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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500)-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information				•	
For calend	lar plan year 2013 or fiso			and ending 12	2/31/2	2013	
A This re	turn/report is for:			an (not multiemployer)		a one-particip	oant plan
B This re	turn/report is:	the first return/report X th	e final return/report				
		an amended return/report as	short plan year returr	/report (less than 12 mo	onths)		
C Check	box if filing under:		utomatic extension			DFVC progra	ım
		special extension (enter description)					
Part II	Basic Plan Infor	mation—enter all requested information	on				
1a Name PARKER BO	of plan OAT COMPANY, INC. 4	01(K) PLAN			1b	Three-digit plan number	
						(PN) ▶	001
					1c	Effective date of 01/01/	•
	sponsor's name and add OAT COMPANY, INC.	ress; include room or suite number (emp	ployer, if for a single-	employer plan)		Employer Identif	
AEE SOLITL	I LAKE DESTINY ROAD				2c	Sponsor's telep	
ORLANDO,		,			2d	Business code (see instructions)
3a Plan a	administrator's name and	d address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's I	
					3с	Administrator's t	telephone number
name	e, EIN, and the plan num	plan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b		
	sor's name				4c	PN T	
_		at the beginning of the plan year		-	5a		34
b Total	number of participants a	at the end of the plan year			5b		0
	· · ·	ccount balances as of the end of the pla	•	•	5c		0
6a Were	e all of the plan's assets	during the plan year invested in eligible	assets? (See instruct	ions.)			X Yes No
under	r 29 CFR 2520.104-46?	the annual examination and report of an (See instructions on waiver eligibility and	d conditions.)				X Yes No
-		her line 6a or line 6b, the plan cannot plan, is it covered under the PBGC insu					Not determined
	pian is a deillied bellellt	. pian, is it covered under the FDGC IIISU	iance program (see	_ NOA 3600011 4021)?	····- □	I CO LINO L	140t detellilled
Gaution: A	A		4 201 1				
		r incomplete filing of this return/repor					able a Cabadula
Under pen SB or Sch	alties of perjury and other	er penalties set forth in the instructions, d signed by an enrolled actuary, as well	declare that I have	examined this return/rep	ort, in	cluding, if application	
Under pen SB or Sche belief, it is	alties of perjury and othe edule MB completed and true, correct, and compl	er penalties set forth in the instructions, d signed by an enrolled actuary, as well	declare that I have	examined this return/rep	ort, in	cluding, if application	
Under pen SB or Scho belief, it is	alties of perjury and othe edule MB completed and true, correct, and compl	er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete. alid electronic signature.	declare that I have	examined this return/rep	ort, in , and t	cluding, if applicate the best of my	knowledge and
Under pen SB or Scho belief, it is SIGN HERE	alties of perjury and othe edule MB completed and true, correct, and compl Filed with authorized/v	er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete. alid electronic signature.	declare that I have eas the electronic vers	examined this return/rep sion of this return/report,	ort, in , and t	cluding, if applicate the best of my	knowledge and
Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	alties of perjury and othe edule MB completed and true, correct, and completed with authorized/v Signature of plan ad Signature of employ	er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete. Calid electronic signature. Iministrator Ver/plan sponsor	Date	examined this return/report, sion of this return/report, Enter name of individuent of individuent control in the control individuent control indi	ort, in, and t	icluding, if applicate to the best of my ining as plan admining as employe	ninistrator or or plan sponsor
Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	alties of perjury and othe edule MB completed and true, correct, and completed with authorized/v Signature of plan ad Signature of employ	er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete. alid electronic signature.	Date	examined this return/report, sion of this return/report, Enter name of individuent of individuent control in the control individuent control indi	ort, in, and t	icluding, if applicate to the best of my ining as plan admining as employe	knowledge and

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Do	rt III Financial Information									_
7			() 5							_
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End	t Year	0	_
	Total plan assets	7a	280531	0					0	_
	Total plan liabilities	7b							0	_
	Net plan assets (subtract line 7b from line 7a)	7c	280531	U					U	_
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal		_
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)	2135	3						П
	(3) Others (including rollovers)	8a(3)								Т
b	Other income (loss)	8b	16766	1						Т
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1890)14	_
	Benefits paid (including direct rollovers and insurance premiums	8d	299166	4						
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)		200100							-
f	Administrative service providers (salaries, fees, commissions)	8e	266	0						-
		. 8f	200							-
	Other expenses (add lines 2d, 2e, 2f, and 2e)	8g						2994	224	_
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						-2805		_
÷	Net income (loss) (subtract line 8h from line 8c)	. 8i						-2005	310	_
	· · · · · · · · · · · · · · · · · · ·	8j								_
	t IV Plan Characteristics		1 (11 1:1 (D) 01		" 0					_
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	teature co	ides from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in t	he instruction	ns:		
Par	V Compliance Questions									_
10	During the plan year:				Yes	No		Amoun	+	_
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		. 55			Amoun		_
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	ection Program)	10a		X				_
	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				40000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		Χ				
е										_
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			Х				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X				(0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the							
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						_
Part	i i									_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Υ	es X N	0
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (302 of	ERISA?	Y	es X N	Э
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter Year _	ruling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year			_		12b		_		

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raye	J		

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?	X	es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	control		X Yes	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):	3 c(2) EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

