Form 5500-SF		Short Form Annual Ret	/ee		OMB Nos. 1210-0110 1210-0089					
	nent of the Treasury I Revenue Service	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(the Internal Revenue Code (the Code).				2	2012			
Employee Ben	artment of Labor efits Security Administration					This Form i	s Open to Public			
	efit Guaranty Corporation	tions to the Form 5500)-SF.		pection					
		lentification Information al plan year beginning 01/01/2012		and ending 1	2/31/2	2012				
	plan year 2012 or fisca				2/31/4					
						a one-particip	bant plan			
B This return/report is: the first return/report the final return/report the final return/report (less than 12 months)										
C Check box if filing under:						DFVC program				
special extension (enter description)										
		nation—enter all requested information	on		4 1-					
1a Name of		ROFIT SHARING PLAN 401K			1D	Three-digit plan number				
						(PN) ►	001			
					1c	Effective date o	f plan			
						06/01	-			
2a Plan spo AMO ENTERI		ess; include room or suite number (emp	oloyer, if for a single-	employer plan)			10194			
2504 VILLAGI	E DR				2c	Sponsor's telep 845-598				
BREWSTER,	NY 10509-1324				2d	Business code (53139	see instructions)			
3a Plan adr AMO ENTERPE	ninistrator's name and	address Same as Plan Sponsor Nam 2504 VILLAGE DI		Sponsor Address	3b	Administrator's 45-20	E IN 10194			
						845-598	3-6241			
		lan sponsor has changed since the last or from the last return/report.	t return/report filed fo	r this plan, enter the	4b EIN					
a Sponsor		· · · · · · · · · · · · · · · · · · ·			4c PN					
5a Total nu	mber of participants at	the beginning of the plan year			5a 2					
b Total nu	mber of participants at	the end of the plan year			5b 2					
		count balances as of the end of the plar		•	5c 2					
		uring the plan year invested in eligible a					2 X Yes No			
b Are you under 2	claiming a waiver of th 9 CFR 2520.104-46? (the annual examination and report of an See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	independent qualified do not the second s	d public accountant (IQI	PA)		X Yes No			
		incomplete filing of this return/repor								
Under penal SB or Sched	ies of perjury and othe	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have	examined this return/rep	ort, ir	ncluding, if applic				
0.011										
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ndividual signing as plan administrator					
SIGN										
	Signature of employe					idual signing as employer or plan sponsor				
Preparer's na	ame (including firm nan	ne, if applicable) and address; include r	oom or suite number	· (optional)	Prep	parer's telephone	number (optional)			

	(a) Beginning of Yea		r		((b) End of Year		
Total plan assets	7a	1091	3			12145		
D Total plan liabilities	7b							
Net plan assets (subtract line 7b from line 7a)	7c	10913			12145			
Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
Contributions received or receivable from:								
(1) Employers								
(2) Participants								
(3) Others (including rollovers)				_				
Other income (loss)		124	7	_				
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		1247		
Benefits paid (including direct rollovers and insurance premiums to provide benefits)								
 Certain deemed and/or corrective distributions (see instructions) 								
Administrative service providers (salaries, fees, commissions)		1	5					
Other expenses			-					
Total expenses (add lines 8d, 8e, 8f, and 8g)						15		
Net income (loss) (subtract line 8h from line 8c)						1232		
Transfers to (from) the plan (see instructions)						1202		
art IV Plan Characteristics								
art V Compliance Questions								
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Х			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions re on line 10a.)					V			
C Was the plan covered by a fidelity bond?					Х			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud					x			
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bond,	that was caused by fraud	10c 10d					
	s fidelity bond, her persons by of the benefits	that was caused by fraud y an insurance carrier, under the plan? (See			X			
 or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all 	s fidelity bond, her persons by of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10d		x x			
 or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	s fidelity bond, her persons by of the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10d 10e 10f		x x x			
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	s fidelity bond, her persons by of the benefits an? as of year end. (See instruction	that was caused by fraud y an insurance carrier, under the plan? (See	10d 10e		x x x x x			
 or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	s fidelity bond, her persons by of the benefits an? as of year end (See instruction the required no	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g		X X X X X X X X X X X X X X X X X X X			
