Form 5500-SF

Department of the Treasury

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 6058(a) of the Internal Revenue Code (the Code).

2010

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 2010 or fiscal plan year beginning and ending 09/09/201 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: short plan year return/report (less than 12 months) an amended return/report DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number PK MOTORS, INC., 401(K) PROFIT SHARING PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 59-3747550 PK MOTORS, INC. (EIN) 2c Plan sponsor's telephone number 120 STADIUM COURT PONTE VEDRA BEACH, FL 32082 2d Business code (see instructions) 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN STADIUM COURT 59-3747550 PONTE VEDRA BEACH, FL 32082 3c Administrator's telephone number 904-824-9181 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. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 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) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 7249 a Total plan assets..... 7a 0 **b** Total plan liabilities..... 7b 7249 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 (1) Employers 8a(1) 0 8a(2) (2) Participants 0 (3) Others (including rollovers)..... 8a(3) 282 Other income (loss)..... 8b 282 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 6942 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 589 Administrative service providers (salaries, fees, commissions)...... 8f 0 Other expenses..... 8g 7531 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -7249 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) 0

art IV Plan Characteristics a. If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2R 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: art V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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). f Has the plan have any participant loans? (If "Yes," enter amount as of year end.). 10d		F	Form 5500-SF 2010 Page 2-					
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rt V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch	aracteri	stic Co	des in	the instructions:	
During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				ractorio	tic Co	dae in 1	the instructions:	
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	,	11 1110	plan provides wellare benefits, effer the applicable wellare feature codes from the List of Fian Chi	ilaciens		JC3 III I	uie iiisuuciioiis.	
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	ırt	٧	Compliance Questions					
b Were there any consexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		Dur	ng the plan year:		Yes	No	Amount	
on line 10a.)	3					X		
Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?)					X		
or dishonesty?	C	Wa	s the plan covered by a fidelity bond?	10c		X		
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	d					X		
Place the plan falled to provide any benefit when due under the plan? 10f 10g X	е	insu	rance service or other organization that provides some or all of the benefits under the plan? (See	10e		X		
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 rule granting the waiver	:	Has	the plan failed to provide any benefit when due under the plan?	10f		X		
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	3	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		X		
exceptions to providing the notice applied under 29 CFR 2520.101-3	h					Х		
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	i			10i				
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 rul granting the waiver	rt	VI	Pension Funding Compliance					
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 rul granting the waiver								
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 rule granting the waiver								
granting the waiver Month Day Year		•						
f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	3							
	f y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				

Dart	VII Plan Terminations and Transfers of Assets					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	4
	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)					
С	Enter the amount contributed by the employer to the plan for this plan year	12c				
	Enter the minimum required contribution for this plan year					

Part VII | Plan Terminations and Transfers of Assets

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

ntrol X Yes No

If during this plan year, any assets or liabilities were transferred from this plan to another 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)

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.

SIGN	Filed with authorized/valid electronic signature.	12/09/2011	BRYAN C. PARKER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 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

2010

This Form is Open to Public Inspection

Part Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2011 and ending 09/09/2011										
	V single employee plan			and ending		one-participal				
	This return report is for.	•		ot multiemployer)	:	nt pian				
B		final return/report short plan year return/report (less than 12 months)								
	니	•	•	ort (less than 12 mor	grinning					
C	Check box if filing under: Form 5558	automatic	extension			DFVC progra	m			
	special extension (enter descriptio									
	Int II Basic Plan Information—enter all requested information	ation	·····		1h	Three-digit				
id	Name of plan P K Motors, Inc., 401(k) Profit Sharing	Plan				plan number				
						(PN) ▶	001			
					10	Effective date of 01/01/2003				
2a	Plan sponsor's name and address (employer, if for single-employer P K Motors, Inc.	plan)		······································	2b	Employer Identif				
	P K Motors, Inc.				~~	(EIN) 59-374				
	120 Stadium Court				2 C	2c Plan sponsor's telephone numbe (904) 824-9181				
	120 Stadium Court		ר"ד דריד	2002	2d	Business code (441110	see instructions)			
3a	Ponte Vedra Beach Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	FL 3	2082	3b	Administrator's I	EIN			
	SAME		,				k - I			
					3C	Administrator's t	elephone number			
4	f the name and/or EIN of the plan sponsor has changed since the last	st return/re	port filed for this	plan, enter the	4b EIN					
	name, EIN, and the plan number from the last return/report. Sponso	rs name			4c PN					
5a	Total number of participants at the beginning of the plan year	,-,-,			5a		17			
b	b Total number of participants at the end of the plan year						0			
C	Total number of participants with account balances as of the end of complete this item)				5c		0			
6a	Were all of the plan's assets during the plan year invested in eligib					*************	X Yes No			
	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified p	oublic accountant (IQ	PA)		⊠ Yes □ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use F.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	В 100 П 110			
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beg	inning of Year	(b) End of Year					
а	Total plan assets	. 7a		7,24			0			
b	Total plan liabilities	. 7b			0		0			
C		7c		7,24	4					
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a)	Amount	(b) Total					
а	(1) Employers	. 8a(1)			0					
	(2) Participants	8a(2)			<u>o</u>					
	(3) Others (including rollovers)	. 8a(3)			<u>이</u>					
b	Other income (loss)	. 8b		28	2					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					282			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		6,94	42					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			이					
f	Administrative service providers (salaries, fees, commissions)	. <u>8f</u>		58	9					
g	Other expenses	. 8g			0					
h		1			4-	····	7,531			
į	Net income (loss) (subtract line 8h from line 8c)						(7,249)			
j	Transfers to (from) the plan (see instructions)	- 8j			0					

