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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pension Be	enent Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 5	500-SF.	•
Part I	Annual Report	Identification Information				
		scal plan year beginning 01/01/2		and ending 12	2/31/2015	
A This ret	urn/report is for:	a single-employer plan a one-participant plan		olan (not multiemployer) mployer information in ac		
	urn/report is	the first return/report an amended return/report	the final return/report a short plan year retu	rn/report (less than 12 m	onths)	
C Check t	oox if filing under:	Form 5558 special extension (enter descr	automatic extension ription)		DFVC	program
Part II	Basic Plan Info	ormation—enter all requested inf	formation			
1a Name		·			1b Three-digit plan number (PN) ▶	002
					1c Effective da	ate of plan 01/01/2014
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		tructions)	(EIN)	dentification Number 82-0452912
MOTORTEC		o, occurry, and Em or loroigh poor	ar oodo (ii foroigii, ooo iilo	a doublio,		relephone number 08-765-7676
2304 N. 4TH COEUR DAL	STREET ENE, ID 83814					ode (see instructions) 811110
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	sor.		3b Administrat	or's EIN
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	3c Administrat 4b EIN	or's telephone number
a Sponse		mber from the last return/report.			4c PN	
5a Total r	number of participants	at the beginning of the plan year			5a	2
b Total r	number of participants	at the end of the plan year			5b	2
		account balances as of the end of			5c	2
d(1) Tota	al number of active pa	articipants at the beginning of the plant	an year		5d(1)	2
e Numb	er of participants that	articipants at the end of the plan yea terminated employment during the	plan year with accrued be	enefits that were less	5d(2) 5e	2
		an in a number filling of this natural				
Under pena SB or Sche	alties of perjury and ot	or incomplete filing of this return ther penalties set forth in the instruc- nd signed by an enrolled actuary, a plete.	ctions, I declare that I have	e examined this return/re	port, including, if a	pplicable, a Schedule
SIGN	Filed with authorized	authorized/valid electronic signature. 03/03/2016 FERNANDO ORMOS			<u> </u>	
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plar	administrator
SIGN HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	lual signing as emp	ployer or plan sponsor
Preparer's	name (including firm r	name, if applicable) and address (in	nclude room or suite numb	er)	Preparer's teleph	none number

	Form 5500-SF 2015		Page 2							
b A	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 Inder 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 condi	ndent qualified public a	ccount	ant (IQ	PA)			X Ye	
C If	the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	П	Yes	No	Not dete	rmined
Part	III Financial Information									
7 P	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
	otal plan assets	7a			0000			, , , , , , , , , , , , , , , , , , ,		000
b T	otal plan liabilities	7b			0					0
C N	let plan assets (subtract line 7b from line 7a)	7с		10	0000				10	000
8 Ir	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
	Contributions received or receivable from: 1) Employers	8a(1)			0					
(2	2) Participants	8a(2)			0					
(3	3) Others (including rollovers)	8a(3)			0					
b 0	Other income (loss)	8b			0					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								0
	Benefits paid (including direct rollovers and insurance premiums or provide benefits)	8d			0					
	Certain deemed and/or corrective distributions (see instructions)	8e			0					
	Administrative service providers (salaries, fees, commissions)	8f			0					
	Other expenses									
	otal expenses (add lines 8d, 8e, 8f, and 8g)									0
-	let income (loss) (subtract line 8h from line 8c)									0
jτ	ransfers to (from) the plan (see instructions)	8j			0					
Part	IV Plan Characteristics	<u> </u>	•			I				
B	2A 2E 3D If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	e instruct	ions:	
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary f	Fiduciary Correction	10a		X				
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		X				
	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
	Has the plan failed to provide any benefit when due under the pla			10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10g 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	ne require	d notice or one of the	10ii						
	Did the plan trust incur unrelated business taxable income?			10j						
Part \	VI Pension Funding Compliance									
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				•			•	Ye	s X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction :	302 of F	RISA?	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗆	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b 1	Γrust's EIN	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Part I

Pension Benefit Guaranty Corporation

Annual Report Identification Information

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).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015										
A This set		X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)							
A Inis retu	urn/report is for:	a one-participant plan	proyer information in doc	ordanoc mar and r						
B This retu	rn/report is	the first return/report	the final return/report							
	•	an amended return/report	a short plan year return							
C Check b	oox if filing under:	Form 5558	automatic extension DFVC program							
		special extension (enter desc								
Part II	<u></u>	ormation—enter all requested in	nformation		4 h					
1a Name of Motortech, In	of plan nc. Profit Sharing Pla	1b Three-digit plan number 002								
		(PN) 602 1c Effective date of plan 01/01/2014								
2a Plan sp	oonsor's name (emple	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	O. Roy)		2b Employer Ide	entification Number				
	town, state or provin	ce, country, and ZIP or foreign pos		uctions)	(EIN) 82-045 2c Sponsor's te	lephone number				
, , , , , , , , , , , , , , , , , , , ,						(8) 765-7676				
2304 N. 4th S	Street				811110	de (see instructions)				
Coeur dAlen	e, ID 83814									
3a Plan ac	dministrator's name a	nd address X Same as Plan Spon	nsor.		3b Administrator's EIN					
					3c Administrator's telephone number					
					3c Administrator's telephone number					
					<u>.</u>					
		ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
name, a Sponse	· ·	umber from the last return/report.			4c PN					
***************************************		s at the beginning of the plan year.			5a	2				
		s at the end of the plan year			5b	2				
C Numb	er of participants with	account balances as of the end o	f the plan year (defined bene	efit plans do not	5c	2				
·	•	articipants at the beginning of the p			5d(1)	2				
	•	articipants at the end of the plan ye	•		5d(2)	2				
e Numb	ber of participants that	t terminated employment during th	e plan year with accrued be	nefits that were less	5e					
Caution: A	A penalty for the late	or incomplete filing of this retu	rn/report will be assessed	unless reasonable cau	ise is established	*				
SB or Sche	alties of <u>perjury</u> and o edule MB completed true, correct, and cor	other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I declare that I have as well as the electronic ver	examined this return/report	port, including, if ap t, and to the best o	pplicable, a Schedule f my knowledge and				
SIGN	Tul	7 à	3/3/16	Fernando Ormos						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan	administrator				
SIGN HERE	Signature of emn	loyer/plan sponsor	Date	Enter name of individ	of individual signing as employer or plan sponsor					
Preparer's	name (including firm	name, if applicable) and address (Preparer's teleph					

