Form 5500-SF Short Form Annual Return/Report of Small E						OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ						2013			
	partment of Labor nefits Security Administration	ctions 6057(b) and 6058 code).							
	nefit Guaranty Corporation	Complete all entries in accorda)-SF.	Ins	pection		
Part I		entification Information							
For calenda	ar plan year 2013 or fisca			and ending 12	2/31/2	2013			
A This ret	urn/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan		
B This ret	urn/report is:		ne final return/report						
		n/report (less than 12 mc	onths)						
C Check box if filing under:						DFVC program			
		special extension (enter description)							
Part II		nation—enter all requested information	on						
1a Name of AMERICAN (•	PROFIT SHARING PLAN			16	Three-digit plan number (PN) ▶	001		
					1c	Effective date of 01/01/	plan		
	oonsor's name and addre	ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identif	ication Number		
40 HEYWAR				-	2c	(EIN) 22-22 Sponsor's telep 718-858	hone number		
BROOKLYN					2d	Business code (62300			
3a Plan ad	ministrator's name and	address 🛛 Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN		
4 If the n	ame and/or FIN of the n	lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the		EIN	elephone number		
	EIN, and the plan numb	per from the last return/report.			4c				
- <u>-</u> ·		the beginning of the plan year			5a		23		
b Total r	umber of participants at	the end of the plan year		······	5b		12		
		count balances as of the end of the pla			5c		12		
6a Were	all of the plan's assets d	luring the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No		
		ne annual examination and report of an See instructions on waiver eligibility and					X Yes No		
-		er line 6a or line 6b, the plan cannot blan, is it covered under the PBGC insu					Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/repor	rt will be assessed (unless reasonable cau	se is	established.			
Under pena SB or Sche	Ities of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	ort, in	cluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ial sig	ning as plan adn	ninistrator		
SIGN									
HERE	Signature of employe		Date	Enter name of individu	_				
Preparer's i	name (including firm nan	ne, if applicable) and address; include r	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		

	(a) Beginning of Yea		r		(b) End of Year			
 7 Plan Assets and Liabilities a Total plan assets 	7a	(a) beginning of Tea 99274		_			139017	,
b Total plan liabilities	7a 7b		0	_			00011	
C Net plan assets (subtract line 7b from line 7a)	70 70	99274	-				139017	,
8 Income, Expenses, and Transfers for this Plan Year	70	(a) Amount	<u> </u>			(b) T		
a Contributions received or receivable from:		(a) Amount				(6) 1	otai	
(1) Employers	8a(1)		0					
(2) Participants	8a(2)		0					
(3) Others (including rollovers)	8a(3)		0					
b Other income (loss)	8b	6602	0					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						66020	
d Benefits paid (including direct rollovers and insurance premiums	64	91974	a					
to provide benefits) e Certain deemed and/or corrective distributions (see instructions)	8d		0					
-	8e		0					
f Administrative service providers (salaries, fees, commissions)	8f		0					
g Other expenses	8g		0	_			040740	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						919749 -853729	
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			_			-003728	,
Part IV Plan Characteristics	8j		0					
Part V Compliance Questions								
10 During the plan year:				Yes	No		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 			10a	Yes	No X		Amount	
a Was there a failure to transmit to the plan any participant contribut	ciary Correct? (Do not inc	ction Program) clude transactions reported	10a 10b	Yes	-		Amount	
 a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? 	ciary Correct? (Do not inc	ction Program)		Yes	X			10000
 a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	iciary Correct? (Do not inc	ction Program) clude transactions reported	10b		X			10000
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C	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?	XY	′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 of the PBGC?	control		ו []	res 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) this which assets or liabilities were transferred. (See instructions.)	0			
1	3c(1) Name of plan(s): 1:	3 c(2) El	N(s)	13	c(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺r	usťs EIN		

