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).

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		rt Identification Information						
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	014	and ending 12	/31/2014			
A This re	eturn/report is for:		ver) (Filers checking this box must attach a list eccordance with the form instructions)					
		a one-participant plan	a foreign plan					
B This ref	turn/report is	the first return/report	the final return/report					
		urn/report (less than 12 m	2 months)					
C Check	box if filing under:	X Form 5558	automatic extension DF			rogram		
	S .	special extension (enter desc	ription)					
Part II	Basic Plan In	formation—enter all requested in	formation					
1a Name		enter an requested in	Tomation		1b Three-digit			
	T MOTORS 401(K) I	PLAN & TRUST			plan number			
					(PN) ▶	001		
					1c Effective da	ate of plan 01/01/1993		
	sponsor's name and a T MOTORS, INC.	address; include room or suite numb	er (employer, if for a sing	le-employer plan)		dentification Number 32-0297980		
15022 IDAU	O CENTER BLVD					telephone number		
NAMPA, ID					2d Business co	ode (see instructions)		
3a Plan a	administrator's name	and address Same as Plan Spon	sor		3b Administrat			
	T MOTORS, INC.	<u> </u>	AHO CENTER BLVD			82-0297980		
			ID 83653		3c Administrat	tor's telephone number		
					20	8-455-2272		
4 If the	nome and/or EIN of	the plan anapaar has shanged since	the last return/report files	for this plan, optor the	4b EIN			
		the plan sponsor has changed since number from the last return/report.	the last return/report med	nor this plan, enter the	4D EIN			
a Spons	sor's name	·			4c PN			
5a Total	number of participan	its at the beginning of the plan year.			5a	62		
b Total	number of participan	its at the end of the plan year						
	per of participants wit				5b	58		
	lete this item)	th account balances as of the end of		nefit plans do not	5b 5c			
	,			nefit plans do not	5c	27		
d(1) To	tal number of active p		lan year	nefit plans do not	5c 5d(1)	58 27 58 56		
d(1) To d(2) To e Numb	tal number of active p tal number of active p er of participants that	participants at the beginning of the plan yesterminated employment during the plan the	an yearan year with accrued be	nefit plans do not	5c	27 58		
d(1) To d(2) To e Numb less th	tal number of active p tal number of active p er of participants that nan 100% vested	participants at the beginning of the properticipants at the end of the plan yes terminated employment during the	an yearan year with accrued be	nefit plans do not	5c 5d(1) 5d(2) 5e	27 58 56 0		
d(1) To d(2) To e Numb less ti Caution:	tal number of active p tal number of active p er of participants that nan 100% vested A penalty for the lat	participants at the beginning of the plan yesterminated employment during the plan the	ar yearblan year with accrued be	nefit plans do not nefits that were d unless reasonable cal	5c 5d(1) 5d(2) 5e use is established	27 58 56 0		
d(1) To d(2) To e Numb less th Caution: Under per SB or Sch	tal number of active p tal number of active p er of participants that nan 100% vested A penalty for the late nalties of perjury and	participants at the beginning of the properticipants at the end of the plan yest terminated employment during the participants at the end of the plan yest terminated employment during the period of this return other penalties set forth in the instruant and signed by an enrolled actuary, and actuary and actuary actually actually actually actually actuary.	ar year blan year with accrued be n/report will be assesse ctions, I declare that I have	nefit plans do not nefits that were d unless reasonable car re examined this return/re	5c 5d(1) 5d(2) 5e use is established port, including, if a	58 56 0 d. pplicable, a Schedule		
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d(1) To d(2) To e Numb less th Caution: Under per SB or Sch belief, it is SIGN HERE	tal number of active participants that nan 100% vested A penalty for the late nalties of perjury and edule MB completed true, correct, and co	participants at the beginning of the properticipants at the end of the plan yest terminated employment during the properticipants at the end of the plan yest terminated employment during the properties of the plan yest terminated employment during the properties of the plan yest terminated employment during the properties of the plan yest terminated employment during the plan yest terminated employment during the properties of the plan yest terminated employment during the properties of the plan yest terminated employment during the properties of the plan yest terminated employment during the properties of the plan yest terminated employment during the properties of the plan yest terminated employment during the properties of the plan yest terminated employment during the properties of the plan yest terminated employment during the properties of the plan yest terminated employment during the properties of the plan yest terminated employment during the properties of the plan yest terminated employment during the properties of the plan yest terminated employment during the properties of the plan yest terminated employment during the plan yest terminated employment during the properties of the plan yest terminated employment during the plan yest terminate	an year	nefit plans do not	5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best contact the second sec	58 56 0 d. pplicable, a Schedule of my knowledge and		
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d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	tal number of active participants that nan 100% vested A penalty for the late nalties of perjury and edule MB completed true, correct, and completed with authorize Signature of plants.	participants at the beginning of the properticipants at the end of the plan yest terminated employment during the properticipants at the end of the plan yest terminated employment during the properticipants of this return other penalties set forth in the instructional signed by an enrolled actuary, amplete. End/valid electronic signature.	an year	nefit plans do not nefits that were d unless reasonable car re examined this return/re ersion of this return/repor D.H. MOSS Enter name of individ	5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best collustration as plant dual signing as plant dual signing as employed.	58 56 0 d. pplicable, a Schedule of my knowledge and administrator		
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d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	tal number of active participants that nan 100% vested A penalty for the late nalties of perjury and edule MB completed true, correct, and completed with authorize Signature of plants.	participants at the beginning of the properticipants at the end of the plan yest terminated employment during the properticipants at the end of the plan yest terminated employment during the properticipants of this return other penalties set forth in the instructional signed by an enrolled actuary, amplete. End/valid electronic signature.	an year	nefit plans do not nefits that were d unless reasonable car re examined this return/re ersion of this return/repor D.H. MOSS Enter name of individ	5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best collustration as plant dual signing as plant dual signing as employed.	58 56 0 d. pplicable, a Schedule of my knowledge and administrator		

