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

2013

This Form is Open to Public Inspection

Pens	on Benefit Guaranty Corporation	► Complete all entries in acco	ordance with the instruc	tions to the Form 5500	-SF.	
Part	I Annual Report	Identification Information			•	
For cal	endar plan year 2013 or fis		013	and ending 12	//31/2013	
A Thi	s return/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)	a one-participant plan	
B Thi	s return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mor	nths)	
C Ch	Check box if filing under:					
		special extension (enter descrip				
Part	•	rmation—enter all requested infor	mation			
	me of plan ELECTRIC ARMATURE & I	MACHINE, INC. 401(K) PLAN			1b Three-digit plan number	
				_	(PN) 001	
					1c Effective date of plan 08/01/2004	
	an sponsor's name and add ELECTRIC ARMATURE &	employer plan)	2b Employer Identification Number (EIN) 37-1204890			
					2c Sponsor's telephone number	
	IE AVENUE NORTH DNVILLE, FL 32254				904-781-4944 2d Business code (see instructions)	
3a Pla	an administrator's name an	nd address XSame as Plan Sponsor	r Name Same as Plan	Sponsor Address	811310 3b Administrator's EIN	
		_	_		3c Administrator's telephone number	
		e plan sponsor has changed since the mber from the last return/report.	e last return/report filed fo	r this plan, enter the	4b EIN	
	onsor's name	mber from the last return/report.			4c PN	
		at the beginning of the plan year			5a 21	
_		at the end of the plan year		<u> </u>	5b 19	
C N	umber of participants with a	account balances as of the end of the	e plan year (defined bene	fit plans do not	_	
		s during the plan year invested in elig		l-		
		the annual examination and report of				
uı	nder 29 CFR 2520.104-46?	? (See instructions on waiver eligibilit ther line 6a or line 6b, the plan car	ty and conditions.)		X Yes No	
	•	it plan, is it covered under the PBGC				
	•	or incomplete filing of this return/r		· · · · · · · · · · · · · · · · · · ·		
Under	penalties of perjury and oth	ner penalties set forth in the instruction	ons, I declare that I have e	examined this return/repo	ort, including, if applicable, a Schedule	
	t is true, correct, and comp		well as the electronic vers	sion of this return/report,	and to the best of my knowledge and	
SIGN	Filed with authorized/v	valid electronic signature.	10/06/2014	NICK SUTHEIMER		
HERE	Signature of plan ac	dministrator	Date	Enter name of individua	al signing as plan administrator	
SIGN						
HERE	Signature of employ		Date		al signing as employer or plan sponsor	
Prepar	er's name (including firm na	ame, if applicable) and address; incl	ude room or suite number	r (optional)	Preparer's telephone number (optional)	
I						
				L		

Form 5500-SF 2013 Page **2**

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea		(b) End of Year			oor			
	Total plan assets	7a	(a) Beginning of Yea				(b) End		25818	5	
<u>a</u>	Total plan liabilities	7a 7b		0)	
	Net plan assets (subtract line 7b from line 7a)	76 7c	32976					2	25818	5	
	Income, Expenses, and Transfers for this Plan Year	70		(b) Total							
	Contributions received or receivable from:		(a) Amount				(b)	Olai			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	1420	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							14201		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8405	5							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	173	0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8578	5	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-7158	4	
j	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instruc	ctions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	c Coc	les in t	he instruct	ions:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Ame	ount		
а				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Χ					5000	100
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				3000	700
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service, or other organization that provides some or all				Χ						
	instructions.)			10e	^					4	139
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X					
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 exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					•	Tr	Yes	X	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					-
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	ТГ	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		, UI SE	CHOII .	JUZ UI	LINOM!		, 03	^	. 10
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th	ne date of	the le Yea		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		100	"		
	Enter the minimum required contribution for this plan year	•				12b					
							-				

Page	3 -	1
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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?	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 coof the PBGC?	ontrol		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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust'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 sections 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public

	Employee Benefits Security Administration	the Interna	al Reven	lue Code (the Ci	ode).			pection
	Pension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance v	with the instruc	tions to the Form 550	0-SF.	1113	pection
P	art Annual Report Id	lentification Information						
	r calendar plan year 2013 or fisca		01/01	/2013	and ending		12/31/201	.3 ·
		X a single-employer plan	•		an (not multiemployer)		a one-particip	ant plan
	This retain report is for:		1		in (nocmandemployer)		a one-particit	ant plan
В	This return/report is:	the first return/report		al return/report				
	Ĺ	an amended return/report ·	a short	plan year return	report (less than 12 m	onths)		
С	Check box if filing under:	K Form 5558	automa	atic extension			DFVC progra	m
_		special extension (enter description	on)				_	
· · ·	Books Dlan Inform	nation—enter all requested inform						
	art II Basic Plan Inform	mation—enter all requested inform	lattori			1h	Three-digit	
18						١,٣	plan number	
		ature & Machine, Inc.					(PN) Þ	001
	401(k) Plan					1c	Effective date of	
							08/01/200	1 -
2a	Plan sponsor's name and addre	ess; include room or suite number (e	emplove	r, if for a single-e	mployer plan)	2b	Employer Identit	fication Number
_	Tesla Electric Arma						(EIN) 37-120	
	Machine, Inc.					2c	Sponsor's telep	hone number
							(904) 781-	
	735 Lane Avenue Nor	cth				2d	Business code (see instructions)
	Jacksonville			FL	32254		811310	,
3a		address XSame as Plan Sponsor N	Vame [3b	Administrator's I	EIN
-		<u> </u>						
						3с	Administrator's I	elephone number
4		plan sponsor has changed since the	last retu	rn/report filed fo	this plan, enter the	4b	EIN	
	name, EIN, and the plan numb	per from the last return/report.				4c	PN	
	Sponsor's name	W. Lastada at the alexander				+	I :	
58		t the beginning of the plan year				5a		21
b		t the end of the plan year				5b		19
		count balances as of the end of the				5c		3
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole asse	ts? (See instruct	ions.)			X Yes No
b	Are you claiming a waiver of the	he annual examination and report of	an inde	pendent qualifie	d public accountant (IC	PA)	-	
	under 29 CFR 2520-104-46? (See instructions on waiver eligibility	and cor	nditions.)				X Yes No
		er line 6a or line 6b, the plan can						1
C	If the plan is a defined benefit p	plan, is it covered under the PBGC in	nsuranc	e program (see	ERISA section 4021)?	····· <u> </u>	Yes No	Not determined
Ca	ution: A penalty for the late or	incomplete filing of this return/re	port wil	l be assessed u	inless reasonable car	ıse is	established.	
Un	der penalties of periury and othe	er penalties set forth in the instruction	ns, I dec	lare that I have e	examined this return/re	port, ir	ncluding, if applic	able, a Schedule
SE	or Schedule MB completed and	i signed by an enrolled actuary, as w	ell as th	e electronic vers	ion of this return/repor	t, and	to the best of my	knowledge and
be	lief, it is true, correct, and comple	ete.		, , ;				
10.5		//	1/	1/3/14				
	GN A		1/4	4711				
300	/Signature of plan adr	nini strato r	Da	ité	Enter name of individ	ual sig	ining as plan adn	ninistrator
	GN							
HE	RE Signature of employe	er/plan sponsor	Da	ite	Enter name of individ	ual sig	ning as employe	er or plan sponsor
Pr		me, if applicable) and address; include			(optional)			number (optional)
						2000		PARTICIPATE OF THE PARTICIPATION OF THE PARTICIPATI
1	•					Total Control		

	rtilli Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End			
a	Total plan assets	7a	329	76	9				258,3	185
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	329	329,769					258,3	185
8	Income, Expenses, and Transfers for this Plan Year	整體的	(a) Amount	\perp		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)			0					
:	(2) Participants	8a(2)			0	esaleza er Ey Odes Er Sec				
	(3) Others (including rollovers)	8a(3)			0			455		
h	Other income (loss)	8b	14	1,20	1 🎆					
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1374 -1344 1374				14,	201
	Benefits paid (including direct rollovers and insurance premiums		. 84	1,05	5	May				
	to provide benefits)	8d		,,,,	0					
e	Certain deemed and/or corrective distributions (see instructions)	. 8e		73		renaeta Gerego		andesa Sense		
	Administrative service providers (salarles, fees, commissions)	8f		.,,,				adalijans John Ko	gergietywei Sierreiterd	
g	Other expenses	. 8g	Property and the Section Section 1999 and the Section Section 1999 and the Section 1999 and t	er-Janes	988 988	en diplom	glebook in micheli		85,	785
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							71,5	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	81	A DEPOSE SERVICE SERVICE PROPERTY OF SERVICE SERVICES		0	ATTENSES.		EE STATE	Reserved to	
Power British	Transfers to (from) the plan (see instructions)	<u> </u>			U MARIE			河外是 安排		
ь										
10	During the plan year:				Yes	No		Amour	nt	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)	itions withi	n the time period described in	10a		х				
ī	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		,,				
_	Was the plan covered by a fidelity bond?					X	<u> </u>			
				10c	Х	X			500,	000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		end, that was caused by fraud	10c 10d	Х	X			500,	000
		her persor of the ben	nd, that was caused by fraud as by an insurance carrier, efits under the plan? (See		x	х			500,	439
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all	her persor of the ben	nd, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10d					500,	
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plan but the plan have any participant loans? (If "Yes," enter amount in the plan have any participant loans?	her person of the ben an?as	nd, that was caused by fraud is by an insurance carrier, efits under the plan? (See	10d		х			500,	
	or dishonesty?	her person of the ben an? as of year (See instri	ind, that was caused by fraud its by an insurance carrier, efits under the plan? (See end.)	10d 10e 10f		X			500,	
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period?	her person of the ben an?as of year (See instruction	ind, that was caused by fraud its by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the	10d 10e 10f 10g		X			500,	
1	or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all 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 2520.101-3.) If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	her persor of the ben an?as of year (See instruction the require 01-3	end, that was caused by fraud as by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the	10d 10e 10f 10g 10h	х	X X X			500,	
1	or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.101.	her persor of the ben an?	end, that was caused by fraud as by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the	10d 10e 10f 10g 10h	X	X X X Adule Si			500,	439
Par 11	or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount 1 If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.101. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer	her persor of the ben an? as of year (See instruction of the require of the requi	end, that was caused by fraud as by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the	10d 10e 10f 10g 10h 10i	X	X X X Adule Si			yes ⊠	439 No
Par 11	or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all 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 2520.101-3.) If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.101-101. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below).	her persor of the ben an?	end, that was caused by fraud as by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com	10d 10e 10f 10g 10h 10i	X	X X X dule SI				439 No
10 11 12	or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount 2520.101-3.) If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.101-101. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the unpaid minimum required contribution for current year is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	her persor of the ben an?	end, that was caused by fraud as by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39 ents of section 412 of the Code cable.)	10d 10e 10f 10g 10h 10i	X	X X X A dule Si 11a 302 of	ERISA?		Yes X	439
11 11 12	or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount a plate of this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.101. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the unpaid minimum required contribution for current year is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below if a waiver of the minimum funding standard for a prior year is be granting the waiver.	her persor of the ben an?	end, that was caused by fraud as by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39 ents of section 412 of the Code cable.) zed in this plan year, see instru	10d 10e 10f 10g 10h 10i nplete	X	X X X A dule Si 11a 302 of	ERISA?		Yes X	439
1 Para 11 11 12 11 12 11 12 11 11 11 11 11 11	or dishonesty?	her person of the ben an?	end, that was caused by fraud as by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39 ents of section 412 of the Code cable.) zed in this plan year, see instru Mor rm 5500), and skip to line 13.	10d 10e 10f 10g 10h 10i 10i	Scheection s, and	X X X A A A A A A A A A A A A A A A A A	ERISA?	he lette	Yes X	439

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	Enter the amount contributed by the employer to the plan f	for this plan year			12c	Τ			
d	Subtract the amount in line 12c from the amount in line 12l negative amount)	b. Enter the result (enter a minus sign to	the left of a	12d				
e	Will the minimum funding amount reported on line 12d be	met by the funding	deadline?			Yes	: []	No	N/A
AREAST COLORS	VII Plan Terminations and Transfers of As								
	Has a resolution to terminate the plan been adopted in any plan					Yes X	No		
	If "Yes," enter the amount of any plan assets that reverted	to the employer this	s year		13a				
b	Were all the plan assets distributed to participants or bene of the PBGC?							Yes	X No
С	If during this plan year, any assets or liabilities were transf which assets or liabilities were transferred. (See instruction		to another plan(s),	identify the plan(s)	to				
-	3c(1) Name of plan(s):			1	3c(2)	IN(s)		13c(3) PN(s)
								•	
Part	VIII Trust Information (optional)								
	Name of trust				14b	Trust's E	IN		