 or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.101 	s fidelity bond, her persons by of the benefits an? as of year end (See instruction the required no	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h		X X X X X X X X X X X X X X X X X X X			
 or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plate g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.101 	s fidelity bond, her persons by of the benefits an? as of year end (See instruction the required no 01-3	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h 10i		X X X X X X X Ie SB (F			
 or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plate g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 irt VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 	s fidelity bond, her persons by of the benefits an? as of year end. (See instruction the required no 01-3 nents? (If "Yes	that was caused by fraud y an insurance carrier, under the plan? (See)	10d 10e 10f 10g 10h 10i		X X X X X X X Ie SB (F			
 or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 int VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the amount from Schedule SB line 39 	s fidelity bond, her persons by of the benefits an? (See instruction the required no 01-3	that was caused by fraud y an insurance carrier, under the plan? (See)	10d 10e 10f 10g 10h 10i	1	X X X X X X X X X X X X X X X X X X X	Yes		
 or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) 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 int VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the amount from Schedule SB line 39. 	s fidelity bond, her persons by of the benefits an? as of year end. (See instruction the required no 01-3 nents? (If "Yes g requirements	that was caused by fraud y an insurance carrier, under the plan? (See)	10d 10e 10f 10g 10h 10i	1	X X X X X X X X X X X X X X X X X X X	Yes		
 or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 int VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the amount from Schedule SB line 39 	s fidelity bond, her persons by of the benefits an? (See instruction the required no 01-3 nents? (If "Yes g requirements v, as applicable ing amortized i	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h 10i	1 ction 30	X X X X X X X X X X X X X X X X X X X	ISA? Yes		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c						
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d						
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?								
Part	Part VII Plan Terminations and Transfers of Assets								
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No					
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a						
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No				
С	C 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.)								
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)				
Part	VIII	Trust Information (optional)							

14a Name of trust	14b Trust's EIN

					OMB Nos. 1210-0110					
Form 5500-SF	Benefit Plan									
Department of the Treasury Internal Revenue Service	De This form is required to be filed u		nd 4065 of the Employe	e	2012					
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 19 the Internal R	(a) of	This Form is Open to Public Inspection							
Pension Benefit Guaranty Corporation	Complete all entries in accordant	nce with the instruc	tions to the Form 550	0-SF.	•					
Part I Annual Report I	dentification 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:	x a single-employer plan	a one-participant plan								
This return/report is: Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report										
	onunoj	DFVC program								
Check box if filing under:		utomatic extension								
special extension (enter description)										
Part II Basic Plan Infor	mation—enter all requested information	on								
la Name of plan AMO ENTERPRISES EMPI	OYEE PROFIT SHARING PLAN	1 401K		1b	Three-digit plan number (PN) ► 001					
					Effective date of plan 06/01/2011					
2a Plan sponsor's name and add AMO ENTERPRISES LLC	fress; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 45-2010194					
2504 VILLAGE DR				2c	Sponsor's telephone number 845-598-6241					
				2d	Business code (see instructions)					
		531390								
	NY 10509-1324		Spancar Addross	3h	Administrator's EIN					
BREWSTER 3a Plan administrator's name an AMO ENTERPRISES LLC		ne Same as Plan	Sponsor Address		Administrator's EIN 45-2010194 Administrator's telephone number					
3a Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR	Party in the local data in t	ne Same as Plan	n Sponsor Address		45-2010194					
3a Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER If the name and/or EIN of the	d address Same as Plan Sponsor Nan			3c	45-2010194 Administrator's telephone number					
3a Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER 4 If the name and/or EIN of the	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last			3c	45-2010194 Administrator's telephone number 845-598-6241 EIN					
