Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____

B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SILL TERHAR RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/04/1968

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

SILL TERHAR MOTORS, INC

PO BOX 344
150 ALTER ST
BROOMFIELD, CO 80038

2b Employer Identification Number (EIN) 84-0535589

2c Sponsor's telephone number 303-469-1801

2d Business code (see instructions) 441110

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 accompanying schedules, statements and attachments, 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	Filed with authorized/valid electronic signature.	10/11/2013	J.A. TERHAR, JR.
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	212
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	122
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	88
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	210
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	210
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	154
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[ ]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan	**B** Three-digit plan number (PN) ▶
SILL TERHAR RETIREMENT SAVINGS PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
SILL TERHAR MOTORS, INC	84-0535589

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 15 99 60 50 64	RECORDKEEPER	6540	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
SILL TERHAR RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SILL TERHAR MOTORS, INC

D Employer Identification Number (EIN)
84-0535589

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	33600	0
(2) Participant contributions	1b(2)	4889	5169
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	736262	768701
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	180113	137694
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2103286	2530887
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3058150	3442451
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3058150	3442451

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	198210	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		198210
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6393	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6407
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	47981	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		47981
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		227543
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		480141
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	65012	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		65012
f Corrective distributions (see instructions)	2f		24288
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	6540	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6540
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		95840
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		384301
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LOGAN, THOMAS AND JOHNSON **(2)** EIN: 20-1943886

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		300000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
SILL TERHAR RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SILL TERHAR MOTORS, INC

D Employer Identification Number (EIN)
84-0535589

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 45-0404698

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a	The current year	**14a**	
b	The plan year immediately preceding the current plan year	**14b**	
c	The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a	The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b	The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a	Enter the number of employers who withdrew during the preceding plan year	**16a**	
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Financial Statements and
Independent Auditor's Report

Sill TerHar Ford, Inc. 401(k) Salary Reduction Plan and Trust

December 31, 2012 and 2011

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Logan, Thomas & Johnson, LLC
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Sill TerHar Ford, Inc. 401(k)
Salary Reduction Plan and Trust

Report on the Financial Statements

We have audited the accompanying financial statements of Sill TerHar Ford, Inc. 401(k) Salary Reduction Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

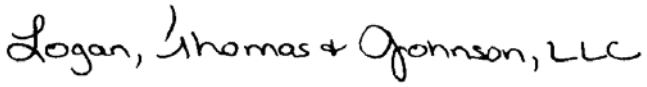
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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2012 and 2011, and the changes in its net assets available for benefits for the year ended December 31, 2012, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H – Line 4i – Schedule of Assets (Held at End of Year), is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Broomfield, Colorado
October 11, 2013

Financial Statements

Sill TerHar Ford, Inc. 401(k) Salary Reduction Plan and Trust
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	2012	2011
ASSETS		
Investments, at fair value		
Mutual funds	$ 2,530,887	$ 2,103,286
Money market	768,701	736,113
Contribution account	-	149
Total investments	3,299,588	2,839,548
Receivables		
Participant contributions	5,169	5,085
Employer contributions	33,600	33,600
Notes receivable from participants	137,694	180,113
Total receivables	176,463	218,798
Total assets	3,476,051	3,058,346
LIABILITIES		
Excess contributions payable	12,497	26,794
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,463,554	$ 3,031,552

The accompanying notes are an integral part of these statements.

Sill TerHar Ford, Inc. 401(k) Salary Reduction Plan and Trust
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2012

Additions to net assets attributed to:	
Investment income	
Dividends and interest	$ 47,056
Net appreciation in fair value of investments	227,564
Total investment income	274,620
Interest income on notes receivable from participants	6,383
Contributions	
Participants	190,427
Employer	31,960
Total contributions	222,387
Total additions	503,390
Deductions from net assets attributed to:	
Benefits paid to participants	66,123
Administrative expenses	5,265
Total deductions	71,388
Net increase in net assets	432,002
Net assets available for benefits:	
Beginning of year	3,031,552
End of year	$ 3,463,554

The accompanying notes are an integral part of this statement.

NOTE A – DESCRIPTION OF PLAN

The following description of the Sill TerHar Ford, Inc. 401(k) Salary Reduction Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions. The Plan was amended effective June 28, 2011 to adopt Worker, Retiree, and Employer Recovery Act of 2008 regulations required by the Internal Revenue Service.

1. *General*

   The Plan is a defined contribution plan covering eligible employees of Sill TerHar Ford, Inc. (the Company). Eligible employees are those who have attained the age of 18 years. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

2. *Participants' Contributions*

   Each year, participants may contribute up to 50% of pre-tax annual compensation, as defined in the Plan, subject to Internal Revenue Code limitations. Participants may also contribute amounts representing distributions from other defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

   Refunds payable to participants for excess contributions as a result of the nondiscrimination testing were $12,497 and $26,794 as of December 31, 2012 and 2011, respectively. The Plan remitted the excess contributions by the deadline required by the Department of Labor.

3. *Employer Contributions*

   The Company may make discretionary profit sharing contributions. The amount of the discretionary contribution is set by the employer each year. The discretionary contribution is based on a percentage of participant elective deferrals for the plan year. The percentage of the employer contribution (per participant) will vary each year and will depend upon the amount of the discretionary contribution, and the amount of elective deferrals for each participant. The Company's discretionary profit sharing contribution for 2012 was $31,960 (net of $1,640 of excess employer contributions). Contributions are subject to certain limitations.

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

4. *Participant Accounts*

   Each participant's account is credited with the participant's contributions, an allocation of discretionary employer contributions, if any, and an allocation of Plan earnings. Allocations are based on participant earnings or account balances, as defined in the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. *Notes Receivable from Participants*

   Participants may borrow from their accounts a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Note terms range up to five years except for the purchase of a primary residence, which may be repaid over a period exceeding five years. The notes are secured by the balance in the participant's account and must bear a reasonable rate of interest. Principal and interest are paid ratably through semi-monthly payroll deductions. The notes bear interest of prime plus 1% and the rates range from 4.25% to 7.25% as of December 31, 2012.

6. *Vesting*

   Participants are immediately vested in their voluntary contribution and any earnings thereon. Vesting for the employer discretionary contribution is based on years of continuous service. A participant is 100% vested after five years of credited service.

7. *Forfeited Accounts*

   At December 31, 2012 and 2011, forfeited nonvested accounts totaled $12,366 and $15,308, respectively. Forfeited account balances may be used for administrative expenses or toward employer discretionary contributions.

8. *Payment of Benefits*

   On termination of service, a participant may elect to receive a lump-sum amount, rollover the benefit to an IRA, or rollover to another employer's qualified plan.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. *Basis of Accounting*

   The financial statements of the Plan are prepared on the accrual basis of accounting.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

2. *Investment Valuation and Income Recognition*

   The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

   Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

3. *Use of Estimates*

   The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

4. *Subsequent Events*

   The Plan has evaluated events and transactions occurring subsequent to the end of the fiscal year for potential recognition or disclosure through October 11, 2013, the date on which the financial statements were issued. The Plan did not identify any events or transactions that would have a material impact on the financial statements.

5. *Payment of Benefits*

   Benefits are recorded when paid.

6. *Notes Receivable from Participants*

   Notes receivable from participants represent participant loans that are recorded at their unpaid principal plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2012 and 2011. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

7. *Administrative Expenses*

Administrative expenses can be paid by the Plan, the Company, or by the participants. For the year ended December 31, 2012, the Plan incurred expenses in the amount of $5,265, which were paid from forfeitures.

NOTE C – FAIR VALUE MEASUREMENTS

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. A fair value hierarchy is established to prioritize the inputs used to measure fair value. This hierarchy requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of inputs used to measure fair value are as follows:

Level 1 – Quoted market prices in active markets for identical assets or liabilities.

Level 2 – Inputs other than quoted prices included in Level 1, such as quoted prices for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of assets or liabilities.

Following is a description of the valuation methodologies used for assets measured at fair value.

Money market funds and contribution account – valued at carrying amount.

