Preparer's telephone number						

5d(2)

Form 5500-SF 2016 Page **2**

 Were all of the plan's assets during the plan year invested in eliginary being the plan's assets during the plan year invested in eliginary being the plan of the plan year invested in eliginary being the plan year invested in e	f an indepe	ndent qualified public a	account	ant (IC	(PA)		 X Yes \[\] No		
c If the plan is a defined benefit plan, is it covered under the PBGC					_	-			
Part III Financial Information					_				
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of Year		
a Total plan assets	7a		87313				110685		
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	87313			110685				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total		
Contributions received or receivable from: Contributions received or receivable from:	0-(4)		2100						
(1) Employers	8a(1)		18000						
(3) Others (including rollovers)	8a(2) 8a(3)		.0000						
b Other income (loss)	8b		3272						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							23372		
d Benefits paid (including direct rollovers and insurance premiums	1								
to provide benefits)	8d								
e 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						00070		
Net income (loss) (subtract line 8h from line 8c)							23372		
j Transfers to (from) the plan (see instructions)									
	Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pensio 2E 2J 3D									
b If the plan provides welfare benefits, enter the applicable welfare	feature coo	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instructions:		
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	Amount		
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary 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		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X				
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X				
f Has the plan failed to provide any benefit when due under the pl	f Has the plan failed to provide any benefit when due under the plan?				X				
g Did the plan have any participant loans? (If "Yes," enter amount	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				X				
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				X				
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									

Form	5500	-SF	201	6

Page 3-	1
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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
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?								
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d				
		he 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			1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)	
Part	VIII	Trust Information			•				
14a	Name	of trust			14b ⁻	Trust's E	ΞIN		
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		gn-based "Prior year" ADF harbor test			ear" ADP	
I□ "Cr						rrent year" N/A P test			
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:							□ N/A		
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?						No No			
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No		
19	19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?								

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part Annual Repor	t Identification Information	01/01/2016	and ending	12/31/201	<u> </u>
or calendar plan year 2016 or f					
A This return/report is for:	x a single-employer plan	a list of participating er	an (not multiemplayer) (F aployer information in ac	cordance with the	s form instructions.)
.	a one-participant plan	a foreign plan the final return/report			
3 This return/report is:	the first return/report	·	n/report (less than 12 mo	nthe\	
	an amended return/report	a short plan year retuin	Mehour (less man 15 mo	itula)	
Check box if filing under:	X Form 5558	automatic extension	Toma	DFVC pr	ogram
	x special extension (enter descrip		+ (ma		
Part II Basic Plan In	formation enter all requested in	formation		4h Thun dial	
1a Name of plan			:-	1b Three-digit plan number	
FXG Automotive Dia	agnostics, Inc. 401k Plan			(PN) ▶	001
•			1 1	1c Effective da 01/01/2	
Mailing Address lindludg p	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.O. ince, country, and ZIP or foreign postal	Box) code (if foreign, see instr	uctions)		denlification Number -3072635
FXG Automotive Di		. 	,		elephone number
EVG WITCOMOCTAG DI	Editos arcs / Late.				23-6740
635 Seaman Ave.				20 Business c 541990	ode (see instructions)
US North Baldwin NY 11	510				
3a Plan administrator's name	and address X Same as Plan Spor	roor		3b Administra	tor's EIN
**		•		3c. Administra	tor's telephone number
			· .		
<u> </u>				45 EN	
4 If the name and/or EIN of	the plan sponsor has changed since the	ne last return/report filed to	or this plan, enter the	4b EIN	
	number from the last return/report.			4c PN	
a Sponsor's name				5a	1
5a Total number of participar	nts at the beginning of the plan year nts at the end of the plan year			5b	
b Total number of participar	ith account balances as of the end of the	e nlan vear (ngly defined	contribution plans		
C Number of participants wi	**************************************	manamamamamama ie histi Jeai fotiil acitioa	**************************************	5 c	1
d(1) Total number of active t	participants at the beginning of the plar	1 year		5d(1)	1
· ·	participants at the end of the plan year			5d(2)	1
d(2) Total number of active (participants at the end of the plan year at terminated employment during the p	lan year with account ben	efits that were		
e Number of participants to less than 100% vested	er terminated employment during we p	HALL ACTA AND COOLOGO DOL		5e	
A 100 A 10 E 2 A 100 A 1	ate or incomplete filing of this return			ise is establishe	d. .
	to the community and facilities in the incluse	tions I declare that I have	examined this return/red	oot, includion, if a	applicable, a Schedule
SB or Schedule MB complete belief, it is irue, correct, and o	ed and signed by an enrolled actuary, a	s well as the electronic ve	rsion of this return/report	, and to the best	of my knowledge and
	Munus/	10/16/19		arangan da	
HERE Signature of plan a		Date	Enter name of Individua	al signing as plan	administrator
	a La Could	10/16/17			
sign - Tul	2 - National	Date	Enter name of individua	al signing as empl	over or plan sponsor
HERE Signature of emplo	oyer/pian sponsor rm name, if applicable) and address (ir			Preparer's telep	
Skip this question	rm name, ir applicable) and address (ir	ICIDGE TOOM OF SELECTIONS	U1)	Skip this qu	
Timb and description					
:					

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

	Form 5500-SF 2016		Page 2							
6a v	Vere all of the plan's assets during the plan year invested in eligible	assets? (S	ee Instructions.)	,,	,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*****	X Yes No	
h A	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
ш	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.									
- H	you answered "No" to either line ba or line bb, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC ins	cuse rom	oram (see ERISA section	4021)?		Yes	□ No	o Not determined	
Mar 21725-2										
	Financial Information		(a) Beginning of	Year				(b) End	l of Year	
** ****	lan Assets and Liabilities	AMEDICAN COMP.		7,31				137	110,685	
	otal plan assets	7a 7b		,,,,,					220,000	
	otal plan llabilities			7,31					110,685	
	let plan assets (subtract line 7b from line 7a)	7c	(a) Amount	,,,,,				/b)	Total	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		let Williagh							
	1) Employers	8a(1)		2,10	30					
	2) Parlicipants	8a(2)	<u> </u>	8,00	00					
	3) Others (including rollovers)	8a(3)								
b 0	Other income (loss)	8b		3,2	72					
C .	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	1							23,372	
. <u></u> t	Benefits paid (including direct rollovers and insurance premiums o provide benefits)									
е (Certain deemed and/or corrective distributions (see instructions)	. 8e	<u> </u>							
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. Bg								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								
i	Net Income (loss) (subtract line 8h from line 8c)	. 81				37 (24)211	23,372			
Ī	Transfers to (from) the plan (see instructions)	. ej								
Pa	Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for 2E 2J 3D	eature cod	es from the List of Plan Ch	aract	eristic	Code	s in the	instruc	ctions:	
ь	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Cha	racte	ristic (Codes	In the	instruct	ions:	
		·							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Pa	rt V Compliance Questions			i	· ·			:		
10	During the plan year:				Yes	No	NA	1	Amount	
а	Was there a failure to transmit to the plan any participant contribu	itions withii	ine time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo			10a		ж				
Ь	Were there any nonexempt transactions with any party-in-interest	17 (Do not i	nclude transactions			<u> </u>		-		
U	reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	<u> </u>	х				
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x				
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					х				
f	Has the plan failed to provide any benefit when due under the pla			10f		Х		_		
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					х				
<u>.9</u> h		(See instru	actions and 29 CFR	toh		х				
i	the state of the s									

Form 5500-SF 2016	Page 3 -						
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see I (Form 5500 and line 11a below)	Instructions and complete Schedule SB Yes X No						
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form	n 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 ERISA?							
(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 paranting the waiver	plan year, see instructions, and enter the date of the letter ruling						
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), a	ınd skip to line 13.						
b Enter the minimum required contribution for this plan year.							
C Enter the amount contributed by the employer to the plan for the plan year							
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)							
e Will the minimum funding amount reported on line 12d be met by the funding deadline							
Part VIL 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							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another control of the PBGC?	her plan, or brought under the Yes X No						
C if, during this plan year, any assets or liabilities were transferred from this plan to another	her plan(s), identify the plan(s) to						
which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s)						
Part VIII Trust Information - Skip These Questions							
, Marian and Marian a	14b Trust's EIN						
14a Name of trust	1-to Hasta Cin						
14c Name of trustee or custodian	14d Trustee or custodian's telephone number						
Part IX IRS Compliance Questions - Skip These Questions							
15a is the plan a 401(k) plan? If "No," skip b.	Yes No						
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals ur 401(k)(3) for the plan year? Check all that apply:	Sale narbor Lest						
	ADP test						
16a What testing method was used to satisfy the coverage requirements under section 41 year? Check all that apply:	O(b) for the plan Raflo Average Denefit test N/A						
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410 for the plan year by combining this plan with any other plan under the permissive agging	regation rules?						
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that receive the letter / / and serial number							
17b If the plan is an Individually-designed plan that received a favorable determination lett	er from the IRS, enter the date of the most recent determination						
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 6. service?	2 and had not separated from Yes No						
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the p							