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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	► Complete all entries in accor	rdance with the instru	ctions to the Form 550	0-SF.	ins	spection
Part I	Annual Report	Identification Information					
For calenda	ar plan year 2013 or fis	scal plan year beginning 01/01/201	13	and ending 1	2/31/2	2013	
	urn/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	onths))	
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter descripti	on)				
Part II	Basic Plan Info	rmation—enter all requested inform	nation				
1a Name		·			1b	Three-digit	
A O MANAG	EMENT, INC. PROFIT	SHARING PLAN				plan number	
						(PN) •	001
					1C	Effective date o	•
2a Plan o	noncor's name and ad	dress; include room or suite number (ampleyer if for a single	omployer plan)	26	01/01	
	SEMENT, INC.	aress, include room or suite namber (6	employer, il lor a single-	епіріоуеї ріап)	20	Employer Identi (EIN) 13-33	92063
					2c	Sponsor's telep	
	ETTE ST., SUITE 1002 , NY 10012-3391	2			24	212-35	
NEW TORK	, 10012-3391				2a	Business code ((see instructions)
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponsor I	Name Same as Plar	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
							·
		e plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN	
	, EIN, and the plan hul or's name	mber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a	<u> </u>	4
_		at the end of the plan year			5b		4
	• •	account balances as of the end of the			30		4
compl	ete this item)			· · · · · · · · · · · · · · · · · · ·	5c		4
_		s during the plan year invested in eligib					X Yes ∐ No
		the annual examination and report of (See instructions on waiver eligibility					X Yes □ No
		ther line 6a or line 6b, the plan can	,			5500.	
_		it plan, is it covered under the PBGC i			_		Not determined
						. – –	1
		or incomplete filing of this return/re					
		ner penalties set forth in the instruction nd signed by an enrolled actuary, as w					
	true, correct, and comp		ren as the electronic ver	sion of this return report	i, and	to the best of my	Knowledge and
		The second second		1			-
SIGN HERE	Filed with authorized/	valid electronic signature.					
HEKE	Signature of plan a	dministrator	Date	Enter name of individ	ual siç	gning as plan adr	ninistrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	gning as employe	er or plan sponsor
Preparer's	name (including firm n	ame, if applicable) and address; inclu	de room or suite numbe				number (optional)

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End of	Voor		
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella O	6050	4	
	Total plan liabilities	7b							•	
	Net plan assets (subtract line 7b from line 7a)	76 7c	5316	55				6050	4	
	Income, Expenses, and Transfers for this Plan Year	70					(b) Tot		•	
	Contributions received or receivable from:		(a) Amount				(b) Tot	aı		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	733	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7339	9	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	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								
i	Net income (loss) (subtract line 8h from line 8c)	8i						733	9	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a		feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	ns:		
Par	t V Compliance Questions									
	•				Yes	No				
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tione withi	n the time period described in	ı	162	NO	A	mount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С				40-		Χ				
	• • • • • • • • • • • • • • • • • • • •			10c						
d	or dishonesty?	······		10d		Х				
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.)	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 require	d notice or one of the	10i						
Part		1-0		101						
11	Is this a defined benefit plan subject to minimum funding requirem							П Усс	V	No
44-	5500) and line 11a below)							Yes	^	No
	Enter the unpaid minimum required contribution for current year fr		,			11a				
12	Is this a defined contribution plan subject to the minimum funding	-		e or se	ection	302 of	ERISA?	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4! - :				1-44-	.1:	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ith	, and e	enter th Day		e letter ru ′ear	iiing	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1		I			
b	Enter the minimum required contribution for this plan year					12b				

Page	3	_	1	
i agc	v			

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?	🔲 '	Yes 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 of 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.)							
	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)			
Part	VIII Trust Information (optional)							
	Name of trust MANAGEMENT, INC. PROFIT SHARING		rust's EIN 133392063					

5500-SF Electronic Filing Authorization

Plan Name:

A+O Management, Inc. Profit Sharing Plan

EIN/PN:

13-3392063/001

Plan Year:

01/01/2013 - 12/31/2013

I hereby authorize Jim Hallinan Pension Consulting, LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

と しん

Administrator

(sįga)

(date)

Plan Sponsor

(sign)

(date)

Form 5500-SF

Sep 24 14 11:09a

Department of the Treasury Internal Revenue Service

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public

	enefits Security Administration	-	emai Revenue Code (ine C			Inspection
Pension B	enefit Gueranty Corporation	➤ Complete all entries in acc	ordance with the instruc	tions to the Form 5500	-SF.	
Part I	Annual Report lo	lentification Information			12/31/20	11 3
For calend	ar plan year 2013 or fisca		01/01/2013	and ending		
A This rel	turn/report is for:	a single-employer plan	a multiple-employer pla	in (not multiemployer)	a one-	participant plan
B This re	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)	
C Chastr	box if filing under:	Form 5558	au:omatic extension		DFVC	program
C Check	DOX II IIIII G UIIUG .	special extension (enter descrip	ntion)			
Navara established						
Part II		mation enter all requested in	ntormation		1b Three-di	git
1a Name	•				pian nun	ober 001
A+O	Management, Inc.	Profit Sharing Plan			(PN) ➤ 1c Effective	
					01/01/	
			· /ampleyer if for a single.	emolover plan)		r Identification Number
2a Plan	sponsor's name and add Management, Inc.	ress; include room or suite numbe	r (employer, it for a single-	omproyer pro-ry		L3-3392063
11.0					2c Sponsor	's telephone number
						352-1580
270	Lafayette St., S	Suite 1002				s code (see instructions)
US New	York	NY 10012-3391	,		812190	
3a Plan	administrator's name and	address 🗓 Same as Plan Spo	nsor Name 🔲 Same as P	lan Sponsor Address	3b Administ	trator's EIN
• • · · · ·						
					3c Adminis	trator's telephone number
4 If the	name and/or EIN of the	plan sponsor has changed since t	he last return/report filed fo	r this plan, enter the	4b EIN	
name	e, EIN. and the plan num	ber from the last return/report.			4c PN	
a Spor	nsor's name				5a	4
5a Total	I number of participants a	it the beginning of the plan year	9 44 4 4 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	### + ### + ##### ### + 1 ### + 1 ### + 1 ### + 1	5b	4
b Total	I number of participants a	it the end of the plan year	he wise was dafaad boos	fit plans do not	30	
comi	piete this item)	ccount balances as of the end of t	****************	4 5 5 1 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7	5c	X.Yes No
6a Were	e all of the plan's assets of	during the plan year invested in eli	gible assets? (See instructi	ons.)		X.TESINO
b Are y	you claiming a waiver of t	he annual examination and report	of an independent qualifie	d public accountant (I UI	PA)	X Yes No
unde	er 29 CFR 2520.104-46?	(See instructions on waiver eligibil		and more improved the s		
" If yo	u answered "No" to eit	her line 6a or line 6b, the plan ca plan, is it covered under the PBG	C incurred acousting (see	FRISA section 4021)?		☐ No ☐ Not determined
Caution	: A penalty for the late of	or incomplete filling of this return	n/report will be assessed	unless reasonable car	use is establis	neo.
Under pe	enalties of perjury and oth	ner penalties set forth in the instru ad signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/re	port, including,	st of my knowledge and
	chedule MB completed are is true, correct, and comp		as well as the electronic ve	Skort of this return repor	1, 0/10 10 1/10 10	ot of my taxonic against
Para de	is noc, acream and com		<u>जिल्ल</u> माम	Arndt Oesterle		
SIGN					al aisaisa oo oli	on administrator
HERE	Signature of plan, admi	nisyator	Gale 7/14	Enter name of Individu	at signing as pit	an administrator
SIGN	7=1	<u></u>	1834114	Arndt Oesterle		
HERE	Signature of employer	plan sponsor	Date			nployer or plan sponsor
Preparer	's name (including firm n	ame, if applicable) and address; in	nclude room or suite numbe	er (optional)	Preparer's tel	ephone number (optional)
					1	

Form 5500-SF 2013 Page **2**

P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End o	f Year
a	Total plan assets	7a	53,16					60,504
b	Total plan liabilities	7b	•					•
С	Net plan assets (subtract line 7b from line 7a)	7c	53,16	55			60,504	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			otal
а	Contributions received or receivable from:	0-(4)						
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
b	(3) Others (including rollovers)	8a(3) 8b	7,33	20				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	775.					7,339
d	Benefits paid (including direct rollovers and insurance premiums							1,339
	to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			_			7,339
	Transfers to (from) the plan (see instructions)	8j						
	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Characte	eristic	Code	s in th	e instruction	ns:
	2A 2E 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Character	ristic (Codes	in the	instruction	s:
Pa	art V Compliance Questions							
10	During the plan year:				Yes	No	,	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x		
Į.				_				
	 Were there any nonexempt transactions with any party-in-interest on line 10a.) 		nclude transactions reported	10b		х		
	on line 10a.)	••••••	nclude transactions reported	10b 10c		x		
	on line 10a.)	fidelity bon	d, that was caused by fraud					
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bon	d, that was caused by fraud	10c		х		
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or the plan's to the plan to the plan to the plan's to the plan to	fidelity boner persons	d, that was caused by fraud by an insurance carrier, sfits under the plan? (See	10c 10d		x		
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.)	fidelity bone	d, that was caused by fraud by an insurance carrier, bfits under the plan? (See	10c 10d 10e		x x		
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan	fidelity boner persons of the beneat	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c		x		
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan	fidelity boner persons of the beneat	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e		x x		
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	fidelity bon er persons of the bene n?s s of year er	d, that was caused by fraud by an insurance carrier, offits under the plan? (See	10c 10d 10e 10f		x x x		
6 f	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (er persons of the beneather sof year en See instruction are required.	d, that was caused by fraud by an insurance carrier, efits under the plan? (See	10d 10d 10e 10f 10g		x x x x		
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)	er persons of the beneather sof year en See instruction are required.	d, that was caused by fraud by an insurance carrier, efits under the plan? (See	10c 10d 10e 10f 10g 10h		x x x x		
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	fidelity bon er persons of the bene n? See instruction ne required 1-3 ents? (If "\")	d, that was caused by fraud by an insurance carrier, offits under the plan? (See and.) ctions and 29 CFR notice or one of the	10c 10d 10e 10f 10g 10h 10i		x x x x	(Form	☐ Yes ▼ No
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 (Int VI Pension Funding Compliance) Is this a defined benefit plan subject to minimum funding requirem	er persons of the beneates of year electrical series (If "Years).	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e 10f 10g 10h 10i		x x x x	(Form	☐ Yes 🗷 No
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 (Int VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	er persons of the beneates of year er See instruction er required 1-3	d, that was caused by fraud by an insurance carrier, sfits under the plan? (See and.) ctions and 29 CFR notice or one of the ves," see instructions and comp	10c 10d 10e 10f 10g 10h 10i		x x x x x 11a	•••••••	Yes X No
f	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Int VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the plan is the plan in the plan is the plan	er persons of the beneates of year elements? (If "Young Schedurequirements on Schedurequ	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the ves," see instructions and comp ule SB (Form 5500) line 39 nts of section 412 of the Code o	10c 10d 10e 10f 10g 10h 10i		x x x x x 11a	•••••••	
f	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Int VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the unpaid minimum required contribution for current year from the street of the minimum funding the list has a defined contribution plan subject to the minimum funding the list has a defined contribution plan subject to the minimum funding the list has a defined contribution plan subject to the minimum funding the list has a defined contribution plan subject to the minimum funding the list has a defined contribution plan subject to the minimum funding the list has a defined contribution plan subject to the minimum funding the list has a defined contribution plan subject to the minimum funding the list has a defined contribution plan subject to the minimum funding the list has a defined contribution plan subject to the minimum funding the list has a defined contribution plan subject to the minimum funding the list has a defined contribution plan subject to the minimum funding the list has a defined contribution plan subject to the minimum funding the list has a defined contribution plan subject to the minimum funding the list has a defined contribution for current year from the list has a defined to the list has a defined	er persons of the beneates of year elements? (If ") om Schedurequirement, as applicating amortized	d, that was caused by fraud by an insurance carrier, offits under the plan? (See and.) ctions and 29 CFR notice or one of the ves," see instructions and comp ule SB (Form 5500) line 39 nts of section 412 of the Code of able.) ed in this plan year, see instructions.	10c 10d 10e 10f 10g 10h 10i	tion 30	x x x x x 11a 2 of E	RISA?	Yes X No
C C C C C C C C C C	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Int VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the unpaid minimum required contribution for current year for Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir	fidelity bon er persons of the bene n?	d, that was caused by fraud by an insurance carrier, offits under the plan? (See and.) ctions and 29 CFR notice or one of the ves," see instructions and comp ule SB (Form 5500) line 39 nts of section 412 of the Code of sele.) ed in this plan year, see instructions and comp	10c 10d 10e 10f 10g 10h 10i	tion 30	x x x x x 11a 2 of E	RISA?	Yes X No
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	Fo	m 5500-SF 2013 Page 3-					
С	Enter	he amount contributed by the employer to the plan for this plan year	12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a mount)	12d				
е	Will th	e 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?	☐ Ye)			
	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 of the PBGC?					Yes X No		
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to assets or liabilities were transferred. (See instructions.)					
1	3c(1) N	ame of plan(s):	(2) EIN((s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					
14a Name of trust			14b Trust's EIN				
A+O Management, Inc. Profit Sharing				13-3392063			