## 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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

| Part I  |                                 | t Identification Information   |                                    |  |   |                        |  |  |
|---|---------------------------------|--|------------------------------------|--|---|------------------------|--|--|
| For calend  | lar plan year 2014 or           | fiscal plan year beginning 01/01/20  | 14                                 | and ending 12  | /31/2014  |                        |  |  |
| <b>A</b> This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer of participating employer information in account of participating employer informati |                                 |  |                                    |  | r) (Filers checking this box must attach a list ordance with the form instructions) |                        |  |  |
|   | •                               | a one-participant plan   | a foreign plan                     | .,   |   |                        |  |  |
| <b>B</b> This ret   | urn/report is                   | the first return/report  | the final return/report            | ort  |   |                        |  |  |
| 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                | DFVC program   |   |                        |  |  |
|   |                                 | special extension (enter descrip   | ension (enter description)         |  |   |                        |  |  |
| Part II   | Basic Plan Inf                  | ormation—enter all requested info  | rmation                            |  |   |                        |  |  |
| 1a Name of plan WALLACH BETH CAPITAL, LLC 401(K) PLAN   |                                 |  |                                    |  |   | t                      |  |  |
|   |                                 |  |                                    |  |   | oer 001                |  |  |
|   |                                 |  |                                    |  | (PN) 1c Effective d   |                        |  |  |
|   |                                 |  |                                    |  |   | 01/01/2009             |  |  |
| 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) WALLACH BETH CAPITAL, LLC  |                                 |  |                                    |  | <b>2b</b> Employer Identification Number (EIN) 32-0246341                           |                        |  |  |
|   |                                 |  |                                    |  | <b>2c</b> Sponsor's telephone number 646-237-8585                                   |                        |  |  |
| NEW YORK  | TREET, SUITE 6600<br>, NY 10005 |  |                                    |  | 2d Business code (see instructions)   |                        |  |  |
|   |                                 |  |                                    |  |   | 541110                 |  |  |
| 3a Plan a   | administrator's name            | <u> </u>   |                                    |  | <b>3b</b> Administrator's EIN 32-0246341  |                        |  |  |
| WALLACH E   | BETH CAPITAL, LLC               |  | STREET, SUITE 6600<br>2K, NY 10005 |  | 3c Administrator's telephone number   |                        |  |  |
|   |                                 | he plan sponsor has changed since the under from the last return/report.           | ne last return/report filed        | for this plan, enter the                               | 4b EIN  |                        |  |  |
|   | sor's name                      | umber nom me last retum/report.  |                                    |  | 4c PN   |                        |  |  |
| <b>5a</b> Total   | number of participan            | ts at the beginning of the plan year   |                                    |  | <b>5a</b> 62  |                        |  |  |
| <b>b</b> Total  | number of participan            | ts at the end of the plan year   |                                    |  | 5b  | 70                     |  |  |
|   |                                 | n account balances as of the end of th   |                                    |  | 5c  |                        |  |  |
| <b>d(1)</b> Tot   | tal number of active p          | articipants at the beginning of the pla  | n year                             |  | 5d(1)   |                        |  |  |
| d(2) Total number of active participants at the end of the plan year  |                                 |  |                                    |  | 5d(2)   | 64                     |  |  |
| Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested  |                                 |  | 5e                                 | C  |   |                        |  |  |
| Caution: A  | A penalty for the late          | e or incomplete filing of this return  | report will be assessed            | d unless reasonable car                                | use is establishe   | d.                     |  |  |
| Under pen<br>SB or Scho   | alties of perjury and           | other penalties set forth in the instruct<br>and signed by an enrolled actuary, as | ions, I declare that I have        | e examined this return/re                              | port, including, if a   | applicable, a Schedule |  |  |
| SIGN<br>HERE  |                                 | d/valid electronic signature.  | 10/15/2015                         | DAVID BETH   | AVID BETH   |                        |  |  |
|   | Signature of plan               | administrator  | Date                               | Enter name of individual signing as plan administrator |   |                        |  |  |
| SIGN  |                                 |  |                                    |  |   |                        |  |  |
| HERE  | Signature of emp                | loyer/plan sponsor   | Date                               | Enter name of individ                                  | e of individual signing as employer or plan sponsor                                 |                        |  |  |
| Preparer's  |                                 | name, if applicable) and address (inc  | lude room or suite numb            |  |   | hone number (optional) |  |  |
|   |                                 |  |                                    |  |   |                        |  |  |

|          | Form 5500-SF 2014  |                                       | Page <b>2</b>  |                    |                        |       |                   |  |
|----------|--|---------------------------------------|--|--------------------|------------------------|-------|-------------------|--|
| 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 lift you answered "No" to either line 6a or line 6b, the plan cannot be a contraction of the contracti | an indeper<br>and condit<br>ot use Fo | ndent qualified public accounta<br>ions.)<br>rm 5500-SF and must instead | nt (IQ<br>d<br>use | PA)<br><br><b>Form</b> | 5500. |                   |  |
|          | 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 |  |
| Par      | t III Financial Information  |                                       | Γ  |                    |                        |       |                   |  |
| 7        | Plan Assets and Liabilities  |                                       | (a) Beginning of Yea   |                    |                        |       | (b) End of Year   |  |
| <u>a</u> | Total plan assets  | 7a                                    | 29601  |                    |                        |       | 3869214           |  |
|          | Total plan liabilities   | 7b                                    |  | 0                  |                        |       | 0                 |  |
| C        | Net plan assets (subtract line 7b from line 7a)  |                                       |  | 197                |                        |       | 3869214           |  |
| 8        | Income, Expenses, and Transfers for this Plan Year (a) Amount  |                                       |  |                    |                        |       | (b) Total         |  |
|          | Contributions received or receivable from:  (1) Employers  | 8a(1)                                 | 3125   | 504                |                        |       |                   |  |
|          | 2) Participants  | 8a(2)                                 | 4713   |                    |                        |       |                   |  |
|          |  | 8a(3)                                 |  | 377                |                        |       |                   |  |
| -        | 3) Others (including rollovers)  | 8b                                    | 1386   |                    |                        |       |                   |  |
|          | · ·  |                                       | .000   |                    | $\vdash$               |       | 927829            |  |
|          | Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c                                    |  |                    |                        |       | 321029            |  |
|          | o provide benefits)  | 8d                                    | 137  | 726                |                        |       |                   |  |
| е        | Certain deemed and/or corrective distributions (see instructions)  | 8e                                    |  | 0                  |                        |       |                   |  |
| f        | Administrative service providers (salaries, fees, commissions)   | 8f                                    | 50   | 086                |                        |       |                   |  |
| g        | Other expenses   | 8g                                    |  | 0                  |                        |       |                   |  |
| h .      | Fotal expenses (add lines 8d, 8e, 8f, and 8g)  | 8h                                    |  |                    |                        |       | 18812             |  |
|          | Net income (loss) (subtract line 8h from line 8c)  | 8i                                    |  |                    |                        |       | 909017            |  |
|          | Fransfers to (from) the plan (see instructions)  | 8i                                    |  | 0                  |                        |       |                   |  |
| Part     | IV Plan Characteristics  | O)                                    |  |                    |                        |       |                   |  |
|          | 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:  |                                       |  |                    | Yes                    | No    | Amount            |  |
|          | <b>a</b> 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)  |                                       |  |                    |                        | X     |                   |  |
|          | <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)   |                                       |  |                    |                        | X     |                   |  |
| C        | Was the plan covered by a fidelity bond?   |                                       |  | 10c                | X                      |       | 400000            |  |
| d        | or dishonesty?   |                                       |  |                    |                        | X     |                   |  |
| 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.)   |                                       |  |                    | X                      |       | 9551              |  |
| f        | Has the plan failed to provide any benefit when due under the plan   | n?                                    |  | 10f                |                        | X     |                   |  |
| g        | g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  |                                       |  |                    | X                      |       | 44780             |  |
| h        | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  |                                       |  |                    |                        | X     |                   |  |
| i        | 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     | Part VI Pension Funding Compliance   |                                       |  |                    |                        |       |                   |  |
| 11       |  |                                       |  |                    |                        |       |                   |  |
| 11a      | Enter the unpaid minimum required contribution for current year from   | om Sched                              | lule SB (Form 5500) line 39  |                    |                        | 11a   |                   |  |
| 12       | 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   |                                       |  |                    |                        |       |                   |  |
|          | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  |                                       |  |                    |                        |       |                   |  |
| а        | <b>a</b> 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  |                                       |  |                    |                        |       |                   |  |

|      | Form 5500-SF 2014   | Page <b>3</b> - 1             |                  |          |                     |  |  |
|------|---|-------------------------------|------------------|----------|---------------------|--|--|
| lf : | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For  | m 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    | 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)   |                               |                  |          |                     |  |  |
| е    | Will the minimum funding amount reported on line 12d be met by the funding  | g 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 the   | his year                      | 13a              |          |                     |  |  |
| b    | <b>b</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    | 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.) |                               |                  |          |                     |  |  |
| 1    | 3c(1) Name of plan(s):  |                               | <b>13c(2)</b> EI | N(s)     | <b>13c(3)</b> PN(s) |  |  |
|      |   |                               |                  |          |                     |  |  |
|      |   |                               |                  |          |                     |  |  |

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust