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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		rt Identification Information								
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12/	31/2014					
A This re	eturn/report is for:) (Filers checking this box must attach a list ordance with the form instructions)							
		a one-participant plan	a foreign plan							
B This re	turn/report is	the first return/report	the final return/repo	the final return/report						
		an amended return/report	an amended return/report a short plan year return/report (less than 12 months							
C Check	box if filing under:	X Form 5558	automatic extension	on	DFVC prog	gram				
		special extension (enter des	cription)							
Part II	Basic Plan In	formation—enter all requested in	nformation							
1a Name		·			1b Three-digit					
MERCHAN	ITS' GATE CAPITAL,	LP 401(K) PLAN			plan number	004				
					(PN)	001				
					1c Effective date 01/	e of plan /01/2008				
2a Plan :	sponsor's name and a TS GATE CAPITAL, I	address; include room or suite num	ber (employer, if for a sin	gle-employer plan)	2b Employer Ide (EIN) 41-	ntification Number -2240843				
					2c Sponsor's tel	ephone number 993-7043				
712 FIFTH A										
NEW YORK					2d Business code (see instructions) 523900					
3a Plan	administrator's name	and address Same as Plan Spor	nsor.		3b Administrator	's EIN				
		the plan sponsor has changed since	e the last return/report file	ed for this plan, enter the	4b EIN					
	e, EIN, and the pian r sor's name	number from the last return/report.			4c PN					
		ts at the beginning of the plan year			5a	22				
_		ts at the end of the plan year			5b	24				
C Numi	ber of participants wit	h account balances as of the end o	f the plan year (defined b	enefit plans do not	5c	21				
	,	participants at the beginning of the p			5d(1)	18				
d(2) To	otal number of active i	participants at the end of the plan ye	ear		5d(2)	12				
e Numb	er of participants that	terminated employment during the	plan year with accrued b		5e	0				
Under per SB or Sch	nalties of perjury and	e or incomplete filing of this retu other penalties set forth in the instru and signed by an enrolled actuary, mplete.	uctions, I declare that I ha	ave examined this return/rep	ort, including, if app					
SIGN		d/valid electronic signature.								
HERE	Signature of plan	administrator	Date	Enter name of individu	ter name of individual signing as plan administrator					
SIGN										
HERE	Signature of emp	nature of employer/plan sponsor Date Enter name of indivi			ual signing as emplo	yer or plan sponsor				
Preparer's		name, if applicable) and address (ne number (optional)				

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable or the considera	an indeper and condit	ndent qualified public accounta	nt (IC	(PA)		X Yes	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No Not determined	d
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
a	Total plan assets	7a	19446				2103030	
	Total plan liabilities	7b		0			0	
	Net plan assets (subtract line 7b from line 7a)	7c	19446	519			2103030	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	_
	Contributions received or receivable from: (1) Employers	8a(1)	750	000				
	(2) Participants	8a(2)	2233	333				
	(3) Others (including rollovers)			0				
b	Other income (loss)	8b	822	270				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					380603	
	Benefits paid (including direct rollovers and insurance premiums	0.1	2221	117				
	co provide benefits)	8d		0				
	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8e 8f		75				
	Other expenses	8g		0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					222192	
	Net income (loss) (subtract line 8h from line 8c)	8i					158411	
	Transfers to (from) the plan (see instructions)	8j		0				
b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3B 3D If the plan provides welfare benefits, enter the applicable welfare fe							
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)	uciary Corr	ection Program)	10a		X		0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		0
c	Was the plan covered by a fidelity bond?			10c	X		2200)00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	<u></u>		10d		X		0
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 ben	efits under the plan? (See	10e		X		0
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		0
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X		0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							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	ents of section 412 of the Code	or se	ection	302 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 beir granting the waiver.	-			, and (enter tl Day		_

	Form 5500-SF 2014 Page 3 - 1				
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
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	Yes N	lo	
	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	s 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) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

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> Complete all entries in accordance with the instructions to the Form 5500-SF.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

