## 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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

**Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number TESLA ELECTRIC ARMATURE & MACHINE INC 401K PLAN (PN) ▶ 001 1c Effective date of plan 08/01/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number TESLA ELECTRIC ARMATURE & MACHINE INC 37-1204890 (EIN) 2c Sponsor's telephone number 904-781-4944 735 LANE AVENUE NORTH JACKSONVILLE, FL 32254 2d Business code (see instructions) 811310 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 37-1204890 TESLA ELECTRIC ARMATURE & MACHINE INC 735 LANE AVENUE NORTH JACKSONVILLE, FL 32254 3c Administrator's telephone number 904-781-4944 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 Sponsor's name 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..... 18 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 11 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) 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. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 368198 287399 Total plan assets..... 7a n 7b Total plan liabilities..... 368198 287399 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 11847 (1) Employers ..... 8a(1) 45312 (2) Participants ..... 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 9502 **b** Other income (loss)..... 8b 66661 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 147460 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g 147460 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -80799 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions) ......

Eorm	5500-SF 201	1
⊢orm	5500-SE 201	1

Page <b>2 -</b>	1
-----------------	---

Part IV	Plan Characteristics
9a 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 2S 3D **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes 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)	x x x x x x x x x x x x x x x x x x x	X X X		Amo		00000
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)	x x x x x x x x x x x x x x x x x x x	X			5(	00000
on line 10a.)	X X	X			5(	00000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plan?  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 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	X X	X			50	00000
or dishonesty?	X F	X				
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	f J					
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	1					449
h 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	1	X				
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						
exceptions to providing the notice applied under 29 CFR 2520.101-3		X				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complet 5500))  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or (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 instruction granting the waiver						
<ul> <li>Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.</li> </ul>						
(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 instruction granting the waiver					Yes	X No
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver					Yes	X No
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Г		1			
b 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				
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				
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	s N	10	N/A
rt VII Plan Terminations and Transfers of Assets						
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	13a					
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?					Yes	X No
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):	13c(2) EIN				13c(3) F	PN(s)
ution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable c	nico ic	esta	blished			
der penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/r	ause is				a Scher	de d

SIGN	Filed with authorized/valid electronic signature.	06/05/2012	KRISSYEHINS
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 Treesury 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 filled 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 5500-8F.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

		dentification information				, <u>, , , , , , , , , , , , , , , , , , </u>
For	calendar plan year 2011 or tisc		01/01/2	311 and ending	12/31/2	011
A	This return/report is for:	x single-employer plan	e multiple	-emptoyer plan (not multiemployer)	a one-par	ticipent plan
	This return/report is:	The first return/report	╡ ′	alurn/report	<u>.</u>	- <del>-</del>
0	ina isminicher is.	an emended return/report	4	in year return/report (less than 12 mo	nths)	
		₩	4	•		
C	Check box if filing under:	☐ Form 5558 [		extension	∐ DFVC pro	
		special extension (enter descript				
Ě	irt II Basic Plan Infor	mation—enter all requested inform	mation			
1a	Name of plan				1b Three-digit	
	TESLA ELECTRIC ARM	MATURE & MACHINE INC			plan number (PN) ▶	001
	4C1K PLAN			ŀ	1C Effective date	
					08/01/20	
2a	Plan snorsor's name and add	iress; include room or suite number	amolover !!	for a single-employer plan)		entification Number
	TESLA ELECTRIC ARM	- '	Parahasi 1		(EIN) 37-1	
	INC			ľ	2c Sponsor's te	
					(904) 78	1-4944
	735 LANE AVENUE NO	DRTH		ľ	2d Business coo	ie (see instructions)
	JACKSONVILLE			FL 32254	£11310	
3a		d address (if same as plan sponsor,	enter 'Same	າ	3b Administrato	r'e EIN
	SAME			ŀ	9a Administrato	de deleghere esselve
				1		r's t <del>elephone</del> number
4	4 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	
-		nber from the last return/report.		· · · · · · · · · · · · · · · · · · ·		•
	Sponsor's name				4c PN	
5a	Total number of participants a	at the beginning of the plan year		304-0	5a	25
Ь	Total number of participants a	nt the end of the plan year			5b	18
C		eccount balances as of the end of the				
					5c	11
				(See instructions.)		X Yes No
0				dent qualified public accountant (IQP ons.)		▼ Yes ∏ No
			•	6F and must instead use Form 550		
Pa	rt:ili, Financial Inform					
7	Plan Assets and Liabilities			(a) Beginning of Year	(b) E	ind of Year
8	Total plan assets	22 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		368,198		287,399
	Total plen liabilities	10 14 1 1 4 4 5 4 1 1 1 1 1 1 1 1 1 1 1 1	7Ь		0	0
C	Net plan assets (subtract line	7b from line 7a)		368,198	В	287,399
8	Income, Expenses, and Trans		t Alger S	(a) Amount	<del>†</del>	b) Total
_	Contributions received or received			for somewith	Beller Es	SECRETARY OF FREE
	(1) Employers		8a(1)	11,847		
	(2) Participants		8a(2)	45,312	2	
		3)			o[. [5-17]	
ь	Other income (loss)		8b	9,502	2	111 1 1 1 1
C		), 8s(2), 8s(3), and 8b)	<u>Ic</u>		XI	66,661
d		t rollovers and insurance premiums		-	11 11 11 11	THE RESERVE OF THE PARTY OF THE
_				147,460		Application of the second
		ctive distributions (see instructions).				
Ť		ers (sataries, fees, commissions)			의하 속에 걸다	
g			<b>. 8</b> g	(		L. HROLL
h		, 6e, 8f, and 8g)		entities and the second of the		147,460
h	Net income (loss) (subtract fir	, 6e, 6f, and 8g) ne 8h from line 8c)	81			147,460 (8C,799)
h i j	Net income (loss) (subtract fir	, 6e, 8f, and 8g)	81			