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Form 5500-SF	Short Form	Annual Return	Basart	of Small Employ	00		OMB Nos.	1210-0111		
Copartment of the Treasury Internal Revenue Service		Benef	it Plan	у В		60500000-550556-65		1210-0085		
Department of Labor	This form is re Retirement Incom	equired to be filed Linder te Security Act of 1974 (ERISA), and s	action 6057(b) and 6058	a) of		2013			
Employee Benefits Security Administratic Pension Benefit Guaranty Corporation	► Complete all e	the Internal Rever		,	I-SF.	This form in	spection	Public		
Part Annual Repor	t Identification Info		/01/2013	and ending	10	121/2012	91. Martin Sa. A. J.			
A This return/report is for:	x a single-employer	- Anno an	Baarl & San Jan Jan Jan Jan Jan Jan Jan Jan Jan J	lan (not multiemployer)	<u></u>	/31/2013		- Think Stranger		
B This return/report is:	The first return/rep	' land '	ll retum/report	ent (nor monomparyer)	asente	a one-particip	am pian			
	an amended return		•	m/report (less than 12 m	ntibe)					
C Check box if filing under:	x Form 5558	· 📙	tic extension	introport pess than 12 m	лина) Г	DEVC progra	1073			
o oness cox it ming under,	뛈	(enter description)	CONCLUSION		L	l ni so hiogra				
Ban III Basic Plan Inf	h	-	······································							
18 Name of plan	ormation enter al	l reguested intormation			1Ь т	hree-digit		,		
•	Žπα 403 (k) τικ.	dia Manin- Dia	<u>~</u>		q	lan number	0.01			
American Gericare,	INC. AUI(K) FI	are sugrand star	Lý.		(PN) ► 001 1c Effective date of plan					
		•				1/01/2000	. Mietu			
2a Plan sponsor's name and a American Gericare,	iddress; include room of Inc.	fress; include room or suite number (employer, if for a single-employer plan) Inc.					2b Employer Identification Number (EIN) 22-2213167			
						ponsor's telep		cr		
40 Heyward Street							(718) 858-6200 20 Business code (see Instructions)			
VS Brooklyn	NX 11211				<i>ଲ</i> ାଣ	123000	(soc msruc	uons)		
3a Plan administrator's name		as Plan Sponsor Name	Same as	Plan Sponsor Address	3b A	\dministrator's	EIN			
					3c A	Administrator's	telephone r	umber		
4 If the name and/or EIN of t	he nian enoneor has ch	and close the last retur	raimport filod	ior this plan, actor the	4b E	-111				
name, EIN, and the plan n	umber from the last return	mjed since the last feld m/report.	i mehoit meo	ior and plan, enter the				-		
a Sponsor's name	and the formation of the		A		40 F	N N				
					<u>5a</u> 5b	· · ·	<u>23</u> 12			
5a Total number of participant	a ar one and on the bratt				20					
5a Total number of participant b Total number of participant	account balances as o	i no ona or na piar you		efit plane do pot 🔰 🔰		1	77	••••••••••••••••••••••••••••••••••••••		
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For Paperwork Reduction Act Notice and OME Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2013)

Part III Financial Information

_	Plan Assets and Liabilities		(a) Beginning of Year				(b) End o	f Year
	Total plan assets	7a	992,74				.,	139,017
	Total plan liabilities	7b		0				0
	Net plan assets (subtract line 7b from line 7a)	7c	992,74	-				139,017
-	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To			
	Contributions received or receivable from:		(4)				(4)	
	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	66,02	20				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						66,020
	Benefits paid (including direct rollovers and insurance premiums	0.1	919,74	10				
	to provide benefits)	8d	919,74					
	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
<u> </u>	Other expenses	8g		0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						919,749
i	Net income (loss) (subtract line 8h from line 8c)	8i						(853,729)
<u>ل</u>	Transfers to (from) the plan (see instructions)	8j		0				
Pa	rt IV Plan Characteristics							
	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Code	s in tł	ne instruction	ns:
	rt V Compliance Questions						1	
<u>10</u>	During the plan year:			r –	Yes	No	<i>I</i>	Mount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ciary Corre	ction Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		x		
C	Was the plan covered by a fidelity bond?		•••••••••••••••••••	10c	х			100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	n?	••••••	10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10h		x		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required	I notice or one of the	10i				
Par								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes 🗴 No
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39	·····		11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or sec	ction 3	02 of	ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.							-
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	ng amortiz	ed in this plan year, see instruc				the date of the da	-
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
b	Enter the minimum required contribution for this plan year	•				12b		
	Enter the minimum required continuation for this plan year							