	rm 5500-SF	Short Form Annual R	yee	OMB Nos. 1210-0110 1210-0089						
	artment of the Treasury ernal Revenue Service			2013						
Employee B	Department of Labor Benefits Security Administration	This form is required to be file Retirement Income Security Act of the Interna		This Form is Open to Public						
Pension B	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I Annual Report Identification Information										
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013										
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan			
B This re	eturn/report is:	the first return/report	the final return/report							
	[an amended return/report	a short plan year retur	rn/report (less than 12 mo	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program					
	[]	special extension (enter description	on)							
Part II	Basic Plan Inforr	mation—enter all requested inform								
1a Name					1b	Three-digit				
	CO., LLC 401(K) PLAN					plan number				
						(PN) ►	002			
					1c	Effective date of	•			
23 Dian c	ananaria namo and addr	ress; include room or suite number (e	amployor if for a single		26	01/01/				
BASSINI &			Inployer, in for a single	employer plan	2b	Employer Identif (EIN) 13-38				
					2c	Sponsor's telep				
183 MADIS	ON AVENUE, SUITE 503	3				212-218				
	X, NY 10016	,			2d	Business code (52312	,			
3a Plan a	administrator's name and	address XSame as Plan Sponsor N	Name Same as Pla	n Sponsor Address	3b					
4 If the	name and/or EIN of the r	plan sponsor has changed since the	last return/report filed f	for this plan enter the	4b	EIN				
name	e, EIN, and the plan numb	ber from the last return/report.	last return report mea r							
	sor's name					PN				
		t the beginning of the plan year			5a		16			
		t the end of the plan year			5b		16			
		ccount balances as of the end of the			5c		16			
-		during the plan year invested in eligib					X Yes No			
b Are y	ou claiming a waiver of th	he annual examination and report of	an independent qualified	ed public accountant (IQI	PA)					
		(See instructions on waiver eligibility					X Yes No			
•		her line 6a or line 6b, the plan cann					1			
C If the	plan is a defined benetit p	plan, is it covered under the PBGC ir	nsurance program (see	ERISA section 4021)?	····· L	Yes No	Not determined			
Caution: /	A penalty for the late or	r incomplete filing of this return/rep	port will be assessed	unless reasonable cau	se is	established.				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIGN	Filed with authorized/va									
HERE	Signature of plan adn	ministrator	Date	Enter name of individu	NI individual signing as plan administrator					
SIGN										
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sir	uning as employe	r or plan sponsor			
Preparer's		me, if applicable) and address; includ					number (optional)			

7 Plan Assets and Liabilities								
		(a) Beginning of Yea				(b) End o	of Year	
a Total plan assets	7a	116276	1				1482716	
b Total plan liabilities	7b		0			0		
C Net plan assets (subtract line 7b from line 7a)		116276	1162761				1482716	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
a Contributions received or receivable from: (1) Employers	8a(1)	340	0					
(2) Participants	8a(2)	2416	7					
(3) Others (including rollovers)	8a(3)		0					
b Other income (loss)	8b	29518	7					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						322754	
d Benefits paid (including direct rollovers and insurance premiums								
to provide benefits)	8d	414						
e Certain deemed and/or corrective distributions (see instructions)	8e		0					
f Administrative service providers (salaries, fees, commissions)	8f	238	5					
g Other expenses	8g		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2799	
i Net income (loss) (subtract line 8h from line 8c)	8i						319955	
J Transfers to (from) the plan (see instructions)	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	iciary 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	Х			000000
 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	iciary Correct ? (Do not ind fidelity bond	ction Program) clude transactions reported 	10b		Х			000000
 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all other organization that provides some or all other oth	ciary Correct ? (Do not ind fidelity bond fidelity bond er persons lof the benef	ction Program) clude transactions reported 	10b 10c		× ×			
 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 	iciary Correct ? (Do not ind fidelity bonc her persons i of the benef	ction Program) clude transactions reported l, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d 10e	X	× ×			
 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	ciary Correct ? (Do not ind fidelity bonc fidelity bonc er persons of the benef	ction Program) clude transactions reported 	10b 10c 10d 10e 10f	X	x x x			
 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 h If this is an individual account plan, was there a blackout period? (If the plan have and plan) and the plan have any plan. 	ciary Correct ? (Do not ind fidelity bond ner persons l of the benef n? s of year end See instruct	ction Program) clude transactions reported clude transactions reported l, that was caused by fraud by an insurance carrier, its under the plan? (See clube) d.) tions and 29 CFR	10b 10c 10d 10e 10f 10g	X	x x x x			
 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.) c Was the plan covered by a fidelity bond?	iciary Correct ? (Do not ind fidelity bond her persons i of the benef n? s of year end (See instruct) he required r	ction Program) clude transactions reported 	10b 10c 10d 10e 10f	X	x x x x x x			
 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 h If this is an individual account plan, was there a blackout period? (2520.101-3.) 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 	iciary Correct ? (Do not ind fidelity bond her persons i of the benef n? s of year end (See instruct) he required r	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h	X	x x x x x x			
 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 h If this is an individual account plan, was there a blackout period? (2520.101-3.)	iciary Correct ? (Do not ind fidelity bond fidelity bond fidelity bond fidelity bond fier persons i of the benef n? s of year end (See instruct) fier required r 1-3	ction Program) clude transactions reported clude transactions reported l, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Iule SE	(Form		6224
 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.) c Was the plan covered by a fidelity bond?	iciary Correct ? (Do not ind fidelity bonc iner persons i of the benef n? s of year end s of year end (See instruct ne required r 1-3 ents? (If "Ye	ction Program) clude transactions reported clude transactions reported it, that was caused by fraud by an insurance carrier, its under the plan? (See clude) d.) tions and 29 CFR motice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Iule SE	(Form	1(6224
 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.) c Was the plan covered by a fidelity bond?	iciary Correct ? (Do not ind fidelity bond fidelity bond fidelity bond fier persons lof the benef n?	ction Program) clude transactions reported clude transactions reported it, that was caused by fraud by an insurance carrier, its under the plan? (See constructions and 29 CFR constructions and 29 CFR constructions and com e SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Iule SE	3 (Form	1(6224
 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 at h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	iciary Correct ? (Do not ind fidelity bond fidelity bond fidelity bond rer persons lof the benef n? s of year end s of year end See instruct s of year end s	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Iule SE	3 (Form	1(6224
 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 h If this is an individual account plan, was there a blackout period? (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 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	iciary Correct ? (Do not ind fidelity bond iner persons i of the benef in? s of year end See instruct ine required r 1-3 ents? (If "Ye om Schedul requiremen as application g amortized	ction Program) clude transactions reported clude transactions reported that was caused by fraud by an insurance carrier, its under the plan? (See clude) d.) thos and 29 CFR clude). es," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code cle.) I in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i 0 plete	X X Schec	X X X X X X Iule SE	B (Form B (Form B RISA?	1(000000 6224 X Nc
 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from the second contribution plan subject to the minimum funding ulf "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is bein 	iciary Correct ? (Do not ind fidelity bonc iner persons of the benef of the benef n? s of year end s of year end ?See instruct ine required r 1-3 ents? (If "Ye om Schedul requiremen as applicat ing amortized	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code ole.) I in this plan year, see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i 0 plete	X X Schec	X X X X X X X X Iule SE 11a 302 of	B (Form B (Form B RISA?	10	6224 X Nc

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?	Ye	es 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 🗙 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): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

For	m 5500-SF	Short Form Annual Re		f Small Employ	yee		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					2	013	
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1 the Internal F	tions 6057(b) and 6058	(a) of	This Form is Open to Public Inspection			
Pension Be	1113							
