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

Pe	nsion Be	nefit Guaranty Corporation	➤ Complete all entries in acc	cordance with the instruc	tions to the Form 5500	0-SF.		Spection	
Pa	rt I	Annual Report I	dentification Information						
For c	calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2	2013	and ending 1	2/31/2	2013		
		urn/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan	
В	his reti	urn/report is:	the first return/report	x the final return/report					
			an amended return/report	a short plan year return	n/report (less than 12 mo	onths))		
C C	check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am	
			special extension (enter descri	ption)					
Pai	rt II	Basic Plan Infor	mation—enter all requested info	ormation					
	Name					1b	Three-digit		
		NSION PLAN					plan number		
							(PN) ▶	001	
						1c	Effective date of	of plan	
							01/01	/2005	
2a I BEH I		oonsor's name and add	lress; include room or suite number	r (employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 56-23	ification Number 884097	
72 CO		AL AVENUE				2c	Sponsor's telep		
DOBB	S FER	RY, NY 10522				2d	Business code 5419	(see instructions)	
3a	Plan ad	dministrator's name and	d address Same as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's		
						3с	Administrator's	telephone number	
			plan sponsor has changed since the	he last return/report filed fo	or this plan, enter the	4b	EIN		
		EIN, and the plan num or's name	ber from the last return/report.			4c	PN		
	•		at the beginning of the plan year			5a		2	
_			at the end of the plan year			5b		0	
С	Numbe	er of participants with a	ccount balances as of the end of the	ne plan year (defined bene	fit plans do not	5c		0	
		•	during the plan year invested in all					X Yes No	
_		·	during the plan year invested in eli	•	•		•••••	X Yes No	
			the annual examination and report (See instructions on waiver eligibil					X Yes No	
			her line 6a or line 6b, the plan ca						
	-		plan, is it covered under the PBG0			_		Not determined	
	пипер	mair is a defined benefit	——————————————————————————————————————	o insurance program (see	ENION SCOUOTI 4021): .				
Caut	ion: A	penalty for the late o	r incomplete filing of this return	report will be assessed	unless reasonable cau	ıse is	established.		
SB o	r Śche		er penalties set forth in the instruct d signed by an enrolled actuary, as lete.						
SIGN		Filed with authorized/v	ralid electronic signature.	07/28/2014	CAROL GILSON				
HER	E	Signature of plan ad	lministrator	Date	Enter name of individual signing as plan			ministrator	
SIGN									
HER	E	Signature of employer/plan sponsor Date Enter name of individu				idual signing as employer or plan sponsor			
Prep	arer's i		ame, if applicable) and address; inc					number (optional)	

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Reginning of Ver				(b) End	of V			
		7a	(a) Beginning of Yea				(b) End	01 1		0	
	Total plan assets Total plan liabilities	7a 7b	10010								
	Net plan assets (subtract line 7b from line 7a)		40516	5)	
		7c					(1-) 7	-4-1			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai			
u	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	4090	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							40907	7	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	44607	2							
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							44607	2	
i	Net income (loss) (subtract line 8h from line 8c)	8i							40516	5	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	-,									
9a		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 fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruct	ons:			
Par	V Compliance Questions										
10					Yes	No		A			
a	During the plan year: Was there a failure to transmit to the plan any participant contribute.	tione withi	n the time period described in		162	NO		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X					
N	on line 10a.)	,		10b		X					
	Was the plan covered by a fidelity bond?			10c	X					50	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			Х					7000
	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					V					
	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 as	s of year e	end.)	10g		Χ					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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			10i							
Part							ı				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	Yes	X	No
112	Enter the unpaid minimum required contribution for current year fr					11a				· ·	
	· · · · · · · · · · · · · · · · · · ·		,				EDICA?	Г	Yes	Y	No
12	Is this a defined contribution plan subject to the minimum funding	-		Ur Se	ะบแบท	ou∠ Of	ERISA!		168	^	INU
	(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			ctions	and 4	enter ti	l ne date of t	he l	etter ru	lina	
	granting the waiver.	-			, апа (Day		Yea		19	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		T				
h	Enter the minimum required contribution for this plan year					12b	Ī				

Page	3 -	. 1	
гаус	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			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	res No	1	
	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		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) which assets or liabilities were transferred. (See instructions.)	to			
	13c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺ı	rust's EIN		

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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

