Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2011

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number LEARN MOTOR CO INC 401K PROFIT SHARING PLAN AND TRUST (PN) ▶ 001 1c Effective date of plan 01/01/1998 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number LEARN MOTOR CO INC 16-0902479 (EIN) 2c Sponsor's telephone number 607-535-2776 **PO BOX 152** WATKINS GLEN, NY 14891 2d Business code (see instructions) 441110 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN LEARN MOTOR CO INC 16-0902479 **PO BOX 152** WATKINS GLEN, NY 14891 3c Administrator's telephone number 607-535-2776 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a 8 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 245933 254401 Total plan assets..... 7a 7b Total plan liabilities..... 245933 254401 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 2979 8a(1) (1) Employers 18869 (2) Participants 8a(2) 8a(3) (3) Others (including rollovers)..... -13380 **b** Other income (loss)..... 8b 8468 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g 0 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 8468 Net income (loss) (subtract line 8h from line 8c)..... 8i

Transfers to (from) the plan (see instructions)

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Part IV	Plan	Chara	cteristics
I all IV			

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:		Yes	No	Α	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X				375
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				2576
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction (302 of	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver						-
lf y	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			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)		_	_
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3)	PN(s)
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab						
SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, i, it is true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	06/05/2012	KRISSYHEINS
HERE	Signature of plan administrator	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

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OMB Nos. 1210-0110 1210-0088

2011

This Form is Open to Public inspection

P	art I Annual Report	Identification Information	HARITA MIN	THE INSUREDUNE TO THE FORM BOO			
	calendar plan year 2011 or fi		01/01/2	011 and ending		12/31/2011	
A	This return/report is for:	a single-employer plan] a muttiple	employer plan (not multiemployer)		a one-perticipe	nt plan
	This return/report is:	the first return/report	≓ `	rturn/report	,		
_	The few interest is.	an emended return/report	=	n year return/report (less than 12 m			
_			╡ '	•	Oriens)	-	
C	Check box if filing under:	Form 5558		extension		DFVC program	·
		Special extension (enter descript	:				
_		rmation—enter all requested infor	nation		1 4 2		
78	Name of pion	10			פנן	Three-digit plan number	
	LEARN MOTOR CO IN					(PN) B	001
	401K PROFIT SHARI	NG PLAN AND TRUST			1c	Effective date of p	ien
		<u> </u>				01/01/1998	
20		idress; include room or suite number ((employer, If	for a single-employer plan)	2b	Employer Identific	
	LEARN MOTOR CO IN	iC .			L_	(EIN) 16-0902	
					2C	Sponsor's telepho (607) 535-2	
	PO BOX 152				24	Business code (se	_
	WATKINS GLEN			NY 14891	~~	441110	oo iiisaacaoiis)
3a		nd address (if same as plan sponsor,	enter "Same		3b	Administrator's El	 N
	SAME			•			<u> </u>
					3c	Administrator's te	aphone number
4	if the name and/or FIN of the	e plan sponsor has changed since the	leet returnir	annet filed for this plan enter the	46	EW	-
•		imber from the lest return/report.		opon med for the pain, other the	┝	EIN	
a	Sponsor's name		_		4c	PN	
50	Total number of participants	at the beginning of the plan year		-4100-110-141000110011-1011-1011-1011-1	5e		8
b	Total number of participants	at the end of the plan year		***************************************	5b		8
C		account belances as of the end of the			5c		8
6a	Were all of the plan's asset	s during the plan year invested in elig	lbie assets?	(See Instructions.)			Yes No
b	Are you claiming a waiver o	of the annual examination and report of	fan Indepen	dent qualified public accountant (IQ	PA)		Yes ∏ No
		? (See instructions on welver eligibilit htter se or sb, the plan cannot use					M ies II uc
Pi	art III Financial Infor		1 01111 9000	or other materials and I down on			
7	Pian Assets and Liabilities			(a) Beginning of Year		(b) End o	f Year
	Total pian assets	493447511	7a	245,9	33		254,401
b	Total plan liabilities		7ъ				
C	Net plan assets (subtract lin	ie 75 from line 7a)	7c	245, 9:	33		254,401
8	Income, Expenses, and Tra	nsfers for this Plan Year		(a) Amount		(b) To	لجة
2					J		- ,
	• • •			2,9	_	,	•
	• • • • • • • • • • • • • • • • • • • •			18,80	59		
	• • •	en)			\exists		
6	•			(13, 38)	<u>"</u>		
C	•	1), 8e(2), 8e(3), and 8b)	8c		-{-		8,468
đ		ct rollovers and insurence premiums	8d		ı		
8		rective distributions (see instructions).					
f		ders (saleries, fees, commissions)			7	• •	
g	_				7		
h	•	id, 8e, 8f, and 8g)			十		0
ï	Net income (loss) (subtract	ilne 8h from tine 8c)					8.468
i J		· · · · •	65		+		8,468

	Form 5500-SF 2011 Page 2 -							
D	N/ Blog Observated at the		_					
Par 9e	The plan Characteristics If the plan provides penalon benefits, enter the applicable penalon feature codes from the List of Plan Char	ecterio	rtic Co	des in	the instru	ctions		
	2É 2F 2G 2J 2K 3D						•	
Ь	if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chera	cterist	ic Cod	es in ti	ne instruc	tiona:		
Part	V Compliance Questions				_		_	
10	During the plan year:		Yes	No		Amo	unt	
2	Was there e failure to transmit to the plan any participant contributions within the time period described in							
_	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	<u> </u>	Х				
D	Were there any nonexampt transactions with any party-in-interest? (Do not include transactions reported on line 10s.)	10Ъ		x				
c	Was the plan covered by a fidelity bond?	10c	х					0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	 •••	_	<u> </u>			<u> </u>	0,000
•	or dishonesty?	10d		X				
•	Were any fees or commissions paid to any brokers, agents, or other persons by en insurence cerrier,							
	Insurence service or other organization that provides some or all of the benefits under the plan? (See instructions.)	100	l x					375
•	Has the plan falled to provide any benefit when due under the plan?	107		x	_			
	Did the plan have any perticipant loans? (if "Yes," enter amount as of year end.)		x	┝	_			2 576
y	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g	<u> </u>	 				2,576
••	2520.101-3.)	10h	i	х				
ı	If 10h was answered "Yes," check the box if you either provided the required notice or one of the							7
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				· · ·	· ·	
	VI Pension Funding Compliance				_			
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					. [Yes	X No
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	9 OF 84	ection :	302 of	ERISA7.	. [Yaa	⊠ No
	(if "Yes," complete 12s or 12b, 12c, 12d, and 12s below, as applicable.)							
a	If a waiver of the minimum funding standard for e prior year is being amortized in this plan year, see instrugrenting the waiver.				e date of			
H	you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 6600), and skip to line 13.			Jey			·	
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				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (anter a minus eign to the left negative amount)		[12d				
•	Will the minimum funding amount reported on line 12d be met by the funding deadline?		_		Yes	П	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?			Πì	/es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	[4	3e					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Γ	Yes	⊠ №
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)					_	'	_
1	3c(1) Neme of plan(a):		13	c(2) El	N(s)		13c(3)	PN(s)

Caution: A penalty for the lets or incomplete filling of this return/report will be assessed unless reasonable eause is established.

Under penalties of perjury and other penalties set forth in the instructions, i declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and algred by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and better, it is true, correct, and complete.

SIGN	Muchal & Sean		Michael E. Learn
	Signature of plan administrator	Date 5/1/12	Enter name of individual aigning as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor