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).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Informatior				
For calenda	ar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12	2/01/2014	
A This retu	urn/report is for:	X a single-employer plan		plan (not multiemployer) oyer information in accor		
		a one-participant plan	a foreign plan			
B This retu	ırn/report is	the first return/report	X the final return/report			
		an amended return/report	X a short plan year retu	urn/report (less than 12 m	nonths)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC p	rogram
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested ir	formation			
1a Name of LEARN MOT	'	K) PROFIT SHARING PLAN AND	TRUST		1b Three-digit plan numb	er
					(PN)	001
					1c Effective d	ote or plan 01/01/1998
2a Plan sp LEARN MOTO		ddress; include room or suite numb	per (employer, if for a single	e-employer plan)		dentification Number 16-0902479
						telephone number
5519 PEACH HECTOR, NY	ORCHARD PT ′ 14841					ode (see instructions)
						141110
3a Plan ad	dministrator's name a	and address Same as Plan Spor	sor.		3b Administra	tor's EIN
					3c Administrati	tor's telephone number
		ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
name, a Sponso		umber from the last return/report.			4c PN	
·		s at the beginning of the plan year			5a	8
b Total n	number of participant	s at the end of the plan year			5b	0
		account balances as of the end of			5c	0
•	,	articipants at the beginning of the p			5d(1)	7
d(2) Tota	al number of active p	articipants at the end of the plan ye	ear		5d(2)	C
		terminated employment during the			5e	C
		or incomplete filing of this retu			use is establishe	d.
Under pena SB or Sche	alties of perjury and of dule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I hav	e examined this return/re	port, including, if a	pplicable, a Schedule
	rue, correct, and con Filed with authorized	nplete. d/valid electronic signature.	05/18/2015	ROSE RAJKOWSKI		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator
SIGN						
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ		ployer or plan sponsor
Preparer's i	name (including firm	name, if applicable) and address (i	nclude room or suite numb	oer) (optional)	Preparer's telep	hone number (optional)

	Form 5500-SF 2014		Page 2								
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 If you 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 not use Fo	endent qualified public accounta tions.)orm 5500-SF and must instea	nnt (IQ d d use	PA) Form	 5500.			X Ye	s	No No
Par				,-		1		Ш.			
			(a) Designing of Ves		T		/b\ F				
	Plan Assets and Liabilities	70	(a) Beginning of Yea		+		(D) E	nd of	rear	0	
	Total plan assets	. 7a	0000	0	-					0	
	Total plan liabilities	. 7b . 7c	3685		+					0	
	Net plan assets (subtract line 7b from line 7a)	. 76						-\ T-4			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(]	b) Tota	aı		
	(1) Employers	. 8a(1)	7	772							
	(2) Participants	. 8a(2)	52	279							
	(3) Others (including rollovers)	. 8a(3)		0							
b	Other income (loss)	. 8b	202	225							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							26	3276	
	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	. 8d	3922	243							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	. 8f	25	553							
g	Other expenses	. 8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							394	1796	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							-368	3520	
j	Transfers to (from) the plan (see instructions)	. 8i		0							
Par	t IV Plan Characteristics		<u>I</u>								
b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D										
Part	•					г	т—				
10	During the plan year:			ī	Yes	No	<u> </u>	Aı	mount		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide		•	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					5(0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	and, that was caused by fraud	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persor of the ber	ns by an insurance carrier, nefits under the plan? (See	10e	X						461
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end)		X						0
— 9 h	If this is an individual account plan, was there a blackout period?			10g	^		_				
	2520.101-3.)	· ·····		10h	X						
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i	X						
Part	VI Pension Funding Compliance						_				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	es X	No
11a	Enter the unpaid minimum required contribution for current year for	rom Sched	dule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA	?	Ye	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
a	If a waiver of the minimum funding standard for a prior year is being			ctions	and a	enter ti	ne date	of the	letter	rulina	1

.. Month

Day

Year

granting the waiver.

	F	form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (tive amount)	`		12d			
е	Will t	he 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?			. X	Yes N	0	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1:	3c(2) E∣	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

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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

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Part I		t Identification Information				
For calend	lar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/01/20	
A This re	eturn/report is for:	a single-employer plan		plan (not multiemployer) loyer information in accor		
		a one-participant plan	a foreign plan			
B This ret	turn/report is	the first return/report	the final return/report	A.		
		an amended return/report		urn/report (less than 12 r	months)	
C Check b	box if filing under:	☑ Form 5558	automatic extension		☐ DFVC progr	ram
		special extension (enter desc	cription)			
Part II	Basic Plan Inf	ormation—enter all requested in	oformation			
1a Name	CARLO SERVICE DE LA CARLO DEL CARLO DE LA CARLO DEL CARLO DE LA CARLO DEL CARLO DE LA CARLO DE LA CARLO DE LA CARLO DE LA CARLO DEL CARLO DE LA CARLO DEL LA CARLO DEL LA CARLO DEL LA CARLO DEL LA CARLO DE LA CARLO DE LA CARLO DEL LA CARLO	Jilliation—enter an requested	Morniation		1b Three-digit	
					plan number	
		Inc. 401(k) Profit Sh	aring Plan		(PN) ▶	001
and Tr	ust				1c Effective date of 01/01/199	
	sponsor's name and ad Motor Co., Ir	ddress; include room or suite numb	per (employer, if for a single	e-employer plan)	2b Employer Ident (EIN) 16-090	tification Number
					2c Sponsor's tele	phone number
5519 P	each Orchard	PT			(607) 535-	
Hector			NV	14841	2d Business code 441110	(see instructions)
AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO		and address XSame as Plan Spon		14841	3b Administrator's	FIN
4 If the r	name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	3c Administrator's 4b EIN	
name,		umber from the last return/report.	the last retaining	of the plan, one.	4c PN	
5a Total r	number of participants	s at the beginning of the plan year.			5a	8
		s at the end of the plan year				0
C Number	per of participants with	account balances as of the end of	f the plan year (defined ben	nefit plans do not	5c	0
		articipants at the beginning of the p			5d(1)	7
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	0
e Numbe	er of participants that to nan 100% vested	terminated employment during the	plan year with accrued ben	efits that were	5e	0
Caution: A Under pena SB or Sche	A penalty for the late alties of perjury and of	or incomplete filing of this retur ther penalties set forth in the instru and signed by an enrolled actuary,	rn/report will be assessed	d unless reasonable cau	eport, including, if applic	cable, a Schedule
SIGN	Micho	100	5/13/15			
HERE	Signature of plan a		Date	Enter name of individ	dual signing as plan adı	ministrator
-1-11	Signature or plant	Idministrator	Date	Enter name or maivid	Juai Signing as plan au	ninistrator
SIGN HERE						
	Signature of emplo		Date		dual signing as employe	
Preparer S	name (including him i	name, if applicable) and address (in	iclude room or suite numbe	er) (optional)	Preparer's telephone	number (optional)