Mutual funds – valued at the net asset value of shares held by the Plan at year-end, as determined by quoted market prices.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE C – FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012:

	Fair Value	Level 1	Level 2	Level 3
Money market funds	$ 768,701	$ 768,701	$ -	$ -
Mutual funds:				
Large Cap U.S. Stock	620,858	620,858	-	-
Mid Cap U.S. Stock	383,464	383,464	-	-
Small Cap U.S. Stock	133,054	133,054	-	-
Balanced	118,662	118,662	-	-
Diversified Bond	548,035	548,035	-	-
Government Bond	280,293	280,293	-	-
High Yield Bond	49,803	49,803	-	-
International Stock	385,203	385,203	-	-
Specialty International Stock	11,515	11,515	-	-
Total investments	$ 3,299,588	$ 3,299,588	$ -	$ -

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Fair Value	Level 1	Level 2	Level 3
Money market funds	$ 736,113	$ 736,113	$ -	$ -
Contribution account	149	149	-	-
Mutual funds:				
Large Cap U.S. Stock	515,294	515,294	-	-
Mid Cap U.S. Stock	331,742	331,742	-	-
Small Cap U.S. Stock	110,071	110,071	-	-
Balanced	102,657	102,657	-	-
Diversified Bond	451,189	451,189	-	-
Government Bond	248,781	248,781	-	-
High Yield Bond	30,162	30,162	-	-
International Stock	311,446	311,446	-	-
Specialty International Stock	1,944	1,944	-	-
Total investments	$ 2,839,548	$ 2,839,548	$ -	$ -

NOTE D – INVESTMENTS

The net appreciation for the year of the Plan's mutual fund investments is reflected in the statement of changes in net assets available for benefits. Investments are all participant directed.

The fair value of individual investments that represent 5% or more of the Plan's net assets as of December 31, 2012 and 2011 are as follows:

	2012	2011
Ready Assets Prime Money Fund	$ 731,049	$ 706,012
GM Thornburg Limited Term US Govt Portfolio R1**	-	221,887
GM Thornburg International Value Fund R3**	-	184,044
GM PIMCO Total Return Fund R**	-	236,729
GM Victory Fund for Income Fund A*	265,384	-
GM Thornburg International Value Fund R4*	219,413	-
GM PIMCO Total Return Fund A*	285,984	-

* Does not represent 5% of net assets in 2011 and is included for comparative purposes.
** Does not represent 5% of net assets in 2012 and is included for comparative purposes.

NOTE E – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE F – TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and accordingly, the trust's net investment income is exempt from income taxes. The Plan has adopted a standardized prototype plan, which has obtained a determination letter from the Internal Revenue Service. The Plan has not received its own determination letter. However, the Plan administrator and tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained

NOTE F – TAX STATUS (CONTINUED)

upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to 2009.

NOTE G – RISKS AND UNCERTAINTIES

The Plan provides for various investment options in registered investment companies. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

NOTE H – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of various items per the financial statements to the Form 5500 as of December 31, 2012 and 2011:

	2012	2011
Contributions receivable - employer – financial statements	$ 33,600	$ -
Contributions receivable from employer for 2012	(33,600)	-
Contributions receivable - employer – Form 5500	$ -	$ -
Contributions receivable - participant – financial statements	$ -	$ 5,085
Contributions receivable from participants for 2011 bonus	-	(196)
Contributions receivable – participants – Form 5500	$ -	$ 4,889
Excess contributions payable – financial statements	$ 12,497	$ 26,794
Excess contributions payable	(12,497)	(26,794)
Total liabilities – Form 5500	$ -	$ -
Net assets available for benefits – financial statements	$ 3,463,554	$ 3,031,552
Contributions receivable from employer for 2012	(33,600)	-
Contributions receivable from participants for 2011 bonus	-	(196)
Excess contributions payable	12,497	26,794
Net assets available for benefits – Form 5500	$ 3,442,451	$ 3,058,150

NOTE H – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of various items per the financial statements to the Form 5500 for the year ended December 31, 2012:

Employer contributions – financial statements	$ 31,960
Employer excess contribution payable for 2012	1,640
Contributions receivable from employer for 2012	(33,600)
Employer contributions – Form 5500	$ -
Participant contributions – financial statements	$ 190,427
2012 excess contributions	7,586
Contributions from participants for 2011 bonus	196
Rounding	1
Participant contributions – Form 5500	$ 198,210
Investment income and interest income on notes receivable from participants – financial statements	$ 281,003
2012 interest on excess contributions payable	928
Investment income – Form 5500	$ 281,931
Benefits paid to participants – financial statements	$ 66,123
Fees on benefit distributions	(1,275)
Fees on 2011 excess contribution distributions	165
Rounding	(1)
Benefits paid to participants – Form 5500	$ 65,012
Corrective distributions – financial statements	$ -
Corrective distributions for 2011 excess contributions	24,453
Fees on 2011 excess contribution distributions	(165)
Corrective distributions – Form 5500	$ 24,288
Administrative expenses – financial statements	$ 5,265
Fees on benefit distributions	1,275
Administrative expenses – Form 5500	$ 6,540

Supplementary Information

Sill TerHar Ford, Inc. 401(k) Salary Reduction Plan and Trust
SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2012

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(e) Current value
	Ready Assets Prime Money Fund	Money Market	$ 731,049
	GM BlackRock Ready Assets Prime Money Fund	Money Market	37,651
	GM Oppenheimer International Bond Fund N	Mutual Fund	16
	Victory Fund for Income Fund A	Mutual Fund	14,909
	Lord Abbett High Yield Fund A	Mutual Fund	49,803
	Oppenheimer International Bond Fund A	Mutual Fund	60,435
	MainStay Large Cap Growth Fund R2	Mutual Fund	32,296
	Janus Forty Fund A	Mutual Fund	35,280
	Prudential Jennison 20/20 Focus A	Mutual Fund	12,247
	BlackRock S&P 500 Index Instl Fund	Mutual Fund	8,631
	BlackRock Equity Dividend Fund A	Mutual Fund	144,870
	Eaton Vance Large Cap Value Fund A	Mutual Fund	38,607
	Goldman Sachs Growth Opportunities Fund A	Mutual Fund	90,186
	Perkins Mid Cap Value Fund A	Mutual Fund	124,027
	Ivy Small Cap Growth Fund Y	Mutual Fund	31,395
	Goldman Sachs Small Cap Value Fund A	Mutual Fund	14,130
	Thornburg International Value Fund R4	Mutual Fund	47,530
	BlackRock Global Allocation Fund A	Mutual Fund	118,662
	Oppenheimer Developing Markets Fund A	Mutual Fund	94,519
	Prudential Global Real Estate Fund A	Mutual Fund	11,515
	PIMCO Total Return Fund A	Mutual Fund	134,353
	GM Oppenheimer International Bond Fund A	Mutual Fund	67,247
	GM Victory Fund for Income Fund A	Mutual Fund	265,384
	GM Thornburg International Value Fund R4	Mutual Fund	219,413
	GM Goldman Sachs Growth Opportunities Fund A	Mutual Fund	70,926
	GM BlackRock Equity Dividend Fund A	Mutual Fund	98,137
	GM Oppenheimer Developing Markets Fund A	Mutual Fund	23,741
	GM Goldman Sachs Small Cap Value Fund A	Mutual Fund	55,872
	GM Eaton Vance Large Cap Value Fund A	Mutual Fund	99,221
	GM Janus Forty Fund A	Mutual Fund	77,238
	GM Perkins Mid Cap Value Fund A	Mutual Fund	98,325
	GM Ivy Small Cap Growth Fund Y	Mutual Fund	31,657
	GM MainStay Large Cap Growth Fund R	Mutual Fund	74,332
	GM PIMCO Total Return Fund A	Mutual Fund	285,984
			3,299,588
**	Participants	Notes receivable*	137,694
			$ 3,437,282

* Notes receivable from participants bear interest from 4.25% to 7.25% and mature at various times through 2041.

