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.

0040

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Informatio	n						
For calend	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013								
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	er) a one-participant plan				
B This re	eturn/report is:	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year retu	ırn/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
	3	special extension (enter de							
Part II	Basic Plan Info	ormation—enter all requested	· '						
1a Name		onto an requested	momaton		1b	Three-digit			
	ITAL MANAGEMENT	INC 401K PLAN				plan number			
					_	(PN) ▶	002		
					1c	Effective date o	•		
22 Dian	ananaar'a nama and a	ddroon inglydd room or gyita nyn	nhar (amplayor if for a single	o omployer plan)	2 h	01/01			
	PITAL MANAGEMENT	ddress; include room or suite nun	ilber (employer, il lor a singi	e-employer plan)	20	Employer Identi (EIN) 13-37	46007		
					20	Sponsor's telep			
260 FIFTH	AVENUE SUITE 3 SC	NITH				212-65			
	K, NY 10001-0000	70111			2d	Business code ((see instructions)		
						52390			
3a Plan	administrator's name a	and address XSame as Plan Spo	onsor Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN		
					2-				
					3C	Administrator's	telephone number		
		ne plan sponsor has changed sind	ce the last return/report filed	for this plan, enter the	4b	EIN			
		umber from the last return/report.			4-	- DN			
a Spon	sor's name				4C	PN			
50 Total	number of participant	a at the beginning of the plan was			_		_		
_		s at the beginning of the plan yea			5a		7		
b Total	number of participant	s at the end of the plan year			5a 5b		7 5		
b Total	number of participant ber of participants with	s at the end of the plan year	of the plan year (defined ber	nefit plans do not	5b		5		
b Total c Num	number of participant ber of participants with plete this item)	s at the end of the plan year	of the plan year (defined ber	nefit plans do not	5b 5c		5		
b Total c Num comp	number of participant ber of participants with plete this item) e all of the plan's asse	s at the end of the plan year n account balances as of the end of	of the plan year (defined ber	nefit plans do not	5b 5c		5		
b Total c Num comp 6a Wer b Are y under	number of participants with plete this item)e e all of the plan's asse you claiming a waiver of 29 CFR 2520.104-46	s at the end of the plan year n account balances as of the end of the end of the end of the end of the annual examination and report (See instructions on waiver eligible)	of the plan year (defined ber n eligible assets? (See instru port of an independent qualif gibility and conditions.)	nefit plans do not uctions.)	5b 5c PA)		5		
b Total c Num comp 6a Wer b Are y unde	number of participants with plete this item)e all of the plan's asset you claiming a waiver of 29 CFR 2520.104-46 u answered "No" to descript the plan's asset when the plan's asset the plants as th	es at the end of the plan year In account balances as of the end of the description and report the annual examination and report (See instructions on waiver eligneither line 6a or line 6b, the plan	of the plan year (defined ber n eligible assets? (See instru- port of an independent qualif gibility and conditions.) n cannot use Form 5500-Si	nefit plans do not uctions.) ied public accountant (IQ	5b 5c PA)	 5500.	5		
b Total c Num comp 6a Wer b Are y unde	number of participants with plete this item)e all of the plan's asset you claiming a waiver of 29 CFR 2520.104-46 u answered "No" to descript the plan's asset when the plan's asset the plants as th	s at the end of the plan year n account balances as of the end of the end of the end of the end of the annual examination and report (See instructions on waiver eligible)	of the plan year (defined ber n eligible assets? (See instru- port of an independent qualif gibility and conditions.) n cannot use Form 5500-Si	nefit plans do not uctions.) ied public accountant (IQ	5b 5c PA)	 5500.	5		
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of Vo	or .		
	Total plan assets	7a	(a) Degining of Tea				(b) Lilu (2922		
	Total plan liabilities	7b		0	+				0		
	Net plan assets (subtract line 7b from line 7a)	7c	39753	7				55	2922		
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) To				
	Contributions received or receivable from:		(a) Amount				(10) 10	ıaı			
	(1) Employers	8a(1)	360	0							
	(2) Participants	8a(2)	6225	0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	12172	3							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						18	7573		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3162	8							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	56	0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3	32188		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						15	55385		
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 2E 2G 2J 2K 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	ns:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amoı	ınt		
a				10a		X			u		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		X					
					X						_
				10c						400	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	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.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10q		X					
h		(See instru	uctions and 29 CFR	10g		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	10ii							
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem								Voo	V	No.
44-	5500) and line 11a below)							Ш	Yes	^	No
	Enter the unpaid minimum required contribution for current year fr		,			11a		$\overline{}$	V-	V	
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	Ш	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	ond :	onto- #	no doto =f **	0 1044	or = .!!	n~	
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Day Year										
	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
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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?	Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X 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.))			
1	3c(1) Name of plan(s):	c(2) Ell	V(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 section 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