Form 5500-SF 2014		Page 2						
 Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot lif the plan is a defined benefit plan, is it covered under the PBGC in 	an independe and condition of use Form	ent qualified public account ns.) 15500-SF and must instea	ant (I	QPA) e Form	5500.			Yes Yes Yes Idetermine
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) En	d of Yea	ar
a Total plan assets	. 7a	36	8,52	20				
b Total plan liabilities	. 7b			0		141		
C Net plan assets (subtract line 7b from line 7a)	. 7c	36	8,52	20				
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	. 8a(1)	(a) Amount	7	72		(b)	Total	
(2) Participants	THE RESIDENCE OF THE PARTY OF T		5,2					
(3) Others (including rollovers)	SECURIOR DESIGNATION DESIGNATI		3/2	0				
b Other income (loss)	. 8b	2	0,22	2.5				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		0,22					26,
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	39	2,24	13				
e Certain deemed and/or corrective distributions (see instructions)	. 8e			0				
f Administrative service providers (salaries, fees, commissions)	. 8f		2,55	53				
g Other expenses	. 8g	50年,于1957年3月1日第二日		0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)								394,
	. 8h							394,
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	8i 8j feature codes						uctions:	-368,
 i Net income (loss) (subtract line 8h from line 8c)	8i 8j feature codes			stic Co			uctions:	
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	8i 8j feature codes			stic Cod	es in ti		actions:	-368,
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i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare fellower the plan provides welfare benefits, enter the applicable welfare fellower to the plan provides welfare benefits, enter the applicable welfare fellower to the plan provides welfare fellower to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduxian by Were there any nonexempt transactions with any party-in-interest on line 10a.)	feature codes eature codes tions within the codery Correct ? (Do not inclease)	from the List of Plan Chara te time period described in ion Program)	cteris	stic Cod	es in tl		actions:	-368, int
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan provides welfare for the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest on line 10a.) C Was the plan covered by a fidelity bond?	feature codes eature codes tions within the	from the List of Plan Chara te time period described in ion Program)ude transactions reported	cteris	stic Cod	No X		actions:	-368,
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan plan participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	feature codes eature codes tions within the	from the List of Plan Chara te time period described in ion Program) ude transactions reported that was caused by fraud	10a	stic Cod	es in the		actions:	-368, int
i Net income (loss) (subtract line 8h from line 8c)	feature codes eature codes tions within the ciary Correct ? (Do not include ity bond, the persons by of the benefit	re time period described in ion Program)ude transactions reported that was caused by fraud an insurance carrier, is under the plan? (See	10a 10b	stic Cod	No X		actions:	-368, int
i Net income (loss) (subtract line 8h from line 8c)	feature codes eature codes tions within the ciary Correct ? (Do not included) fidelity bond, mer persons by of the benefits	from the List of Plan Chara te time period described in ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes	No X		actions:	-368, int
i Net income (loss) (subtract line 8h from line 8c)	feature codes eature codes tions within the ciary Correct ? (Do not include ity bond, one persons by of the benefits)	from the List of Plan Chara te time period described in ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e	Yes	No X X		actions:	-368, int
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i Net income (loss) (subtract line 8h from line 8c)	feature codes eature codes eature codes tions within the ciary Correct (Do not included in the code) fidelity bond, fidelity b	from the List of Plan Chara te time period described in ion Program) ude transactions reported that was caused by fraud that was caused by fraud of an insurance carrier, is under the plan? (See	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X Schedu	No X X X	he instruc	actions:	-368, mnt 50, (
i Net income (loss) (subtract line 8h from line 8c)	feature codes eature codes eatu	from the List of Plan Chara te time period described in ion Program) ude transactions reported that was caused by fraud that was caused by fraud or an insurance carrier, is under the plan? (See ons and 29 CFR tice or one of the "see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X Schedu	No X X X A X A X A A A A A A A A A A A A	he instruc	actions: Amou	-368, int
i Net income (loss) (subtract line 8h from line 8c)	feature codes reature codes	from the List of Plan Chara te time period described in ion Program) ude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X Schedu	No X X X A X A A A A A A A A A A A A A A	he instruc	actions: Amou	-368, mnt 50, (

g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X	The state of the state of	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	Х		
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	Х		
art	VI Pension Funding Compliance				and the second
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500 and line 11a below)	mplete	Schedule	SB (Form	Yes X N
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39		11	a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo	de or se	ction 302	2 of ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 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 instr	uctions, onth_	and ent	er the date of	the letter ruling

N/A
No
PN(s)

ı