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	irt I Annual Report Ider		67 (61 (60)		12/31/201	2
For	calendar plan year 2013 or fiscal p	Carrent Carrette Comment	01/01/2013	and ending		
Α	This return/report is for:	a single-employer plan	a multiple-employer plan (n	ot multiemployer)	a one-particip	ant plan
B :	This return/report is:	the first return/report	the final return/report	4	. 8	
		an amended return/report	a short plan year return/repo	ort (less than 12 mont	444	9
C	Sheck box if filing under:	Form 5558	automatic extension	*	DFVC progra	m ·
ون		special extension (enter descr	iption)			· ·
Pa	rt II Basic Plan Informa	ation—enter all requested inf	ormation	Sin Wilanish Mark		
1a	Name of plan	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		1	b Three-digit	
	BEH Img. Pension Pla	nî:		*	plan number (PN) ▶	001
				·	c Effective date o	
					01/01/200	
	Plan sponsor's name and address BEH Inc.	s; include room or suite numbe	er (employer, if for a single-empl	loyer plan)	2b Employer Identi (EIN) 56-238	1. 100, 10
			Z.º		2c Sponsor's telep (914) 674-	
	72 Colonial Avenue	А #	%		2d Business code	A Description of the Control of the
	Dobbs Ferry		NY 10	522	541990	
	Plan administrator's name and ac	ddress XSame as Plan Spons	sor Name Same as Plan Spo	onsor Address	3b Administrator's	EIN
	- A		## TT		3c Administrator's	telephone number
	* * *	er e e e e e e e e e e e e e e e e e e			*	3
		n _g	*		3	
4	If the name and/or EIN of the pla	in sponsor has changed since	the last return/report filed for thi	is plan, enter the	4b EIN	
- N.E.X	name, EIN, and the plan number Sponsor's name	r from the last return/report.	State of the state		4c PN	
5a	Total number of participants at the	ne beginning of the plan year.		Name a Caracia in convenient income a con-	5a	
b	Total number of participants at th	he end of the plan year). Navasai avasai avasai arangai kangai arangai arangai arangai arangai arangai arangai arangai arangai arangai a	## <u>###################################</u>	5b	0(
c			A 200 A	·		CONT. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO
		ount balances as of the end of			#_	
	complete this item)	••••••••••••••••••••••••••••••••••••••		<u></u>	5c	. ⊠ vee ∏ Ne
6a	complete this item) Were all of the plan's assets dur	ring the plan year invested in	eligible assets? (See instruction	S.)		X Yes No.
	complete this item) Were all of the plan's assets dur Are you claiming a waiver of the	ring the plan year invested in a	eligible assets? (See instruction rt of an independent qualified pu	s.)ublic accountant (IQP	A) -	Yes No
	complete this item) Were all of the plan's assets dur	ring the plan year invested in or annual examination and repo ee instructions on waiver eligit	eligible assets? (See instruction rt of an independent qualified pu ility and conditions.)	s.) ublic accountant (IQP	A)	
Ь	complete this item) Were all of the plan's assets dur Are you claiming a waiver of the under 29 CFR 2520.104-467 (Se	ring the plan year invested in a annual examination and repo ee instructions on waiver eligit r line 6a or line 6b, the plan	eligible assets? (See instruction of an independent qualified politiy and conditions.). cannot use Form 5500-SF and	s.) ublic accountant (IQP I must instead use F	A) orm 5500.	
b c	complete this item) Were all of the plan's assets dur Are you claiming a waiver of the under 29 CFR 2520.104-46? (So If you answered "No" to either If the plan is a defined benefit plan	ring the plan year invested in a annual examination and repo ee instructions on waiver eligit r line 6a or line 6b, the plan an, is it covered under the PB	eligible assets? (See instruction of an independent qualified polity and conditions.) cannot use Form 5500-SF and GC insurance program (see ER)	s.) ublic accountant (IQP I must instead use F ISA section 4021)?	A) orm 5500. ⊠ Yes	X Yes No
Ca Ca Uni SB	complete this item) Were all of the plan's assets dur Are you claiming a waiver of the under 29 CFR 2520.104-46? (So If you answered "No" to either If the plan is a defined benefit pla ation: A penalty for the late or in der penalties of perjury and other por Schedule MB completed and s	ring the plan year invested in a annual examination and repo ee instructions on waiver eligit r line 6a or line 6b, the plan an, is it covered under the PBs accomplete filing of this return penalties set forth in the instruigned by an enrolled actuary,	eligible assets? (See instruction of an independent qualified publity and conditions.)cannot use Form 5500-SF and GC insurance program (see ERI of Insurance program (see ERI of Insurance).	s.) ublic accountant (IQP I must instead use F ISA section 4021)? ess reasonable caus	A) orm 5500. ⊠ Yes □ No □ se is established. ort, including, if appl	Yes No
Ca Ca Uni SB	complete this item) Were all of the plan's assets dur Are you claiming a waiver of the under 29 CFR 2520.104-46? (So If you answered "No" to either If the plan is a defined benefit pla ation: A penalty for the late or in der penalties of perjury and other	ring the plan year invested in a annual examination and repo ee instructions on waiver eligit r line 6a or line 6b, the plan an, is it covered under the PBs accomplete filing of this return penalties set forth in the instruigned by an enrolled actuary,	eligible assets? (See instruction of an independent qualified publity and conditions.)cannot use Form 5500-SF and GC insurance program (see ERI of Insurance program (see ERI of Insurance).	s.) ublic accountant (IQP I must instead use F ISA section 4021)? ess reasonable caus	A) orm 5500. ⊠ Yes □ No □ se is established. ort, including, if appl	Yes No
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