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public accountations.)	int (IQ	PA)			X	Yes Yes	No No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	21)?		Yes	No	Not	detern	nined
Par	t III Financial Information	1								
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	13389	929	-			1	28563	33
	Total plan liabilities	7b	13389	20	+			1	28563	13
	Net plan assets (subtract line 7b from line 7a)	7c		720	+		/b\ T		20000	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)		520						
	(2) Participants	8a(2)	947	772						
	(3) Others (including rollovers)	8a(3)	40.4	105						
	Other income (loss)	8b	424	125					12074	7
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							13971	7
	to provide benefits)	8d	1853	399						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g	76	614					40004	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19301 -5329	
	Net income (loss) (subtract line 8h from line 8c)	8i							-0328	70
Par	, , , , , , , , , , , , , , , , , , , ,	8j								
b	2E 2J 2F 2G 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature coo	des from the List of Plan Chara	cterist	ic Coc	des in t	he instruct	ons:		
10	During the plan year:				Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		Χ				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
<u> </u>	Was the plan covered by a fidelity bond?			10c	X				2	200000
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e	X					4260
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 a	s of year	end.)	10g	X					12089
	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								T		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)			· 	<u>.</u>				Yes	No
	Enter the unpaid minimum required contribution for current year fr					11a			.,	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding			or se	ection :	302 of	ERISA?	Ш	Yes	X No
a	(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 being			ctions	and 4	enter ti	l ne date of t	he let	ter ruli	ina
u	granting the waiver.	-			, and t	Day		Year		y