** Denotes a party-in-interest

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)
Formula Description

Plan Name: SILL-TERHAR MOTORS RETIREMENT SAVINGS PLAN

Plan Number: 211171

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
OIBNX	Oppenheimer International Bond Fund N	12 dollars per fund position
GGOSX	Goldman Sachs Growth Opp Svc	12 dollars per fund position
JDCRX	Janus Forty R	12 dollars per fund position
JDPRX	Perkins Mid Cap Value Fund Retirement	12 dollars per fund position
LTURX	Thornburg Ltd-Term U.S. GovtR1	12 dollars per fund position
MLGRX	MainStay Large Cap Growth Fund R3	12 dollars per fund position
ODVNX	Oppenheimer Developing Markets Fund N	12 dollars per fund position
MRLOX	BlackRock Global Allocation R	12 dollars per fund position
PURAX	Prudential Global Real Estate A	12 dollars per fund position
PTRRX	PIMCO Total Return R	12 dollars per fund position
TGVRX	Thornburg International Value Fund R3	12 dollars per fund position
WSGRX	Ivy Small Cap Growth R	12 dollars per fund position
LHYQX	Lord Abbett High Yield Fund R2	12 dollars per fund position
JTWRX	Prudential Jennison 20/20 Focus R	12 dollars per fund position
LHYAX	Lord Abbett High Yield Fund A	12 dollars per fund position
MRDVX	BlackRock Eqty Dividend R	12 dollars per fund position
MLRTX	MainStay Large Cap Growth Fund R2	12 dollars per fund position
EHSTX	Eaton Vance Large Cap Value Fund A	12 dollars per fund position
GGOAX	Goldman Sachs Growth Opp A	12 dollars per fund position
GSSMX	Goldman Sachs Small Cap Value A	12 dollars per fund position
JDCAX	Janus Forty Fund A	12 dollars per fund position
JDPAX	Perkins Mid Cap Value Fund A	12 dollars per fund position
ERSTX	Eaton Vance Large Cap Value R	12 dollars per fund position

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: SILL-TERHAR MOTORS RETIREMENT SAVINGS PLAN

Plan Number: 211171

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
MDLOX	BlackRock Global Allocation Fund A	12 dollars per fund position
GMEHSTX	GM Eaton Vance Large Cap Value Fund A	12 dollars per fund position
ODMAX	Oppenheimer Developing Markets Fund A	12 dollars per fund position
OIBAX	Oppenheimer International Bond Fund A	12 dollars per fund position
PTTAX	PIMCO Total Return Fund A	12 dollars per fund position
THVRX	Thornburg International Value Fund R4	12 dollars per fund position
WSCYX	Ivy Small Cap Growth Y	12 dollars per fund position
PTWAX	Prudential Jennison 20/20 Focus A	12 dollars per fund position
MDDVX	BlackRock Eqty Dividend A	12 dollars per fund position
GMWSCYX	GM Ivy Small Cap Growth Y	12 dollars per fund position
PURRX	Prudential Global Real Estate R	12 dollars per fund position
GMOIBAX	GM Oppenheimer International Bond Fund A	12 dollars per fund position
GMOIBNX	GM Oppenheimer International Bond Fund N	12 dollars per fund position
GMPTRRX	GM PIMCO Total Return R	12 dollars per fund position
GMPTTAX	GM PIMCO Total Return Fund A	12 dollars per fund position
GMODMAX	GM Oppenheimer Developing Markets Fund A	12 dollars per fund position
GMTHVRX	GM Thornburg International Value Fund R4	12 dollars per fund position
GMMRDVX	GM BlackRock Eqty Dividend R	12 dollars per fund position
GMWSGRX	GM Ivy Small Cap Growth R	12 dollars per fund position
GSSSX	Goldman Sachs Small Cap Value Svc	12 dollars per fund position
IPFIX	Victory Fund for Income Fund A	12 dollars per fund position
GMMRAXX	GM BlackRock Ready Assets Prime Money	6 dollars per fund position
MRAXX	Ready Assets(7dayYield:0.00%)	6 dollars per fund position

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: SILL-TERHAR MOTORS RETIREMENT SAVINGS PLAN

Plan Number: 211171

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
MDSRX	BlackRock S&P 500 Index A	N/A
GMTGVRX	GM Thornburg International Value Fund R3	12 dollars per fund position
GMJDCRX	GM Janus Forty R	12 dollars per fund position
GMERSTX	GM Eaton Vance Large Cap Value R	12 dollars per fund position
GMGGOAX	GM Goldman Sachs Growth Opp A	12 dollars per fund position
GMGGOSX	GM Goldman Sachs Growth Opp Svc	12 dollars per fund position
GMGSSMX	GM Goldman Sachs Small Cap Value A	12 dollars per fund position
GMGSSSX	GM Goldman Sachs Small Cap Value Svc	12 dollars per fund position
GMODVNX	GM Oppenheimer Developing Markets Fund N	12 dollars per fund position
GMJDCAX	GM Janus Forty Fund A	12 dollars per fund position
MASRX	BlackRock S&P 500 Index Instl	N/A
GMJDPAX	GM Perkins Mid Cap Value Fund A	12 dollars per fund position
GMJDPRX	GM Perkins Mid Cap Value Fund Retirement	12 dollars per fund position
GMLTURX	GM Thornburg Ltd-Term U.S. GovtR1	12 dollars per fund position
GMMDDVX	GM BlackRock Eqty Dividend A	12 dollars per fund position
GMMLGRX	GM MainStay Large Cap Growth Fund R	12 dollars per fund position
GMMLRTX	GM MainStay Large Cap Growth Fund R	12 dollars per fund position
GMIPFIX	GM Victory Fund for Income Fund A	12 dollars per fund position