Part I		Complete all entries in accorda entification Information				10/01/000		
For calenda	ar plan year 2013 or fisca		/01/2013	and ending		12/31/201		
A This ret	urn/report is for:			an (not multiemployer)		a one-particip	oant plan	
B This ret	urn/report is:		he final return/report	to a different la en 40 m				
-				/report (less than 12 mo	onuns)	DFVC progra	m	
		special extension (enter description						
Part II		nation-enter all requested informati	ion	1.4	1h	Three-digit		
1a Name	otplan ini & Co., LLC	401(k) plan			10	plan number		
Bass.	INI & CO., LLC	401(K) FIAN				(PN)	002	
					1c	Effective date of 01/01/199		
20 Dias a	esser's same and addr	ess; include room or suite number (em	ployer if for a single-	molover plan)	2h	Employer Identi		
	ini & Co., LLC	ass, include room of suite number (em	ployer, in for a single e	amployer plany		(EIN) 13-385		
						Sponsor's telep (212) 218-	hone number	
183 I	Madison Avenue,	Suite 503			2d		see instructions)	
New				10016		523120		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	EIN	
		lan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN		
a Spons	P(4c	PN		
5a Total r	number of participants at	the beginning of the plan year			5a		16	
		the end of the plan year			5b		16	
compl	ete this item)	count balances as of the end of the pla					16	
6a Were	all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruct	ions.)			X Yes 🗌 No	
under	29 CFR 2520-104-46? (e annual examination and report of ar See instructions on waiver eligibility ar	nd conditions.)			5500	X Yes 🗌 No	
		er line 6a or line 6b, the plan cannot plan, is it covered under the PBGC ins					Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed u	inless reasonable cau	ise is	established.		
SB or Sche	alties of perjury and othe edule MB completed and true, correct, and comple	r penalties set forth in the instructions, signed by an enrolled actuary, as well te.	I declare that I have e as the electronic vers	examined this return/report sion of this return/report	oort, in ., and i	cluding, if applic to the best of my	able, a Schedule knowledge and	
SIGN	hi	- Banin II	10 (2/14	Emilio Bassini	ni			
HERE	Signature of plan adr				ual sig	ning as plan adr	ninistrator	
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor	
Preparer's	name (including firm nar	ne, if applicable) and address; include	room or suite number	(optional)	Prep	arer's telephone	number (optional)	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	
а	Total plan assets	7a	1,162	2,76	51			1,482,716
	Total plan liabilities	7b			0			0
с	Net plan assets (subtract line 7b from line 7a)	7c	1,162	2,76	61	_		1,482,716
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal
а	Contributions received or receivable from: (1) Employers	8a(1)		3,40	00			
	(2) Participants	8a(2)	24	4,10	57			
-	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b	295	5,18	37			
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						322,754
	Benefits paid (including direct rollovers and insurance premiums			41				
	to provide benefits)	8d		41	0			
	Certain deemed and/or corrective distributions (see instructions)	8e		2,38			_	
f	Administrative service providers (salaries, fees, commissions)	8f		2,30	0	_	_	
g	Other expenses	8g			0		_	2,799
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		_			_	
Ļ	Net income (loss) (subtract line 8h from line 8c)	8i			_	_		319,955
j	Transfers to (from) the plan (see instructions)	8j			0			
	t IV Plan Characteristics							
b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe							
Part								
10	During the plan year:				Yes	No		Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		Χ		
b 	Were there any nonexempt transactions with any party-in-interest on line 10a.).			10b		Х		
C	Was the plan covered by a fidelity bond?			10c	Х			1,000,000
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 or instructions.)	of the bene	efits under the plan? (See	10e	Х			6,224
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ictions and 29 CFR	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i				
Part								
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					11a		and the second
12								
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	111	AS97 11					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc	ctions th	, and e	enter t Day		he letter ruling Year
if	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
	Enter the minimum required contribution for this plan year					12b		

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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
	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			
	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 of the PBGC?	the control		🗌 Yes 🕅 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	13c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a I	Name of trust	14b ⁻	Frust's El	N