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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		ldentification Informat	tion							
For calend	ar plan year 2013 or f		01/01/2013		and ending 12/31/2013					
A This ref	turn/report is for:	X a single-employer plan	a	multiple-employer pl	an (not multiemployer)		a one-particip	pant plan		
B This ref	turn/report is:	the first return/report	X th	e final return/report						
		an amended return/repor	rt as	short plan year returr	n/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	☐ au	utomatic extension			DFVC progra	am		
	3	special extension (enter	description)							
Part II	Basic Plan Info	ormation—enter all requeste		nn						
1a Name		zinianon omor am roquosi.		<u></u>		1b	Three-digit			
	•	E PROFIT SHARING PLAN 40)1K				plan number			
						_	(PN) ▶	001		
						1C	Effective date o	•		
2a Plan s	nonsor's name and a	ddress; include room or suite n	numher (emn	lover if for a single-	emnlover nlan)	2h	06/01 Employer Identi			
	RPRISES LLC	adioco, morado room or outro n	idiliboi (ollip	noyon, in for a onigio	omployer plant	20		10194		
						2c	Sponsor's telep	hone number		
2504 VILLA	GE DR						845-598			
BREWSTER	R, NY 10509-1324					2d	Business code ((see instructions)		
							53139			
		and address Same as Plan S		—	Sponsor Address	3b	Administrator's 45-20	EIN)10194		
MO ENTERI	PRISES LLC		VILLAGE DI	R 10509-1324		3c		telephone number		
		DILL!	TOTER, ITT	10000 1021			845-598			
A 15.45-					- 41-1 1 41	41.				
		ne plan sponsor has changed s umber from the last return/repo		return/report filed to	r this plan, enter the	4b	EIN			
	or's name					4c	PN			
5a Total	number of participants	s at the beginning of the plan y	ear			5a		2		
b Total	number of participants	s at the end of the plan year				5b		0		
C Numb	er of participants with	account balances as of the er	nd of the plar	n year (defined bene	tit pians do not					
comp	lete this item)		······································	······	·	5с		0		
comp 6a Were	lete this item)	ts during the plan year invested	d in eligible a	assets? (See instruc	tions.)			X Yes No		
6a Were b Are ye	lete this item) all of the plan's asset ou claiming a waiver of	ts during the plan year invested of the annual examination and	d in eligible a	assets? (See instrucindependent qualifie	tions.)d public accountant (IQ	 PA)		X Yes No		
6a Were b Are you under	lete this item)	ts during the plan year invested of the annual examination and \$? (See instructions on waiver or \$1.5).	d in eligible a report of an eligibility and	assets? (See instrucindependent qualified conditions.)	tions.)d public accountant (IQ	PA)				
6a Were b Are you under	lete this item)	ts during the plan year invested of the annual examination and 6? (See instructions on waiver either line 6a or line 6b, the p	d in eligible a report of an eligibility and	assets? (See instructindependent qualified conditions.)use Form 5500-SF	tions.)d public accountant (IQ	PA) Form	n 5500.	Yes No Yes No		
6a Were b Are younder If you C If the	lete this item)	ts during the plan year invested of the annual examination and 6? (See instructions on waiver either line 6a or line 6b, the pofit plan, is it covered under the	d in eligible a report of an eligibility and blan cannot e PBGC insu	assets? (See instructindependent qualified conditions.)use Form 5500-SF rance program (see	tions.)d public accountant (IQ and must instead use ERISA section 4021)?	PA) Form	n 5500 .] Yes	X Yes No		
comp 6a Were b Are younder If you c If the p	lete this item)	ts during the plan year invested of the annual examination and 6? (See instructions on waiver either line 6a or line 6b, the perit plan, is it covered under the	d in eligible a report of an eligibility and olan cannot e PBGC insu	assets? (See instructindependent qualified conditions.)use Form 5500-SF rance program (see	tions.)d public accountant (IQ and must instead use ERISA section 4021)?	PA) Form	n 5500. Yes No established.	Yes No Yes No Not determined		
comp 6a Were b Are younder If you c If the p Caution: A	lete this item)	ts during the plan year invested of the annual examination and 6? (See instructions on waiver either line 6a or line 6b, the pofit plan, is it covered under the	d in eligible a report of an eligibility and plan cannot PBGC insureturn/repornstructions, I	assets? (See instructindependent qualified conditions.)	tions.)d public accountant (IQ and must instead use ERISA section 4021)?unless reasonable cauexamined this return/rep	PA) Form	n 5500. Yes No established. ncluding, if applic	Yes No Yes No Not determined able, a Schedule		
comp 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche	lete this item)	ts during the plan year invested of the annual examination and and an action of the annual examination and and action of the annual examination on waiver of the line 6a or line 6b, the partial plan, is it covered under the action of this result of the penalties set forth in the integral of the and signed by an enrolled action	d in eligible a report of an eligibility and plan cannot PBGC insureturn/repornstructions, I	assets? (See instructindependent qualified conditions.)	tions.)d public accountant (IQ and must instead use ERISA section 4021)?unless reasonable cauexamined this return/rep	PA) Form	n 5500. Yes No established. ncluding, if applic	Yes No Yes No Not determined able, a Schedule		
comp 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is	lete this item)	ts during the plan year invested of the annual examination and and an action of the annual examination and and action of the annual examination on waiver of the line 6a or line 6b, the partial plan, is it covered under the action of this result of the penalties set forth in the integral of the and signed by an enrolled action	d in eligible a report of an eligibility and plan cannot PBGC insureturn/repornstructions, I	assets? (See instructindependent qualified conditions.)	tions.)d public accountant (IQ and must instead use ERISA section 4021)?unless reasonable cau examined this return/report	PA) Form	n 5500. Yes No established. ncluding, if applic	Yes No Yes No Not determined able, a Schedule		
comp 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche	lete this item)	ts during the plan year invested of the annual examination and so? (See instructions on waiver either line 6a or line 6b, the perit plan, is it covered under the or incomplete filing of this rether penalties set forth in the irrand signed by an enrolled actual plete.	d in eligible a report of an eligibility and plan cannot PBGC insureturn/repornstructions, I	assets? (See instructindependent qualified conditions.)	d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	Form	n 5500. Yes No sestablished. Including, if applic to the best of my	Yes No Yes No Not determined able, a Schedule knowledge and		
comp 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is SIGN HERE	lete this item)	ts during the plan year invested of the annual examination and so? (See instructions on waiver either line 6a or line 6b, the perit plan, is it covered under the or incomplete filing of this rether penalties set forth in the irrand signed by an enrolled actual plete.	d in eligible a report of an eligibility and plan cannot PBGC insureturn/repornstructions, I	assets? (See instructindependent qualified conditions.)	tions.)d public accountant (IQ and must instead use ERISA section 4021)?unless reasonable cau examined this return/report	Form	n 5500. Yes No sestablished. Including, if applic to the best of my	Yes No Yes No Not determined able, a Schedule knowledge and		
comp 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN	lete this item)	ts during the plan year invested of the annual examination and 6? (See instructions on waiver either line 6a or line 6b, the partit plan, is it covered under the or incomplete filing of this rather penalties set forth in the ir and signed by an enrolled actual plete. Myalid electronic signature.	d in eligible a report of an eligibility and plan cannot PBGC insureturn/repornstructions, I	assets? (See instructindependent qualified conditions.)use Form 5500-SF rance program (see t will be assessed to declare that I have as the electronic version (04/09/2014).	d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cauexamined this return/report ARLENE OLMO Enter name of individuals	PA) Form [see is is oort, i and ual signal	n 5500. Yes No sestablished. Including, if applic to the best of my	Yes No Yes No Not determined able, a Schedule knowledge and		
comp 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	lete this item)	ts during the plan year invested of the annual examination and 6? (See instructions on waiver either line 6a or line 6b, the profit plan, is it covered under the cor incomplete filing of this rather penalties set forth in the ir and signed by an enrolled actual plete. Idvalid electronic signature.	d in eligible a report of an eligibility and e	assets? (See instructindependent qualified conditions.)use Form 5500-SF rance program (see twill be assessed declare that I have as the electronic version output. O4/09/2014 Date Date	tions.)	Form Form see is soort, in and ual signature	n 5500. Yes No sestablished. Including, if applic to the best of my gning as plan adragning as employed	Yes No Yes No Not determined able, a Schedule knowledge and		
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comp 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	lete this item)	ts during the plan year invested of the annual examination and 6? (See instructions on waiver either line 6a or line 6b, the profit plan, is it covered under the cor incomplete filing of this rather penalties set forth in the ir and signed by an enrolled actual plete. Idvalid electronic signature.	d in eligible a report of an eligibility and e	assets? (See instructindependent qualified conditions.)use Form 5500-SF rance program (see twill be assessed declare that I have as the electronic version output. O4/09/2014 Date Date	tions.)	Form Form see is soort, in and ual signature	n 5500. Yes No sestablished. Including, if applic to the best of my gning as plan adragning as employed	Yes No Yes No Not determined able, a Schedule knowledge and		
comp 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	lete this item)	ts during the plan year invested of the annual examination and 6? (See instructions on waiver either line 6a or line 6b, the profit plan, is it covered under the cor incomplete filing of this rather penalties set forth in the ir and signed by an enrolled actual plete. Idvalid electronic signature.	d in eligible a report of an eligibility and e	assets? (See instructindependent qualified conditions.)use Form 5500-SF rance program (see twill be assessed declare that I have as the electronic version output. O4/09/2014 Date Date	tions.)	Form Form see is soort, in and ual signature	n 5500. Yes No sestablished. Including, if applic to the best of my gning as plan adragning as employed	Yes No Yes No Not determined able, a Schedule knowledge and		