 a Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER If the name and/or EIN of the name, EIN, and the plan nun a Sponsor's name 	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last	t return/report filed fo	or this plan, enter the	3c 4b 4c	45-2010194 Administrator's telephone number 845-598-6241 EIN					
 a Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name a Total number of participants 	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last nber from the last return/report.	t return/report filed fo	or this plan, enter the	3c 4b 4c 5a	45-2010194 Administrator's telephone number 845-598-6241 EIN PN 2					
 a Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name a Total number of participants b Total number of participants 	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last nber from the last return/report. at the beginning of the plan year	t return/report filed fo	or this plan, enter the	3c 4b 4c	45-2010194 Administrator's telephone number 845-598-6241 EIN					
 Ba Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants with a 	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last nber from the last return/report.	t return/report filed fo	or this plan, enter the	3c 4b 4c 5a 5b	45-2010194 Administrator's telephone number 845-598-6241 EIN PN 2 2 2 2					
 Ba Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item)	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the plan during the plan year invested in eligible	t return/report filed fo n year (defined bene assets? (See instruc	or this plan, enter the	3c 4b 4c 5a 5b 5c	45-2010194 Administrator's telephone number 845-598-6241 EIN PN 2 2 2 2					
 Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name Total number of participants b Total number of participants with a complete this item)	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the plan during the plan year invested in eligible the annual examination and report of an	t return/report filed fo n year (defined bene assets? (See instruc independent qualifie	or this plan, enter the offit plans do not rtions.)	3c 4b 4c 5a 5b 5c	45-2010194 Administrator's telephone number 845-598-6241 EIN PN 2 2 2 2 2 					
 Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name Total number of participants b Total number of participants c Number of participants with a complete this item)	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the plan during the plan year invested in eligible the annual examination and report of an Care instructions on waiver eligibility and	t return/report filed fo n year (defined bene assets? (See instruc independent qualifie d conditions.)	or this plan, enter the ofit plans do not stions.)	3c 4b 4c 5a 5b 5c	45-2010194 Administrator's telephone number 845-598-6241 EIN PN 2 3 4 5 6 7 7 8 9 10 10					
 3a Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants with a complete this item)	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the plan during the plan year invested in eligible the annual examination and report of an (See instructions on waiver eligibility and ther line 6a or line 6b, the plan cannot	t return/report filed for n year (defined bene assets? (See instruc independent qualifie d conditions.) use Form 5500-SF	or this plan, enter the offit plans do not tions.)	3c 4b 4c 5a 5b 5c PA) Form	45-2010194 Administrator's telephone number 845-598-6241 EIN PN 2 2 2 2 2 2 2 2 2 2 2 2 2					
 3a Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants with a complete this item)	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last nber from the last return/report. at the beginning of the plan year at the end of the plan year at the end of the plan year during the plan year invested in eligible the annual examination and report of an Cee instructions on waiver eligibility and ther line 6a or line 6b, the plan cannot or incomplete filing of this return/report	t return/report filed for n year (defined bene assets? (See instruc independent qualifie d conditions.) use Form 5500-SF rt will be assessed	or this plan, enter the efit plans do not tions.) ed public accountant (IQ and must instead use unless reasonable cau	3c 4b 4c 5a 5b 5c Form use is	45-2010194 Administrator's telephone number 845-598-6241 EIN PN 2 2 2 2 2 2 2 2 2 2 2 2 2					
 3a Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants with a complete this item)	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last aber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the plan during the plan year invested in eligible the annual examination and report of an (See instructions on waiver eligibility and ther line 6a or line 6b, the plan cannot or incomplete filing of this return/report are penalties set forth in the instructions, d signed by an enrolled actuary, as well	t return/report filed for n year (defined bene assets? (See instruc independent qualifie d conditions.) use Form 5500-SF rt will be assessed I declare that I have	or this plan, enter the efit plans do not tions.) ad public accountant (IQ and must instead use unless reasonable cau examined this return/re	3c 4b 4c 5a 5b 5c Form use is port, ir	45-2010194 Administrator's telephone number 845-598-6241 EIN PN 2 3 4 5500. established. cluding, if applicable, a Schedule					