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6a Were all of the plan's assets during the b Are you claiming a waiver of the annual under 29 CFR 2520.104-46? (See instr If you answered "No" to either line 6:	examination and report of a uctions on waiver eligibility	an indeper and conditi	dent qualified public a	ccount	ant (IQ	PA) 			X Yes	اسا	
c If the plan is a defined benefit plan, is it	covered under the PBGC in	nsurance p	rogram (see ERISA se	ction 4	021)? .		Yes []No []	Not deter	mined	
Part III Financial Information											
7 Plan Assets and Liabilities			(a) Beginning	of Ye	ar			(b) End	of Year		
a Total plan assets		. 7a		1000	0				10000)	
b Total plan liabilities		. 7b			0				C)	
C Net plan assets (subtract line 7b from li	ne 7a)	. 7c		1000	00				10000)	
8 Income, Expenses, and Transfers for th	is Plan Year		(a) Amou	ınt				(b) To	otal		
Contributions received or receivable fro (1) Employers		. 8a(1)		0							
(2) Participants		. 8a(2)			0			W.			
(3) Others (including rollovers)	***************************************	. 8a(3)			0						
b Other income (loss)		. 8b			0						
C Total income (add lines 8a(1), 8a(2), 8a	(3), and 8b)	. 8c							0	l	
d Benefits paid (including direct rollovers		ا به ا			0						
to provide benefits)					0	1990	6.01	120			
e Certain deemed and/or corrective distri		+			0						
f Administrative service providers (salarie		1			0						
d Other expenses		- ×				0				<u> </u>	
h Total expenses (add lines 8d, 8e, 8f, ar i Net income (loss) (subtract line 8h from							. 0				
j Transfers to (from) the plan (see instruc		1	0							•	
Part IV Plan Characteristics		· 8j				40,000				valence in Sec	
B If the plan provides welfare benefits, e Part V Compliance Questions	nter the applicable wellare i		es from the List of Plat	n Chara	acterist		ies in th	e instructi	ons:		
10 During the plan year:					Yes	No	N/A		Amount		
a Was there a failure to transmit to the described in 29 CFR 2510.3-102? (S Program)	ee instructions and DOL's \	Voluntary F	iduciary Correction	10a		х				***************************************	
b Were there any nonexempt transaction reported on line 10a.)	ons with any party-in-interes	t? (Do not	nclude transactions	10b		Х					
C Was the plan covered by a fidelity bo	nd?			10c		Х					
d Did the plan have a loss, whether or r by fraud or dishonesty?				10d		х					
Were any fees or commissions paid to carrier, insurance service, or other ore the plan? (See instructions.)	o any brokers, agents, or ot ganization that provides son	ther person me or all of	s by an insurance the benefits under	10e		×					
f Has the plan failed to provide any ber				10f		Х					
g Did the plan have any participant loar	ns? (If "Yes." enter amount a	as of vear e	end.)	10g	†	X					
h If this is an individual account plan, w 2520.101-3.)	as there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		X					
i If 10h was answered "Yes," check the exceptions to providing the notice app	box if you either provided t	the require	d notice or one of the	10i				5.0			
j Did the plan trust incur unrelated bus	iness taxable income?			10j							
Part VI Pension Funding Compl	iance				·	•	<u> </u>	L 			
11 Is this a defined benefit plan subject to 5500) and line 11a below)	o minimum funding requiren								Yes	No	
11a Enter the unpaid minimum required c											
12 Is this a defined contribution plan sut						• • • • • • • • • • • • • • • • • • • •		RISA?	Yes	X No	

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.	∕lonth	nter th		he letter rul Year	ing
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
b Enter the minimum required contribution for this plan year		12b			
c Enter the amount contributed by the employer to the plan for this plan year		12c	<u> </u>		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d			,
e 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?			Yes	X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	<u> </u>		,
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough the PBGC?				Yes 🛛	No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part VIII Trust Information		·····			
14a Name of trust	:	14b	Trust's EIN	N.	
14c Name of trustee or custodian		14d	Trustee's telephone	or custodia e number	an's
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan?	•••••	[] Y	'es	No	
matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	f "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer natching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				PIACP
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	401(m)-		'es	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect			Ratio percentage est		erage nefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by conthis plan with any other plans under the permissive aggregation rules?		□ Y	es	No	
17a Has the plan been timely amended for all required tax law changes?		🛮 Y	′es	No	□ N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	applica	ble code _	(See in	struction
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter and the letter's serial	number		<u> </u>		or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, edetermination letter		the pl	an's last fa	vorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	?) has been n Islands)?	Y	es	∏No	
19 Were in-service distributions made during the plan year?		(D	es/es	No	
If "Yes," enter amount		19			
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?			/es	□No	∏ N/A