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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in accord	uance with the mstru	ctions to the Form 55	₩-ЭГ.		
	art I		Identification Information					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2012	2	and ending	12/31/	2012	
Α	This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
В	This ret	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)	
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		-	special extension (enter description	on)			_	
Pa	art II	Basic Plan Info	rmation—enter all requested informa	ation				
1a	Name	of plan				1b	Three-digit	
TESL	A ELEC	CTRIC ARMATURE &	MACHINE INC 401K PLAN				plan number	
						_	(PN) •	001
						1C	Effective date o	•
22	Dlan cr	onsor's name and add	dross: include room or suite number (e	mployer if for a single	omployor plan)	2h		
		CTRIC ARMATURE &	dress; include room or suite number (el MACHINE INC	mployer, il lor a sirigle-	-employer plan)	20	Employer Identification (EIN) 37-12	04890
						20	Sponsor's telep	hone number
735 I	ΔNF Δ'	VENUE NORTH				20	904-78	
		ILLE, FL 32254				2d	Business code (see instructions)
							81131	
3a	Plan ad	dministrator's name an	nd address XSame as Plan Sponsor N	lame Same as Plar	n Sponsor Address	3b	Administrator's	EIN
			-	ш	•			
						3с	Administrator's	telephone number
4			e plan sponsor has changed since the lander from the last return/report.	ast return/report filed for	or this plan, enter the	4b	EIN	
а		or's name	iber nom the last return/report.			4c	PN	
5a	Total r	number of participants	at the beginning of the plan year			- 5a		18
b	Total r	number of participants	at the end of the plan year			5b		20
С	Numbe	er of participants with a	account balances as of the end of the p	olan year (defined bene	efit plans do not			
	•	•				. 5c		9
			s during the plan year invested in eligible					X Yes No
b			the annual examination and report of a company (See instructions on waiver eligibility a					X Yes No
			ther line 6a or line 6b, the plan cann	•				
Cai			or incomplete filing of this return/rep					
			ner penalties set forth in the instructions					able. a Schedule
SB	or Sche	dule MB completed ar	nd signed by an enrolled actuary, as we					
beli	ef, it is t	rue, correct, and comp	olete.					
SIG	N	Filed with authorized/v	valid electronic signature.	10/14/2013	KAYLA PAULIN			
HE		Signature of plan a		Date	Enter name of individ	dual sid	ninistrator	
CIC	·NI	orginatare or planta	annion ato:	Date	Enter name of marvi	addi Oiş	grining do piarr dan	·······otrator
SIG		Cianatura of ample	/plan apanar	Data	Enter name of indivis	امراما	maina on amalaya	r or plan ananar
Pre	narer's	Signature of employ	yer/plan sponsor ame, if applicable) and address; includ	Date	Enter name of individual	, ,		number (optional)
. 10	puioi 3 i	namo (moidaing iiiii ii	sino, ii applicabio, and address, includ	S 13011 Of Suite Hullipe	. (optional)	' ''	a.o. o totopriorie	nambor (optional)

Form 5500-SF 2012 Page **2**

Dor	t III Financial Information									
<u> </u>	Plan Assets and Liabilities		(a) Baginning of Your			(h) Furd of Voca				
	Total plan assets	7a	(a) Beginning of Yea			(b) End of Year 329769				
	Total plan liabilities	20738	13			329709				
	Net plan assets (subtract line 7b from line 7a)	7b 7c	28739	19			329769			
	Income, Expenses, and Transfers for this Plan Year			(a) Amount			(b) Total			
	Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers									
	(2) Participants	8a(2)	3659	96						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	1613	3						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					61265			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1776	64						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	113	1						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					18895			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					42370			
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:			
Part	•						T			
10	During the plan year:	da a a a a da d	and the Control of the confirmation	г	Yes	No	Amount			
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X		500000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	· ·	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		472			
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ				
	Did the plan have any participant loans? (If "Yes," enter amount a					X				
g h	If this is an individual account plan, was there a blackout period? (•	<u> </u>	10g						
	2520.101-3.)			10h		X				
	exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	<u> </u>									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
<u>11a</u>	1a Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						1. (1. 1			
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ith	, and 6	enter th Day	ne date of the letter ruling Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				T			
b	Enter the minimum required contribution for this plan year					12b				

	Form 5500-SF 2012 Page 3 - 1			
	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?		Yes X 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 the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

OMB Nas. 1210-0110 Short Form Annual Return/Report of Small Employee Form 5500-SF 1210-0089 **Benefit Plan** Department of the Treasury Internal Revenue Service 2012 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 Department of Labor This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information 12/31/2012 01/01/2012 and ending For calendar plan year 2012 or fiscal plan year beginning a single-employer plan a one-participant plan a multiple-employer plan (not multiemployer) A This return/report is for: the first return/report the final return/report **B** This return/report is: an amended return/report a short plan year return/report (less than 12 months) ☐ DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit plan number TESLA ELECTRIC ARMATURE & MACHINE INC 001 (PN) 🕨 401K PLAN 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 (EIN) 37–1264890 TESLA ELECTRIC ARMATURE & MACHINE INC 2c Sponsor's telephone number (904) 781-4944 735 LANE AVENUE NORTH Business code (see instructions) 811310 JACKSONVILLE 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 a Sponsor's name 18 5a Total number of participants at the beginning of the plan year..... 5a 20 b Total number of participants at the end of the plan year 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). No 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 No 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. 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 HERE			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN		10-11-2013	Konett & Brown
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address; include	te room or suite numbe	r (optional) Preparer's telephone number (optional)
			· ·
		to all and for Earny FERR	SE Form 5500-SF (2012)

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End c	f Yea	r	
	Total plan assets	7a		7,39	9		(10) = 110.			,769
	Total plan liabilities	7b			1					
	Net plan assets (subtract line 7b from line 7a)	7c	28	287,39					329	,769
8 Income, Expenses, and Transfers for this Plan Year			(a) Amount	(a) Amount			(b) To	otal		
	Contributions received or receivable from:		• /		_		(3)			
	(1) Employers	8a(1)		3,53						
	(2) Participants	8a(2)	36	5,59	6					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	16	5,13	3					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							61	,265
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	7,76	4					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	-	1,13	1					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								,895
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							42	,370
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 3D	feature cod	des from the List of Plan Chara	acteris	stic Co	odes in	the instruct	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	cterist	ic Cod	des in t	he instruction	ns:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amou	nt	
а	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)					Х				
b		? (Do not i	nclude transactions reported	10b		Х				
С				10c	Х				500	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service or other organization that provides some or all oinstructions.)	of the bene	fits under the plan? (See	10e	Х					472
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10h		Х				
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	ne required	notice or one of the	10ii						
Part				101		<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes 2	X No
11a	a Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes 2	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			50			2		L	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		, and o	enter th		e lette Year	r rulin	ıg
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
	Enter the minimum required contribution for this plan year		· · · · · · · · · · · · · · · · · · ·			12b				

	Form 5500-SF 2012 Page 3 -				
		12c			
<u> </u>	Enter the amount contributed by the employer to the plan for this plan year	120			
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?	Y	′es X 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 the of the PBGC?	control Yes			X No
С	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.)	0			
1	3c(1) Name of plan(s):	Bc(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b Tr	ust's EIN		