		Form 5500-SF 2010	Pa	age 2-							
Par	t IV					-			***********		
		e plan provides pension benefits, enter the applicable pension feat		List of Plan Chara	cteristic	Coc	des in t	the instruc	tions:		
b	If the	2E 2F 2G 2J 2K 2R 2T e plan provides welfare benefits, enter the applicable welfare feature.	3D 3H ure codes from the	List of Plan Charac	cteristic	Cod	es in ti	he instruct	ions:		
Part	ν	Compliance Questions					***************************************				
10		ring the plan year:			Y	es	No	************	Amour	nt	
a	Wa	is there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	s within the time pe	riod described in	10a		х				
b	We	ere there any nonexempt transactions with any party-in-interest? (D	o not include trans	actions reported	10b		X	<u> </u>	***************************************		
С		as the plan covered by a fidelity bond?		li i	10c		х		***************************************		
d	Did	the plan have a loss, whether or not reimbursed by the plan's fide	elity bond, that was	caused by fraud	10d		X				
е	We	ere any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	persons by an insur the benefits under the	ance carrier, e plan? (See	10e		x		***************************************		
f		s the plan failed to provide any benefit when due under the plan?		i i	10f		x				
g		I the plan have any participant loans? (If "Yes," enter amount as of		İ	10g		Х				
h	If th	nis is an individual account plan, was there a blackout period? (See	e instructions and 2	9 CFR	10h		X				
i	lf 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or or	ne of the	10i						
Part	: VI	Pension Funding Compliance									
11		his a defined benefit plan subject to minimum funding requirements								res [X No
12	ls t	this a defined contribution plan subject to the minimum funding req	juirements of sectio	n 412 of the Code	or secti	ion 3	02 of I	ERISA?	[] Y	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable									
а		waiver of the minimum funding standard for a prior year is being a nting the waiver.									
	you	completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), an	d skip to line 13.		Γ					
b	Ent	er the minimum required contribution for this plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************	,,,,,,,,,,,,		12b				
¢		er the amount contributed by the employer to the plan for this plan				L	12c		~=		
	neg	otract the amount in line 12c from the amount in line 12b. Enter the pative amount)			**********	L	12d	7	<u> </u>		
combined a	rickiteseeide	i the minimum funding amount reported on line 12d be met by the t	funding deadline?		,.,,,,,,,,,			Yes	No		N/A
Parl	:VII	Plan Terminations and Transfers of Assets									
13a		s a resolution to terminate the plan been adopted during the plan y	• • •					<u> </u>	<u> </u>	Yes	No
		Yes," enter the amount of any plan assets that reverted to the empl					13a				0
ם	of t	ere all the plan assets distributed to participants or beneficiaries, tra the PBGC?	***************************************	.,,,,,,,,,,		•••••			X	Yes [No
		ich assets or liabilities were transferred. (See instructions.)	and plan to another		T						
	13c(1) Name of plan(s):					130	(2) El	N(s)	13	c(3)	PN(s)
Cau	tion.	A penalty for the late or incomplete filing of this return/report	t will be assessed	unless reasonab	l le caus	 e is :	establ	ished.			
Und SB o	er pe or Sc	nalties of perjury and other penalties set forth in the instructions, I hedule MB completed and signed by an enrolled actuary, as well a	declare that I have	examined this retu	ırn/repo	rt, in	cluding	g, if applic	able, a knowle	Scheidge a	dule and
NAILE	of, it is true, correct, and complete.										
SIG				Bryan C. P.							
HCI	**	Organization prairies and a second prairies			individual signing as plan administrator						
SIG	M.	By C. Tak	14/5/11	Bryan C. P.	arker	-					

SION HERE

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor