Form 5500-	SF Sh	Short Form Annual Return/Report of Small Emp Benefit Plan					OMB Nos. 1210-0110 1210-0089		
Department of the Trease Internal Revenue Service		Benetit Plan This form is required to be filed under sections 104 and 4065 of the Employee F				2015			
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code). Papering Resolution Revenue Code (the Code). Revenue Code (the Code).									
			accordance with the inst	ructions to the Form 55	00-SF.		•		
Part IAnnual RFor calendar plan year 20		ation Information		and ending 12	/31/2015				
		e-employer plan		plan (not multiemployer)		cking this b	ox must attach a		
A This return/report is fo		participant plan		nployer information in ac		-			
B This return/report is	× the firs	the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 m)							
	an am					months)			
C Check box if filing und	ler: Form 5	─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─					ram		
	specia	l extension (enter desc	ription)						
Part II Basic Pla	n Information-	-enter all requested in	formation						
1a Name of plan PALM BEACH GOLF CARS LLC 401 K PROFIT SHARING PLAN TRUST					1b Thre plan (PN	number	001		
					,	, , ctive date o	fplan		
2a Plan sponsor's name	(employer, if for a	single-employer plan)			2b Emp		1/2015 fication Number		
		e no. and street, or P.C and ZIP or foreign post). Box) al code (if foreign, see inst	ructions)	(EIN) 46-2	003232		
PALM BEACH GOLF CARS	3 LLC				20 Spo	c Sponsor's telephone number 561-921-6076			
13438 S. MILITARY TRAIL					2d Busi	ness code (see instructions)		
DELRAY BEACH, FL 3348	4					4239	910		
3a Plan administrator's r	name and address	XSame as Plan Spon	sor.		3b Adm	inistrator's	EIN		
					3c Adm	inistrator's t	elephone number		
4 If the name and/or E	IN of the plan spon	sor has changed since	the last return/report filed t	for this plan, enter the	4b EIN				
name, EIN, and the a Sponsor's name					4c PN				
	icipants at the begi	nning of the plan year			5a		10		
				ſ	5b		11		
C Number of participar	ts with account ba	lances as of the end of	the plan year (defined ben	efit plans do not	5c		10		
· · · · · ·			an year	1	5d(1)		10		
.,			-	1	5d(2)		11		
 d(2) Total number of active participants at the end of the plan year e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 			enefits that were less	5e		0			
Caution: A penalty for t	he late or incompl	ete filing of this retur	n/report will be assessed	unless reasonable cau					
	pleted and signed b		ctions, I declare that I have as well as the electronic ve						
SIGN Filed with aut	horized/valid electr	onic signature.	07/21/2016	PATRICK BOYLAN					
HERE Signature o	ure of plan administrator Date Enter name of individ				dual signing as plan administrator				
SIGN HERE									
Signature of employer/plan sponsor Date Enter name of ind Preparer's name (including firm name, if applicable) and address (include room or suite number) Enter name of ind				dividual signing as employer or plan sponsor Preparer's telephone number					
	g nano, ii app			. ,	Tioparon				
For Paperwork Reduction A	Act Notice and OMB	Control Numbers, see th	e instructions for Form 5500	-SF.			Form 5500-SF (2015)		

	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes 🗌 N	lo		
b	 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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 							X Yes 🗌 N	lo		
с	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? \Box Yes \Box No \Box Not determined										
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	(a) Beginning of Year			(b) End of Year				
а	Total plan assets		0			7312					
b	Total plan liabilities	7b		0			0				
С	Net plan assets (subtract line 7b from line 7a)	7c		0			7312				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	(a) Amount				(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants	8a(2)		7566							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b		-175							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7391		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		45							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		34							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							79		
i	Net income (loss) (subtract line 8h from line 8c)	8i					7312				
j	Transfers to (from) the plan (see instructions)	8j			0						
Pa	rt IV Plan Characteristics		-								
9a											
В											
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A	А	mount		
a		tions withi	n the time period								
described in 29 CFR 2510.3-102? (See instructions and DOL's V		-	-			х					
Program)				10a		^					
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X					
С	C Was the plan covered by a fidelity bond?			10c	Х				2000)0	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		х					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som										
	the plan? (See instructions.)			10e		Х					
f	f Has the plan failed to provide any benefit when due under the plan?			10f		X					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х					
i				10i							
j	j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem										
	5500) and line 11a below)								Yes X N	10	

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...

Yes X No

11a

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a 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 ruling granting the waiver								
lf	you c	ompleted 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								
C Enter the amount contributed by the employer to the plan for this plan year								
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?			Υe	es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
	of th	e PBGC?	-			Yes X	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	13c(3) PN(s)	
Part	VIII	Trust Information	-					
14a	Name	e of trust		14b	Trusťs E	IN		
14c Name of trustee or custodian				14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Yes		No	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					esign- ased safe arbor nethod	P/ACP		
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					Yes No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):							erage nefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				Ye	es	No		
17a Has the plan been timely amended for all required tax law changes?				Ye	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	ın's last fa	avorable		
18					Yes			
19 Were in-service distributions made during the plan year?				Ye	es	No		
If "Yes," enter amount								
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?				[] Ye	es	No	N/A	