	Form 5500-SF 2011	Page 2 -			_					
Par	Plan Characteristics	· · · · · · · · · · · · · · · · · · ·					-			
9 <b>a</b>	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions:									
þ	2E 2F 2G 2J 2K 2S 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Part	`Ṽ,∷ Compliance Questions									
10	During the plan year:	<del></del>			Yes	No		Ап	nount	
	Was there a failure to transmit to the plan any periodpant contr 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary F	Iduciary Correction Progra	sm) [	10a		x				
þ	Were there any nonexempt transactions with any party-in-inter on line 10s.)			10Ь		х				
C	Was the plan covered by a fidelity bond?			10e	Х				50	00,000
d	Did the plan have a loss, whether or not reimbursed by the plater dishonesty?	n's fidelity bond, that was	caused by fraud	10d		х				
9	Were any fees or commissions paid to any brokers, agents, or insurance service or other organization that provides some or instructions.)	all of the benefits under th	e plan? (See	10a	x					449
f	Has the plan failed to provide any banefit when due under the	plan?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amour	nt as of year end.)	***************************************	10g		Х				
h	If this is an Individual account plan, was there a blackout period 2520.101-3.)			10h		х		1	渊	
ì	If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520.	- 1		101	-					4 , ;;
Part	Via Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requir 5500))							7		M No
12	is this a defined contribution plan subject to the minimum fund								Yes	
-	(If "Yes," complete 12s or 12b, 12c, 12d, and 12s below, as ap	-		J, 34.		U	Cyclory,		<u></u>	<b></b>
	If a waiver of the minimum funding standard for a prior year is it granting the weiver.	being smortized in this pla	Month							
H 3	you completed line 12s, complete lines 3, 9, and 10 of Scher	tule MB (Form 5500), and	d skip to line 13.		_			_		
þ	Enter the minimum required contribution for this plan year	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	W 04 4 F F 64000 h H 0 50 h 0 14 H v 56 1 h - 0 h			125				
C	Enter the amount contributed by the employer to the plan for the	•			L	12¢				
đ	Subtract the amount in line 12c from the amount in line 12b. Er negative emount)	# Tu == u,				1 <b>2</b> d				_
	Will the minimum funding amount reported on line 12d be met !	by the funding deadline?	Operato or about abullant bull fill fixer or		<u> </u>		Yes		No	N/A
Part	VIII Plan Terminations and Transfers of Asset	8								
13a	Has a resolution to terminate the plan been adopted in any plan yes			•		$\Box$	Yes X	No		
	If "Yes," enter the amount of any plan essets that reverted to the	e employer this year		12	la					
	Were all the plan essets distributed to participants or beneficiar of the PBGC?	- 41 <b>60</b> 0 1 0 16 - 1 0 00 10 10 10 10 10 10 10 10 10 10 10							Yes	No
	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	d from this plan to enother	plan(s), identify the	plan	(s) to	,				
	3c(1) Name of plan(s):				13	c(2) El	IN(s)		13c(3)	PN(s)
			-							
Ceut	on: A penalty for the late or incomplete filing of this returns	report will be assessed	uniesa raesonable	CRIC	te le	e e fe e	lished			
Unde SB o	r penalties of parjury and other penalties set forth in the instruct Schedule MB completed and signed by an enrolled actuary, as , it is true, correct, and complete.	ions. I decise that I have	examined this return	מאוועוי	ort. In	cludio.	o Manoli	cable y kno	, a Sch wiedge	edule and
112	1	5/11/7012		11	<b>A</b>	Δ.				
8 IGI		Date			A.		145_			
	: Signature of Profit cellulities and	Data	Enter name of ind	MOU	n aid	e prun	pien ad	minist	ration	
SIGI HER		Date	Enter name of lad							