Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2018

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	1								
For calend	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018		and ending 12	2/31/2018					
A This ret	turn/report is for:	a single-employer plan	list	of participating em) (Filers checking this box must attach a accordance with the form instructions.)					
B This retu	urn/report is	a one-participant plan	a foreign plan								
- 11110 1011		the first return/report	the fi	inal return/report							
_		/report (less than 12 m	months)								
C Check	box if filing under:	Form 5558 special extension (enter description)		matic extension		DFVC program					
David III	Desir Dies les	<u> </u>									
Part II		ormation—enter all requested in	nformation			41					
1a Name	•	00 100 40445 51 404				1b Three-digit					
FXG AUTON	MOTIVE DIAGNOSTI	CS, INC. 401K PLAN				plan numbe (PN) ▶	001				
						. ,	l l				
						1c Effective da	11/01/2012				
30 Diam		and the second s									
Mailing	g address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C					entification Number 1-3072635				
-		ce, country, and ZIP or foreign post	tal code (i	f foreign, see instr	uctions)	2c Sponsor's t	elephone number				
FXG AUTON	MOTIVE DIAGNOSTI	CS, INC.				516	-223-6740				
COE OE AMAI	NI AV/E					2d Business code (see instructions)					
635 SEAMAI NORTH BAL	DWIN, NY 11510					5	541990				
	,										
3a Plan administrator's name and address ⊠ Same as Plan Sponsor.						3b Administrate	or's EIN				
						3c Administrator's telephone number					
4 16 (15 -				ad atau a dha da ad aa	town loon and Clark form	4h ru					
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a				4b EIN					
	or's name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				4d PN					
C Plan N	lame										
						F-					
_		s at the beginning of the plan year				5a 5b	1				
		s at the end of the plan year					1				
		account balances as of the end of				. 5c 1					
d(1) Total number of active participants at the beginning of the plan year					. 5d(1) 1						
d(2) Total number of active participants at the end of the plan year					. 5d(2) 1						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e 0					
		or incomplete filing of this return				use is established	l.				
Under pena SB or Sche	alties of perjury and or edule MB completed	other penalties set forth in the instruction and signed by an enrolled actuary, a	ıctions, I d	eclare that I have	examined this return/re	port, including, if a	pplicable, a Schedule				
SIGN	true, correct, and con Filed with authorize	d/valid electronic signature.	0	9/04/2019	FRANCIS GILMOUR						
HERE	Signature of plan	administrator	Date	Enter name of individual signing as plan administrator							
SIGN		d/valid electronic signature.		9/04/2019	FRANCIS GILMOUR	3 0 1					

Date

Enter name of individual signing as employer or plan sponsor

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b	ba Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No No
C	If you answered "No" to either line 6a or line 6b, the plan cann if the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?	[Yes No	Not determin	
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
a	Total plan assets	7a	1:	38880				166610	
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	1;	38880			166610		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal	
	Contributions received or receivable from: (1) Employers	8a(1)		1484					
	(2) Participants	8a(2)	2	24500					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		1746					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						27730	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			_				
	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
	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						27730	
	Transfers to (from) the plan (see instructions)	8j							
Par									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the instru	uctions:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No	,	Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х			
С	Was the plan covered by a fidelity bond?			10c		X			
d						Х			
е	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 plan?					X			
g	J 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 exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 No					
11a	Enter the unpaid minimum required contributions 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 ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	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 y	you completed 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							
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 (enter a minus sign to the left of a negative 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?		Ye	s 🔀 No					
	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 under control of the PBGC?	the		Yes X No					
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	3c(1) Name of plan(s):	(2) EIN(s)) EIN(s) 13c(3) F						

p.1

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

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 Property Code (the Code)

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public

Employee Benefits Security Administration	. the inter	al Kevenue Code (ine	Codej.		Inspection			
Pension Benefit Guaranty Corporation	► Complete all entries in acco	rdance with the instruc	tions to the Form 5500-5	SF.	mapechon			
Part Annual Report	dentification Information				- · · · ·			
For calendar plan year 2018 or fisc		01/01/2018	and ending	12/31/201	8			
	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating e a foreign plan the final return/report	an (not multiemployer) (Fil mployer information in acc m/report (less than 12 mor	ordance with the				
,	an amended reminireport	a sudit hian year terni	timeport (less than 12 mor	luis				
C Check box if filing under:	x Form 5558 [special extension (enter descripti	automatic extension on)		DFVC p	rogram			
Part II Basic Plan Info	rmation enter all requested info	ormation						
1a Name of plan				1b Three-digit				
FXG Automotive Diag	nostics, Inc. 401k Plan			plan numb∈ (PN) ►	er 001			
			-	1c Effective di 01/01/2	ate of plan			
2a Plan sponsor's name (employ Mailing Address (include room City or town, state or province	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. B e, country, and ZIP or foreign postal o	Box) code (if foreign, see instr			dentification Number -3072635			
FXG Automotive Diag		(<u>.</u>			telephone number 23-6740			
635 Seaman Ave.				2d Business code (see instructions) 541990				
US North Haldwin NY 1151	o							
	id address X Same as Plan Spons	or		3b Administra	tor's EIN			
				3c Administra	tor's telephone number			
	e pian sponsor or the pian name has o sor's name, EIN, the pian name and			4b EIN 4d PN				
5a Total number of participants	at the beginning of the plan year			5a	1			
b Total number of participants	at the end of the plan year	}••••		5b	1			
C Number of participants with a	account balances as of the end of the	plan year (only defined	contribution plans	5c	1			
d(1) Total number of active part	ticipants at the beginning of the plan	year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(1)	1			
d(2) Total number of active part	ticipants at the end of the plan year	#410+460+44110F 04F 01 01 01 01 01 01 01 01 01 0	***************************************	5d(2)	1			
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					٥			
Caution: A penalty for the late	or incomplete filing of this return/r	eport will be assessed	l uniess reasonable caus	e is establishe	d			
Under penalties of penjury and of	ther penalties set forth in the instruction and signed by an enrolled actuary, as	ons, I declare that I have	examined this return/repo	ort, including, if a	applicable, a Schedule			
SIGN	6. /2l_	9-4-19	Francis)	c. G.In	nour			
HERE Signature of plan adm	ninistrator	Date	Enter name of individual					
SIGN Z	P. Ish	9-4-19		c. G.1.				
HERE Signature of employe	r/plan sponsor	Date	Enter name of individual	•				
grande of employe	·			J				

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			-							
	Were all of the plan's assets during the plan year invested in eligible						**********	[3	Yes	0
	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	nd condition	'S.)	14 0000 0 000	*******			[3	₹]Yes i	□N□
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Form	5500-SF and must inst	ead u	se Fo	rm 55	00.			
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pro	gram (see ERISA section	4021)?	[Yes	□ No □	Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from the								e instruc	
	To is distinct, the my i is sometimes in the inter-									
Pa	rt III J Financial Information									-
	Plan Assets and Liabilities	: •	(a) Beginning of	Year			-	(b) End of \	ear .	
	Total plan assets	7a	13	8,88	10				166,	610
	Total plan liabilities	7b		<u> </u>						
	· · · · · · · · · · · · · · · · · · ·	7c		8.88	n				166,	610
	Net plan assets (subtract line 7b from line 7a)		(a) Amount			\vdash		(b) Tota		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	, ,	(6) 741(0611)			 		(5) (5)		
_	(1) Employers	8a(1)		1,48	34					
	(2) Participants	8a(2)	2	4,50	10				· ·:	
	(3) Others (including rollovers)	8a(3)					• ;			<i>"</i>
ь	Other income (loss)	8b		1,74	6		· .		11	
- -		8c	· · · · · · · · · · · · · · · · · · ·	÷		 	<u> </u>		27	730
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00	.::			╁.				730
ч	to provide benefits)	8d				ļ	•	•	·· ·	
e	Certain deemed and/or corrective distributions (see instructions)	8e					•			
Ť	Administrative service providers (salaries, fees, commissions)	8f					·	······································		
÷						<u> </u>		****		
9	Other expenses	8g			_	╁∸				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	5, 01, 610 09/				-		<u></u>	27	730
<u> </u>					· ·	├			<u> </u>	
بــلــ	Transfers to (from) the plan (see instructions)	. je				<u> </u>	<u>· ` </u>			
Pa	Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	s from the List of Plan Ch	aract	eristic	Code	s in the	e instructions	s:	
	2E 2J 3D		•							
h	If the plan provides welfare benefits, enter the applicable welfare fea	ature cories	from the List of Plan Cha	racte	ristic (Codes	in the	instructions:		
~	ti tile bigti biggiges meligie perelip, etter tile abbiggige meligie ter	aluic couc	HOTH THE EIGHT OF FREIN CHA							
	art V. Compliance Questions				V	N 1 =	N/A		nount	
<u>10</u>	During the plan year:		A	_	Yes	NO	IX(A)	<u> </u>	nounc	
Ξ	Was there a failure to transmit to the plan any participant contribu						hijo.			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo			40-		ж	1.			
	Program)			10a		n.				_
L	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10Ь		х				
				10c		х	1			
	Was the plan covered by a fidelity bond?			100			 			
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	tidelity bor	id, inat was caused	10d		x				
	Were any fees or commissions paid to any brokers, agents, or other									
	carrier, insurance service, or other organization that provides som	ne or all of t	he benefits under							
_	the plan? (See instructions.)	4144 444 1041 110010	M12274114114114141414	10e		ж				
f	f Has the plan failed to provide any benefit when due under the plan?					x				
Ĺ	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					x	. :			
1	1 If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR				[.,,,,		
_	2520.101-3.)			10h		х	<u> </u>	· · · · ·		
i	If 10h was answered "Yes," check the box if you either provided t	ne required	i notice or one of the				. ;			
	exceptions to providing the notice applied under 29 CFR 2520.10	11-3		10i		<u> </u>			÷: •w•	<u> </u>
										_

.	Form 5	5500-SF 2018		Page 3 -				_		
Pari	VI F	Pension Funding Complian								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)									'es 🗓	No
11a			ons for all years from Schedule SB (Fo		200111	11a				
12	Is this a	defined contribution plan subject to t	ne minimum funding requirements of s	ection 412 of the C	ade or section	1 302 o	f 		es 🗓	No
	(if "Yes,	complete line 12a or lines 12b, 12d	, 12d, and 12e below, as applicable.)							
а 		r of the minimum funding standard f he waiver	or a prior year is being amortized ir. th	s plan year, see in: M	structions, and onth	i enter Da	the date	or the te	r	+g
lfy	ou compl	eted 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 the	nis plan year		******	12b				
С	Enter the	amount contributed by the employe	r to the plan for the plan year		\$ \$ 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	12c				
d							_	···		
е	Will the r		line 12d be met by the funding deadli				Yes 🗌	No	□ N/a	A
Par	t VII	Plan Terminations and Trai	isfers of Assets		·					_
		solution to terminate the plan been a	dopted in any plan year?				Yes	x	No	
			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 control of the PBGC?							Yes]	X No		
C	If, during		es were transferred from this plan to a liee instructions.)	nother plan(s), iden	tify the plan(s) to				
13c(1) Name of plan(s): 13c(2) Ell						N(s)		130	(3) PN(5)