For calend		iscal plan year beginning	1/1/2014	and ending	12/31/201	<i>A</i>
1 Of Galoria	or plan year 2017 or a	iscar plant year beginning	10 11 EV 1. T	and Chang	12/01/201	4
A This rel	turn/report is for:	a single-employer plan a one-participant plan	a multiple-employer p	olan (not multiemployer)		
D This sale		The first return/month	The final return/conde			
B This reti	urn/report is	the first return/report	the final return/report	and the second s	No. 10	
	and the second s	an amended return/report	a short plan year retur	m/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter descrip	ition)			
Part II	Racic Plan Infr	בי. ס rmation —enter all requested info	in the second			
1a Name		JEMIALION — enter all requested into	rmation	**************************************	1b Three-digit	
		CAPITAL, LP 401(K) PLAN			plan numbe	001
IVI Sami J	OLIMAN, OFFICE	OMETHOUGH TO HIM PERM			(PN) ▶	UUT
	ii V				1c Effective da	The state of the s
25 Dlane		ddress; include room or suite number	Templature if for a cinal			1/2008
MERC	HANTS GATE CA	PITAL, LP	(employer, into a single	-employer plan)	(EIN)	lentification Number 412240843
	TH AVENUE		en e			elephone number
44TH F						29937043
NEW Y		NY				ode (see instructions)
10019						523900
3a Plan a	idministrator's name a	ind address Same as Plan Sponso	f.		3b Administrate	หร EIN
					3c Administrato	or's telephone number
a.				to a constitution of		a ditolophono names.
4 16 tho	and/on EIN of th					
		e plan sponsor has changed since the imber from the last return/report.	e last return/report filed to	or this plan, enter the	4b EIN	
	or's name				4c PN	
5a Total	number of participants	s at the beginning of the plan year	de con industria i con entraterior combestio.	Angelingskipteringsgeringsgeringsgeringsgerings	5a	22
		s at the end of the plan year				24
C Numb	er of participants with	account balances as of the end of the	e plan year (defined bene	efit plans do not	5c	rs v
comple	ete this item)	e di din mala mala di mangka di mangka mangka mangka di kalang mala di kalang di mala ng kalang mala kalang ma Mangka mangka mangka di mangka mangka mangka mangka mangka di kalang mangka mangka mangka mangka mangka mangka			36	21
a(1) 10ta	al number of active pa	articipants at the beginning of the plan	ryear	ere est est en espeiran que és i un	5d(1)	18
d(2) Tota	al number of active pa	articipants at the end of the plan year.	**********************	***********	5d(2)	12
e Numbe	er of participants that te	erminated employment during the pla	in year with accrued bene	efits that were	5e	0
	A Company of the Comp	The state of the s			<u> </u>	
Under pena	alties of perjury and ot	or incomplete filing of this return/r ther penalties set forth in the instruction	ons. I declare that I have	examined this return/ren	oort including if an	nlicable, a Schedule
SB or Sche	edule MB completed a	nd signed by an enrolled actuary, as	well as the electronic ver	sion of this return/report	, and to the best of	my knowledge and
STATE EMPLOYED	true, correct, and com	plete.	19/11/1	T 7	1 0.11-	
SIGN HERE			1000)450n	Co / (110	
	Signature of plan a	dministrator	Date	Enter name of individu	ual sign i ng as plan	administrator
SIGN	C					
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as empl	oyer or plan sponsor
Preparers	name (including tim n	name, if applicable) and address (incli	ude room or suite numbe	r) (optional)	Preparer's telepho	one number (optional)
e. Gu						
				·		

Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)		Form 5500-SF 2014		Page 2	 					
Part (II Financial Information 7 Pina Assets and Libellities 8 (a) Beginning of Year 8 Total plan seasets 9 To 1944619 2 103030 D Total plan inibilities 7 To 0 Net plan assets (subtract line 7o from line 7o). 7 C 1944619 2 103030 8 Incemis, Expenses, and Transfers for this Plan Year 2 (a) Amount (b) Total 8 Contributions received or reservable from: (1) Employers (2) Participants (3) Others (graduding rollovers). 8 84(1) 2 23333 (3) Others (graduding rollovers). 8 84(2) 2 23333 (3) Others (graduding rollovers). 8 84(3) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condi	ndent qualified public accountations.)	ant (IC	PA)	granar			
7 Plan Assets and Liabilities 7 (a) Beginning of Year (b) End of Year a 1044-619 2103030 10 10 10 10 10 10 10 10 10 10 10 10 10	C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA section 40	021)?	<u>[</u>] Yes	No Not determined		
a Total plan isasets	Pa	rt III Financial Information	7 7			-	-			
a Total plan isasets	7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	T		(b) End of Year		
b Total plan liabilities	а	Total plan assets	7a			9				
Solution Income Expenses, and Transfers for this Plan Year Self) 75000 750	b	Total plan liabilities	7b							
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Participants (3) Others (including rollovers) (4) Participants (5) Participants (6) Other income (fost) (7) Descriptions (7) Descriptions (8) Descriptions (9) Descri	С	Net plan assets (subtract line 7b from line 7a)	7c	19	4461	9		2103030		
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rotiovers) (3) Others (including rotiovers) (4) Experiment (eds) (5) Others (including rotiovers) (6) Other income (dad lines 8a(1), 8a(2), 8a(3), and 8b) (7) Other (eds) (8) 8b 82270 (8) Other (eds) (8) Other (eds) (8) Satisfy (including direct rotiovers and insurance premiums to provide breinfals) (8) Other (eds) (8) Other (eds) (8) Other (eds) (8) Other (eds) (8) Other expenses (8) Other (eds) (8) Other expenses (8) Other (eds) (8) Other expenses (8) Other (eds) (9) Ot	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
(2) Participants	а	And the second s	0-40		a . Na li Elana		15 m			
3) Others (including rotovers) 8a(3) 0				the second secon	diagram	(V.Bile				
b Other income (loss)			1 1 1 1 1 1	2	2333	31 558				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						10000				
d Benefits paid (Including direct rollovers and insurance premiums to provide benefits). e Cartain deemed and/or corrective distributions (see instructions) 8e					<u>8227</u>	0				
to provide benefits)			8c			(A)	rugulightesen	380603		
e Cartain deemed and/or corrective distributions (see instructions)	u	to provide benefits)	8d	2	2211	7				
g Other expenses	e		8e			**************************************				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		7	5				
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		7	o 🗀				
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	-, -, -, -, -, -, -, -, -, -, -, -, -, -					222192		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3B 3D	j	Net income (loss) (subtract line 8h from line 8c)	81				158411			
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2 23 2 2 X 3 3 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). c Was the plan covered by a fidelity bond?. d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesity? e Wereary fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan falled to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.). h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3.) 10	j	Transfers to (from) the plan (see instructions)	81	0						
b if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Pai	t IV Plan Characteristics			***************************************	I was	W. (c.)	Service Constitution and Control of the Control of the Control of Control Original Control Original Control of Control Original Control of Cont		
Part V Compliance Questions 10		2E 2G 2J 2K 3B 3D		en di maniano di sono esti di mandi di sono di						
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Constant and Marian		eature cou	es nom the cist of Fiam Chara	CIEUS	uc Coc	ies in	me instructions.		
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	V Compliance Questions								
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						Yes	No	Amount		
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	liana.		✓	C		
C Was the plan covered by a fidelity bond?	D	on line 10a.)	(Do not	include transactions reported	10b		1			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.). 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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	C	· 45.				7		220000		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 12 Inter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39		Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud		Y	-			
f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ner person of the ben	s by an insurance carrier, efits under the plan? (See			1	Č		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f		***************************************		 		7	6		
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 12 In the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a		If this is an individual account plan, was there a blackout period?	(See instru	etions and 29 CFR	10g					
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11 Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	i	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the			· ·			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes No. 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	ъ.	ACCURAGE TO THE PROPERTY OF TH	1-3	**************************************	101					
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	14. 4	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete	Sched	dule SI	B (Form [] Van [] Na		
	112							Tes V No		
	12							ERISA? TYes No		

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

Year

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver: Month

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lfy	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter the minimum required contribution for this plan year		12b			
С	Enter the amount contributed by the employer to the plan for this plan year	description already description	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le 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?	e é a é a para a ratica e de sacreta e de sacr	X Yes	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 brough of the PBGC?		introl		Yes	× No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to				
1	I3c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) F	PN(s)
				-		
Part	VIII Trust Information (optional)			<u>,</u>	any makaban	
Company	Name of trust	1	4b Trust	sEIN	······································	