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year					
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella of Teal				
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	1214	.5					0		
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount			(b) Total					
	Contributions received or receivable from:		(a) Amount				(6) 1	Jiai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	119	0							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1190)	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1333	5							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1333	5	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-1214	5	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 3D 2T 2J 2H 2F 2E	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	ic Coc	les in t	he instructi	ons:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
				10c		Χ					
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X					
	or dishonesty?			10d		^					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
h		(See instru	uctions and 29 CFR	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 required	d notice or one of the	10i							
Part		1 0		10.							
11	Is this a defined benefit plan subject to minimum funding requirem							<u> </u>	1 vos		No
44-	5500) and line 11a below)										
	Enter the unpaid minimum required contribution for current year fr		,			11a		一	1 1/-	v	h ! .
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otion -	on all	onto- #	no doto of "	20 1.	ttor -	din -	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and 6	Day	ie date of t	ne le Yea		ıııng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	401:	I	—			
b	Enter the minimum required contribution for this plan year					12b	I				

Page	3 -	. 1	
raye	J		

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 of a 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?	X	es No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	No			
С	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.)	:0						
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)			
Part	VIII Trust Information (optional)							
14a Name of trust				14b Trust's EIN				

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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	10010	l - P	1 (2/21/2012
For calenda	ar plan year 2013 or f	iscal plan year beginning	01/01/2013	and ending		2/31/2013
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-participant plan
B This ret	turn/report is:	the first return/report	X the final return/report			
		an amended return/report	a short plan year return	report (less than 12 mor	nths)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC program
	•	special extension (enter desc	cription)			
Part II	Basic Plan Info	ormation—enter all requested in	formation			
1a Name		,				hree-digit
AMO EN	TERPRISES EMP	PLOYEE PROFIT SHARING	PLAN 401K			lan number ○N) ▶ 001
				F		ffective date of plan
						6/01/2011
	ponsor's name and a TERPRISES LLC	ddress; include room or suite numb	per (employer, if for a single-	employer plan)		mployer Identification Number EIN) 45-2010194
2504 V	ILLAGE DR					Sponsor's telephone number 45-598-6241
BREWST		NY 10509-132	2.4			usiness code (see instructions) 31390
	dministrator's name a			Sponsor Address	3b A	dministrator's EIN
AMO EN	TERPRISES LLO			-		dministrator's telephone number
2504 V	ILLAGE DR					45-598-6241
BREWST	ER	NY 10509-1324				
		ne plan sponsor has changed since	the last return/report filed for	r this plan, enter the	4b E	IN
	e, EIN, and the plan no sor's name	umber from the last return/report.			4c F	'n
		s at the beginning of the plan year			5a	2
b Total	number of participant	s at the end of the plan year			5b	0
		account balances as of the end of			5c	0
		ets during the plan year invested in				X Yes No
unde	r 29 CFR 2520.104-4	of the annual examination and repo 6? (See instructions on waiver eligi	bility and conditions.)			X Yes No
		either line 6a or line 6b, the plan				
c If the	plan is a defined ben	efit plan, is it covered under the PB	GC insurance program (see	ERISA section 4021)? .	∐ `	Yes No Not determined
		or incomplete filing of this retu				
SB or Sch	nalties of perjury and o edule MB completed true, correct, and cor	other penalties set forth in the instru and signed by an enrolled actuary, nplete.	uctions, I declare that I have as well as the electronic ver	examined this return/rep sion of this return/report	ort, inc , and to	luding, if applicable, a Schedule the best of my knowledge and
SIGN	x arlene	J-Olmo	4-8-14	ARLENE OLMO		
HERE	Signature of plan	administrator	Date	Enter name of individu	ual sign	ing as plan administrator
SIGN						
HERE	Signature of emp	loyer/plan sponsor	Date			ing as employer or plan sponsor
Preparer's	: name (including firm	name, if applicable) and address;	include room or suite numbe	er (optional)	Prepa	rer's telephone number (optional)
			Management and the second and the se			

Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	. 7a		L214	5		0
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	. 7c		L214	5		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	. 8a(3)					
b	Other income (loss)	. 8b		119	0		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					1190
d	Benefits paid (including direct rollovers and insurance premiums			1333	5		
	to provide benefits)	. 8d			3		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e					
<u> </u>	Administrative service providers (salaries, fees, commissions)	. 8f					
	Other expenses	8g					1222
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					13335
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	<u> </u>					-12145
<u> </u>	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 3D 2T 2J 2H 2F 2E	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in th	he instructions:
N	The plan provides wellare benefits, effer the applicable wellare is	catare coa	co nom the clot of Fian onara	otoriot	10 000	100 111 11	no motraditions.
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a				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		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or otl insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Pari	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)						
_11a	Enter the unpaid minimum required contribution for current year f					11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	cable.)				
a	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortiz	ed in this plan year, see instru	ctions	, and (enter th Day	TOTAL CONTROL OF THE PARTY OF T
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	