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)
Formula Description - Additional Fee Notes

Plan Name: SILL-TERHAR MOTORS RETIREMENT SAVINGS PLAN

Plan Number: 211171

Broker Dealer: Merrill Lynch

Merrill Lynch

Effective January, 1, 2012, for the funds for which Ascensus receives a per-position dollar amount from Merrill Lynch, Ascensus will receive an additional payment from Merrill Lynch in the amount of 0.035% of average plan assets in the investment.

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SILL TERHAR RETIREMENT SAVINGS PLAN **EIN:** 84-0535589
Plan Sponsor's Name SILL TERHAR MOTORS, INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Merrill Lynch	Ready Assets(7dayYield:0.00%)	0	731,049
	BlackRock	GM BlackRock Ready Assets Prime Money	0	37,652
	Oppenheimer	GM Oppenheimer International Bond Fund N	0	16
	Victory	Victory Fund for Income Fund A	0	14,909
	Lord Abbett	Lord Abbett High Yield Fund A	0	49,803
	Oppenheimer	Oppenheimer International Bond Fund A	0	60,435
	Mainstay	MainStay Large Cap Growth Fund R2	0	32,296

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SILL TERHAR RETIREMENT SAVINGS PLAN **EIN:** 84-0535589
Plan Sponsor's Name SILL TERHAR MOTORS, INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Janus	Janus Forty Fund A	0	35,280
	Prudential	Prudential Jennison 20/20 Focus A	0	12,247
	BlackRock	BlackRock S&P 500 Index Instl	0	8,631
	BlackRock	BlackRock Eqty Dividend A	0	144,870
	Eaton Vance	Eaton Vance Large Cap Value Fund A	0	38,607
	Goldman Sachs	Goldman Sachs Growth Opp A	0	90,186
	Perkins	Perkins Mid Cap Value Fund A	0	124,027

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SILL TERHAR RETIREMENT SAVINGS PLAN **EIN:** 84-0535589
Plan Sponsor's Name SILL TERHAR MOTORS, INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Ivy	Ivy Small Cap Growth Y	0	31,395
	Goldman Sachs	Goldman Sachs Small Cap Value A	0	14,130
	Thornburg	Thornburg International Value Fund R4	0	47,530
	BlackRock	BlackRock Global Allocation Fund A	0	118,662
	Oppenheimer	Oppenheimer Developing Markets Fund A	0	94,519
	Prudential	Prudential Global Real Estate A	0	11,515
	PIMCO	PIMCO Total Return Fund A	0	134,353

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SILL TERHAR RETIREMENT SAVINGS PLAN **EIN:** 84-0535589
Plan Sponsor's Name SILL TERHAR MOTORS, INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	GM Oppenheimer International Bond Fund A	0	67,247
	Victory	GM Victory Fund for Income Fund A	0	265,384
	Thornburg	GM Thornburg International Value Fund R4	0	219,413
	Goldman Sachs	GM Goldman Sachs Growth Opp A	0	70,926
	BlackRock	GM BlackRock Eqty Dividend A	0	98,137
	Oppenheimer	GM Oppenheimer Developing Markets Fund A	0	23,741
	Goldman Sachs	GM Goldman Sachs Small Cap Value A	0	55,872

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SILL TERHAR RETIREMENT SAVINGS PLAN **EIN:** 84-0535589
Plan Sponsor's Name SILL TERHAR MOTORS, INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Eaton Vance	GM Eaton Vance Large Cap Value Fund A	0	99,221
	Janus	GM Janus Forty Fund A	0	77,238
	Perkins	GM Perkins Mid Cap Value Fund A	0	98,325
	Ivy	GM Ivy Small Cap Growth Y	0	31,657
	Mainstay	GM MainStay Large Cap Growth Fund R	0	74,332
	PIMCO	GM PIMCO Total Return Fund A	0	285,983
	Participants Loan Acount	Various Rates and Maturities	0	137,694