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 Revenue Code (the Code). OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public

	sion Benefit Gueranty Corporation Complete all entries in ac	cordance with the inetr	,	n-SE	Inspection			
P	art Annual Report Identification Information	cordance with the mou	actions to the roini 550	0-31.	aerynamanagaisining anti			
	calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/	31/2013			
Α	This return/report is for: x a single-employer plan	a multiple-employer	plan (not multiemployer)	П	a one-participant plan			
В	This return/report is:	the final return/repor	ť					
	an amended return/report	t-mid	urn/report (less than 12 m	onths)				
С	Check box if filling under:	automatic extension		П	DFVC program			
	special extension (enter descr	<u></u>		Ł.,J				
D	art II Basic Plan Information enter all requested	•			and the same the same of the s			
***********	Name of plan	intornation	and the state of t	1b TI	hree-digit			
	·			pl	an number			
	Parker Boat Company, Inc. 401(k) Plan				N) ► 001 ffective date of plan			
					1/01/1984			
2a	Plan sponsor's name and address; include room or suite numb	er (employer, if for a sing	le-employer plan)		mployer Identification Number			
	Parker Boat Company, Inc.				EIN) 59-1053891			
					ponsor's telephone number			
	455 South Lake Destiny Road			<u> </u>	407) 660-2628			
TTO	Orlando FL 32810				usiness code (see instructions) 41222			
************************	Orlando FL 32810 Plan administrator's name and address X Same as Plan Spo	onsor Name 🌅 Same as	Plan Sponsor Address		dministrator's EIN			
		military in the second of the second	Tight openion reasons.	Jagamiodato S Env				
				3c A	dministrator's telephone number			
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			••	animotical of colophono transpor			
j								
		The state of the s			1980 1980 1980 1980 1980 1980 1980 1980			
4	If the name and/or EIN of the plan sponsor has changed since name, EIN, and the plan number from the last return/report.	the last return/report filed	for this plan, enter the	4b E	N			
a	Sponsor's name			4c PI	N			
*******	Total number of participants at the beginning of the plan year	3449444		5a	. 34			
b	Total number of participants at the end of the plan year			5b	0			
С	Number of participants with account balances as of the end of complete this item)	the plan year (defined be	nefit plans do not	5c	0			
6a	Were all of the plan's assets during the plan year invested in el	igible assets? (See instru	ctions.)	**********	X Yes No			
b	and the second s							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibi	. ,,,,,,	eskandidaearriinereniyassassisidaeaeassisteearri					
c	If you answered "No" to either line 6a or line 6b, the plan of If the plan is a defined benefit plan, is it covered under the PBG							
	nution: A penalty for the late or incomplete filing of this return							
SE	nder penalties of perjury and other penalties set forth in the instru 3 or Schedule MB completed and signed by an enrolled actuary, a dief, it is true, correct, and complete	etions, I declare that I have as well as the electronic v	ve examined this return/reportersion of this return/reportersion of this return/reportersion	port, inc rt, and to	the best of my knowledge and			
		9/12/14	Bonnie L. Todte	nhagen	Market Control of the			
	ERE Signature of plan administrator	TO THE THE	*					
		Dateppluff	Enter name of individua Bonnie L. Todte		·			
2014/00/2014	IGN Signature of employer/otan sponsor SOM / R 0 and	111 500/12/11/	······································					
81 W.C.	eparer's name (including firm name-if-applicable) and address; in	Date///2///		·	as employer or plan sponsor er's telephone number (optional)			
' '	Spare o stanto (morading international approache) and address, in	nologe room of saite main	ber (optionar)	trichaic	ii a reiebuone unimper (obtional)			
A CONTRACTOR OF THE PARTY OF TH			,					

Pa	rt III Financial Information					·····				
7	Plan Assets and Liabilities	344	(a) Beginning of Year	•	(b) End of Year					
а	Total plan assets	7a	2,805,3	10						
b	Total plan liabilities	7b	<u> </u>	0						
С	Net plan assets (subtract line 7b from line 7a)	7c	2,805,3	10	0					
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)	21,3	53						
	(3) Others (including rollovers)	8a(3)	· · · · · · · · · · · · · · · · · · ·			1.3				
b	Other income (loss)	8b	167,60	61			i di di di			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						189,014		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,991,6	64						
е	Certain deemed and/or corrective distributions (see instructions)	8e				44				
f	Administrative service providers (salaries, fees, commissions)	8f	2,60	60			A dhilist			
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2,994,324		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			****		(2	,805,310)		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 3D	eature cod	es from the List of Plan Charac	teristi	c Cod	es in t	he instruction	ons:		
<u>_</u>			f (1 1 1 1 f D) O) 1							
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture code	s from the List of Plan Characte	eristic	Code	s in th	e instruction	is:		
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	А	mount		
a	Was there a failure to transmit to the plan any participant contributed 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
C	Was the plan covered by a fidelity bond?	•••••		10c	х			400,000		
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 of instructions.)		• `	10e		х				
f	Has the plan failed to provide any benefit when due under the plan			10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	х			0		
h		See instru	ictions 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 2520.101	e required	I notice or one of the	10i						
Pai	t VI Pension Funding Compliance			1	L	L				
11	Is this a defined benefit plan subject to minimum funding requirem							Yes X No		
112	5500) and line 11a below)					11a	•••••	res 🔼 No		
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				-					
а		ng amortiz	ed in this plan year, see instruc		and e	nter th Da		ne letter ruling Year		
If	If 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				
	Enter the minimum required contribution for this plan year	•••••	***************************************	• • • • • • • • • • • • • • • • • • • •	*****	120				

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			p	
c	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
Parl	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X Y	es 🔲 N	lo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)			
	3c(1) Name of plan(s): 13d	(2) EIN	(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b ⊤	rust's EIN	