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
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 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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

		t Identification Information							
For calenda	ar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/2	2014			
	turn/report is for: urn/report is	 x a single-employer plan a one-participant plan the first return/report an amended return/report 	of participating employ a foreign plan the final return/report	an (not multiemployer) /er information in accord n/report (less than 12 m	dance with the forn	is box must attach a list n instructions)			
C Check I	box if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC pr	ogram			
Part II	Basic Plan Inf	ormation—enter all requested infe	ormation						
1a Name	of plan	1(k) Plan & Trust			1b Three-digit plan number (PN)				
					1c Effective da 01/01/1				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Tom Scott Motors, Inc. 15933 Idaho Center Blvd						2b Employer Identification Number (EIN) 82-0297980 2c Sponsor's telephone number 208-455-2272			
					1 14 STANT SHIPPERSON SHOWS SHOW	ode (see instructions)			
Nampa		ID 83653			441110	. =			
	dministrator's name a ott Motors, I		or.		3b Administrator's EIN 82-0297980				
	Idaho Center				3c Administrate 208-455	or's telephone number -2272			
Nampa		•							
Manipa		ID 83653							
4 If the r		ne plan sponsor has changed since t	the last return/report filed fo	or this plan, enter the	4b EIN				
4 If the r	, EIN, and the plan n		the last return/report filed fo	or this plan, enter the		,			
4 If the r name, a Sponse	, EIN, and the plan no or's name	ne plan sponsor has changed since t umber from the last return/report.		3 3000000 Various 35000000000000000000000000000000000000	4c PN	62			
4 If the r name, a Sponse 5a Total r	, EIN, and the plan no or's name number of participant	ne plan sponsor has changed since tumber from the last return/report.			4c PN 5a	62			
4 If the r name, a Sponsor 5a Total r b Total r c Number	, EIN, and the plan noor's name number of participant number of participant er of participants with	ne plan sponsor has changed since to the plan sponsor has the last return/report. It is at the beginning of the plan year	he plan year (defined bene	fit plans do not	4c PN	62 58 27			
4 If the r name, a Spons 5a Total r b Total r C Numb comple	, EIN, and the plan noor's name number of participant number of participant er of participants with ete this item)	ne plan sponsor has changed since to the plan sponsor has treturn/report. It is at the beginning of the plan year	he plan year (defined bene	fit plans do not	4c PN 5a 5b 5c	58 27			
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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cann of the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instea	nt (IC	PA) Form	5500.		X Yes No X Yes No
	rt III Financial Information	SERVICE SERVICES ESTADOS (I		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10000000		y i en seconda en resperimenta do servicio de decisión.
7	Plan Assets and Liabilities		(a) Reginning of Ver				(b) End	of Voor
a	Total plan assets	7a	(a) Beginning of Yea	3892	2.9		(b) Ellu	1285633
	Total plan liabilities	7b			_			1203033
-	Net plan assets (subtract line 7b from line 7a)	7c	13	3892	2.9			1285633
8	Income, Expenses, and Transfers for this Plan Year	1	(a) Amount				(b) T	-
	Contributions received or receivable from:		(a) Amount		1		(8) 1	Otal
	(1) Employers	8a(1)		252	20		***	
	(2) Participants	8a(2)		9477	72			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		1242	25			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						13971
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	8539	99			
	Certain deemed and/or corrective distributions (see instructions)	8e			1			
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g		761	4	-6		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		, , ,	-			193013
	Net income (loss) (subtract line 8h from line 8c)				551			-53296
	Transfers to (from) the plan (see instructions)				4	7 T-A ₂		33230
Par	t IV Plan Characteristics	8j						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 2K 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Cod	es in t	he instructi	ons:
Par	t V Compliance Questions						***************************************	
10	During the plan year:				Yes	No		Amount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х		***************************************
С	Was the plan covered by a fidelity bond?			10c	X			200000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х		
е								4260
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	end.)	10g	Х			12089
— h		(See instru	uctions and 29 CFR	10g		Х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i				
Part							•	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							☐ Yes ☐ No
112	Enter the unpaid minimum required contribution for current year fr			7		11a		
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	Yes X No

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

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Form 5500), and	skip to line 13.					
b	Enter the minimum required contribution for this plan year				12b			
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. Ente negative amount)	684	•		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?	·				res 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 of the PBGC?				ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	rom this plan to another p	plan(s), identify the	plan(s) t	o			
1	13c(1) Name of plan(s):			13	3c(2) El	N(s)	13c(3	PN(s)
	t VIII Trust Information (optional)							
14a n	Name of trust				14b ⊤	rust's EIN		