 3a Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants with a complete this item)	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last aber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the plan during the plan year invested in eligible the annual examination and report of an (See instructions on waiver eligibility and ther line 6a or line 6b, the plan cannot or incomplete filing of this return/report are penalties set forth in the instructions, d signed by an enrolled actuary, as well	t return/report filed for n year (defined bene assets? (See instruc independent qualifie d conditions.) use Form 5500-SF rt will be assessed I declare that I have as the electronic vers	or this plan, enter the efit plans do not tions.) ad public accountant (IQ and must instead use unless reasonable cau examined this return/re	3c 4b 4c 5a 5b 5c Form use is port, ir	45-2010194 Administrator's telephone number 845-598-6241 EIN PN 2 3 4 5500. established. cluding, if applicable, a Schedule					
 3a Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants with a complete this item)	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last aber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the plan during the plan year invested in eligible ther line 6a or line 6b, the plan cannot or incomplete filing of this return/report are penalties set forth in the instructions, id signed by an enrolled actuary, as well WMMO	t return/report filed for n year (defined bene assets? (See instruc independent qualifie d conditions.) use Form 5500-SF rt will be assessed I declare that I have	or this plan, enter the offit plans do not tions.) and must instead use unless reasonable cau examined this return/report Sion of this return/report	3c 4b 4c 5a 5b 5c Form use is port, ir t, and	45-2010194 Administrator's telephone number 845-598-6241 EIN PN 2 3 4 5500. established. cluding, if applicable, a Schedule					
 3a Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER 4 If the name and/or EIN of the name, EIN, and the plan nun a Sponsor's name 5a Total number of participants of participants with a complete this item)	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last aber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the plan during the plan year invested in eligible ther line 6a or line 6b, the plan cannot or incomplete filing of this return/report are penalties set forth in the instructions, id signed by an enrolled actuary, as well WMMO	t return/report filed for n year (defined bene assets? (See instruc independent qualifie d conditions.) use Form 5500-SF rt will be assessed I declare that I have as the electronic ver	or this plan, enter the effit plans do not tions.)	3c 4b 4c 5a 5b 5c Form use is port, ir t, and	45-2010194 Administrator's telephone number 845-598-6241 EIN PN 2 3 4 5500. established. coluding, if applicable, a Schedule to the best of my knowledge and gning as plan administrator					
 3a Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER 4 If the name and/or EIN of the name, EIN, and the plan nun a Sponsor's name 5a Total number of participants of participants with a complete this item)	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last aber from the last return/report. at the beginning of the plan year at the end of the plan year at the end of the plan year during the plan year invested in eligible the annual examination and report of an (See instructions on waiver eligibility and ther line 6a or line 6b, the plan cannot or incomplete filing of this return/report at signed by an enrolled actuary, as well lete. WMM duministrator OMM	t return/report filed for n year (defined bene assets? (See instruc independent qualifie d conditions.) use Form 5500-SF rt will be assessed I declare that I have as the electronic vers Date	or this plan, enter the effit plans do not tions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report ARLENE OLMO Enter name of individ ARLEW との	3c 4b 4c 5a 5b 5c Form use is port, ir t, and	45-2010194 Administrator's telephone number 845-598-6241 EIN PN 2 3 4 5500. established. coluding, if applicable, a Schedule to the best of my knowledge and gning as plan administrator					
 3a Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item)	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last aber from the last return/report. at the beginning of the plan year at the end of the plan year at the end of the plan year during the plan year invested in eligible the annual examination and report of an (See instructions on waiver eligibility and ther line 6a or line 6b, the plan cannot or incomplete filing of this return/report at signed by an enrolled actuary, as well lete. WMM duministrator OMM	t return/report filed for n year (defined bene assets? (See instruc independent qualifie d conditions.) use Form 5500-SF t will be assessed i declare that I have as the electronic version 10-13-13 Date 10-13-13 Date 10-13-13 Date	or this plan, enter the efit plans do not tions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report ARLENE OLMO Enter name of individ Arにしていて、のよ	3c 4b 4c 5a 5b 5c Form use is port, ir t, and uual sig	45-2010194 Administrator's telephone number 845-598-6241 EIN PN 2 3 4 5500. established. noluding, if applicable, a Schedule to the best of my knowledge and gning as plan administrator 2					
 3a Plan administrator's name an AMO ENTERPRISES LLC 2504 VILLAGE DR BREWSTER 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item)	d address Same as Plan Sponsor Nan NY 10509-1324 plan sponsor has changed since the last aber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the plan during the plan year invested in eligible the nnual examination and report of an (See instructions on waiver eligibility and ther line 6a or line 6b, the plan cannot or incomplete filing of this return/report at signed by an enrolled actuary, as well etee. MMM durinstrator Off Off Mathematical sponsor	t return/report filed for n year (defined bene assets? (See instruc independent qualifie d conditions.) use Form 5500-SF t will be assessed i declare that I have as the electronic version 10-13-13 Date 10-13-13 Date 10-13-13 Date	or this plan, enter the efit plans do not tions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report ARLENE OLMO Enter name of individ Arにしていて、のよ	3c 4b 4c 5a 5b 5c Form use is port, ir t, and uual sig	45-2010194 Administrator's telephone number 845-598-6241 EIN PN 2 3 Yes No 5500. established. ncluding, if applicable, a Schedule to the best of my knowledge and gning as plan administrator 2 gning as employer or plan sponsor					

Form 5500-SF 2012

Page 2

Pa	rt III Financial Information										
7	7 Plan Assets and Liabilities (a) Beginning of			r	(b) End of Yea				ır		
а	Total plan assets	7a		L0913					121	45	
b	Total plan liabilities	7b									
С	C Net plan assets (subtract line 7b from line 7a) 7c			L0913					121	45	
8	8 Income, Expenses, and Transfers for this Plan Year (a) Amount					(b) T	otal				
а											
	(1) Employers	8a(1)									
	(2) Participants										
	(3) Others (including rollovers)										
Contraction of the local division of the loc	Other income (loss)	8b	n haar oo haar ah	1247					10	47	
10000000000000000000000000000000000000	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							12	47	
	to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e								100	
f	Administrative service providers (salaries, fees, commissions)	8f		15							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								15	
i	Net income (loss) (subtract line 8h from line 8c)	8i	er Carolina a ser de la companya de La companya de la comp						12	32	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics						.)				
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Chara	acteristic	c Codes i	n the instruc	tions:				
	3D 2T 2J 2H 2F 2E		les from the List of Diss. Oberes		O a d a a i a	4h a 1m a 4m a 41					
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Charac	cteristic	Codes in	the instructi	ons:				
Par	t V Compliance Questions										
10	During the plan year:				es No	Т	Amou	int			
-	Was there a failure to transmit to the plan any participant contribu	tions withi	in the time period described in							n Sector Marine	
	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.)			10b	x						
c				10c	x						
d				100							
u	or dishonesty?			10d	X						
е	,										
	insurance service or other organization that provides some or all (10e	x						
f	instructions.)										
-	f Has the plan failed to provide any benefit when due under the plan?				x x						
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)							1. and 1. a			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	x	and the second					
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	1-3		10i							
Part							1				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If '	'Yes," see instructions and com	plete S	chedule S	B (Form		Yes	Πı	No	
11a	a Enter the amount from Schedule SB line 39										
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or sect	tion 302 o	f ERISA?		Yes	хI	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	cable.)								
a	granting the waiver.				and enter Da		he lett Year	er ruli	ng		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Fo	rm 5500), and skip to line 13.						-		
b	Enter the minimum required contribution for this plan year				12b						