P	art I Annual Report Identification Information	on					
	calendar plan year 2013 or fiscal plan year beginning	01/01/2013 and ending		31/2013			
Α	This return/report is for: x a single-employer plan	a multiple-employer plan (not multiemplo	oyer)	a one-participant plan			
В	This return/report is:	the final return/report					
	an amended return/report	a short plan year return/report (less than	12 months)				
С	Check box if filing under: Form 5558	automatic extension		DFVC program			
	special extension (enter de	escription)					
P	art II Basic Plan Information enter all reques	ted information					
-	Name of plan			nree-digit an number			
	AHAB CAPITAL MANAGEMENT INC 401K PLAN			N) ▶ 002			
				fective date of plan			
		() () () () () () () () () ()		1/01/2008			
2a	Plan sponsor's name and address; include room or suite no AHAB CAPITAL MANAGEMENT INC	umber (employer, it for a single-employed plan)	1	mployer Identification Number IIN) 13-3746007			
				oonsor's telephone number 212) 653-1019			
	260 FIFTH AVENUE SUITE 3 SOUTH		1	usiness code (see instructions)			
US	NEW YORK NY 10001-0000			23900			
3a	Plan administrator's name and address X Same as Plan	Sponsor Name Same as Plan Sponsor Addi	ress 3b Ad	dministrator's EIN			
			20. 1	desirietada talanhana numbas			
			3C A	dministrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed si	nce the last return/report filed for this plan, enter	the 4b E	N			
	name, EIN, and the plan number from the last return/repor	t.	40.0				
_a	Sponsor's name	WHAT I	4c P	7			
5a				5			
b	and the control of th						
	complete this item)		5c	5			
6a	 Were all of the plan's assets during the plan year invested 	in eligible assets? (See instructions.)		XYesNo			
b	under 29 CFR 2520.104-46? (See instructions on waiver e	ligibility and conditions.)					
	If you answered "No" to either line 6a or line 6b, the pl	an cannot use Form 5500-SF and must instea	d use Form 55	500. ☐ Yes ☐ No ☐ Not determined			
С	If the plan is a defined benefit plan, is it covered under the						
_C	caution: A penalty for the late or incomplete filing of this r	eturn/report will be assessed unless reasona	ble cause is e	stablished.			
U	Inder penalties of perjury and other penalties set forth in the in B or Schedule MB completed and signed by an enrolled actu	nstructions, I declare that I have examined this re	eturn/report, inc n/report_and.to	cluding, if applicable, a Schedule the best of my knowledge and			
S b	selief, it is true, correct, and complete.	ary, as well as the electronic version of this retar	inreport, and to	, the book of my fillermorege and			
	7 00	5/20/2014					
11.7900	HERE Signature of plan administrator		dividual signing	g as plan administrator			
		5/20/2014					
1000000	SIGN HERE Signature of employer/plan sponsor		dividual signing	vidual signing as employer coplan sponsor			
	Preparer's name (including firm name, if applicable) and addre		er's telephone number (optional)				
ľ	Topal S. S. Hallo (Malaung Market)						
1							

P	art III Financial Information		***************************************				· · · · · · · · · · · · · · · · · · ·	
7	Plan Assets and Liabilities		(a) Beginning of Yea	Year			(b) End of Year	
a	Total plan assets	7a	397,5					
b	Total plan liabilities	7b	35,75	0		552,922		
С	Net plan assets (subtract line 7b from line 7a)	7c	397,5			552,922		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_	(b) Total		
а	Contributions received or receivable from: (1) Employers	0-(4)						
	(2) Participants	8a(1)	3,6		-			
	(3) Others (including rollovers)	8a(2) 8a(3)	62,2	50				
b	Other income (loss)	8b	121,7	222	-			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	121,7	23	-			
d	Benefits paid (including direct rollovers and insurance premiums						187,573	
	to provide benefits)	8d	31,6	28				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	5	60				
<u>g</u>	Other expenses	8g						
h i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1 - 1				32,188	
-	Net income (loss) (subtract line 8h from line 8c)	8i					155,385	
مرا	Transfers to (from) the plan (see instructions)	8j	**					
·								
Ja	If the plan provides pension benefits, enter the applicable pension fe 2E 2G 2J 2K 2R 3D	ature code	es from the List of Plan Charac	teristi	ic Cod	es in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Characte	eristic	Code	s in th	ne instructions:	
Pa	rt V Compliance Questions	·						
10	During the plan year:				Yes	No	A	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ions withir	the time period described in	10a	162	X	Amount	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not in	oclude transactions reported	10b		x		
С				10c	х		40,000	
d		idelity bon	d, that was caused by fraud	10d		x	40,000	
е	Were any fees or commissions paid to any brokers, agents, or other	er persons	by an insurance carrier	700		<u></u>	_	
	insurance service, or other organization that provides some or all o	f the bene	fits under the plan? (See					
	instructions.)			10e		X		
	Has the plan failed to provide any benefit when due under the plan			10f		Х		
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х		
h 	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruc	ctions and 29 CFR	10h		х		
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-	required	notice or one of the	10i				
Par								
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							
11a	Enter the unpaid minimum required contribution for current year fro	m Schedu	le SB (Form 5500) line 30		Τ,	1a	Yes X No	
12	Is this a defined contribution plan subject to the minimum funding re						ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a							
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortize	d in this plan year, see instruct	ions, i	and er	nter th	ne date of the letter ruling	
lf y	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year				1	2b		
						-~		