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

2015

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning and ending x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number BASSINI & CO., LLC 401(K) PLAN 002 (PN) • 1c Effective date of plan 01/01/1996 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 13-3856246 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number BASSINI & CO., LLC 212-218-3900 2d Business code (see instructions) 183 MADISON AVENUE, SUITE 504 NEW YORK, NY 10016 523120 **3a** Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 15 5a Total number of participants at the beginning of the plan year..... 5b 14 **b** Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 14 complete this item) 3 5d(1) d(1) Total number of active participants at the beginning of the plan year 5d(2) 3 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 0 5e than 100% vested......

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause 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.

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not c	letermined
Part III Financial Information	, ,							
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Yea	
a Total plan assets	7a		1541				1	477942
b Total plan liabilities	7b			0				0
C Net plan assets (subtract line 7b from line 7a)	7c		1541	241				477942
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total	
(1) Employers	8a(1)		1	750				
(2) Participants	8a(2)		6	250				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b		-65	044				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-57044
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6	255				
Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f			0				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6255
i Net income (loss) (subtract line 8h from line 8c)	8i							-63299
j Transfers to (from) the plan (see instructions)	8j			0				
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in th	ne instructions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	as from the List of Pla	n Char	octorist	ic Coc	les in the	instructions:	
If the plan provides well are benefits, effect the applicable well are to	cature cout	23 HOM the List of Flat	ii Onaie	actorist	.10 000	103 111 1110	o mondonono.	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amo	unt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest					V			
reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	X				1000000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e	X				7331
f Has the plan failed to provide any benefit when due under the pla			10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Χ			
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR			X			
i If 10h was answered "Yes," check the box if you either provided the	he required	notice or one of the	10h					
exceptions to providing the notice applied under 29 CFR 2520.10 j Did the plan trust incur unrelated business taxable income?			10i 10i		X			
Part VI Pension Funding Compliance			IUJ	<u> </u>	<u> </u>	<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X No
11a Enter the unpaid minimum required contribution for all years from						11a		/
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
Name of trustee of custodian					telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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

2015

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I	Annual Report	Identification Information								
For calenda	ar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending	12/31/2	015				
A This ret	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employer p list of participating em a foreign plan	lan (not multiemployer) nployer information in ac	oloyer) (Filers checking this box must attach a on in accordance with the form instructions)					
B This retu	ırn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC p	rogram				
Part II	Basic Plan Info	ormation—enter all requested int								
1a Name		onto an requested in	omation		1b Three-digit					
Bassini	& Co., LLC	401(k) Plan			plan number	002				
20 0					1c Effective dat 01/01/19					
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post). Box)	ructions)	2b Employer Ide (EIN) 13-	entification Number 3856246				
	& Co., LLC	,	ar eede (ii fereign, eee insti	actions)	2c Sponsor's te (212) 23					
183 Mad	ison Avenue,	Suite 504			2d Business coo 523120	de (see instructions)				
New Yor			NIX	10016						
		nd address Same as Plan Spons		10016	3b Administrato	r's EIN				
					3c Administrato	r's telephone number				
4 If the n	ame and/or EIN of th	e plan sponsor has changed since imber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN					
a Sponso					4c PN					
5a Total n	umber of participants	at the beginning of the plan year			5a	15				
		s at the end of the plan year			5b	14				
C Number	er of participants with	account balances as of the end of	the plan year (defined bene	efit plans do not	5c	14				
d(1) Tota	al number of active pa	articipants at the beginning of the plant	an year	•••••	5d(1)	3				
		articipants at the end of the plan yea			5d(2)	3				
e Numb than 1	er of participants that 00% vested	t terminated employment during the	plan year with accrued be	nefits that were less	5e	0				
Under pena	ilties of perjury and of	or incomplete filing of this return ther penalties set forth in the instruc	tions. I declare that I have	examined this return/rea	port including if an	nlicable a Schedule				
belief, it is t	rue, correct, and com	and signed by an enrolled actuary, applete.	is well as the electronic ver	sion of this return/report	t, and to the best of	my knowledge and				
SIGN HERE	Cu	- Bm	9/12/16	Emilio Bassin	i					
	Signature of plan	administrator	Date	Enter name of individu	ual signing as plan	administrator				
SIGN HERE										
	Signature of emplo	oyer/plan sponsor name, if applicable) and address (in	Date	Enter name of individu						
reparers	rame (including inim)	name, ii applicable) and address (in	clude room or suite numbe	r)	Preparer's telepho	one number				

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raue	-

ба	Were all of the plan's assets during the plan year invested in eligib	ele assets? (S	See instructions.)					X	Yes	No
D.	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IODA)							_		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 55						5500	🛚	Yes	No
CI	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA se	ection 4	021)?	Г	1 Yes □N	lo ∏ Not d	etermir	ned
Par							,		Otomin	
7	Plan Assets and Liabilities		(a) Beginnin	a of Ye	ar	T	(h) End of Yea	r	
_ a ·	Total plan assets	7a	(-/ 5	1,54		1	(1)		,477	, 942
_ b	Total plan liabilities	7b				0				
C	Net plan assets (subtract line 7b from line 7a)	7c		1,54	1,24	1		1	,477	. 942
8 1	ncome, Expenses, and Transfers for this Plan Year		(a) Amo					(b) Total	,	, , , , ,
	Contributions received or receivable from:		(4)		all a constraint			(b) Total		1000
	1) Employers	8a(1)			1,75	_				
	2) Participants	8a(2)			6,25	0				
	3) Others (including rollovers)	8a(3)				0				
	Other income (loss)	8b		-6	5,04	4				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							- 57	,044
t	o provide benefits)	8d			6,25	5				
e	Certain deemed and/or corrective distributions (see instructions)	8e				0				
	Administrative service providers (salaries, fees, commissions)	8f				0				
	Other expenses	8g				0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		U					6	, 255
	Net income (loss) (subtract line 8h from line 8c)	8i								,299
	Fransfers to (from) the plan (see instructions)		0					-63	, 299	
Part		8j				0				
В	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 for									
Part										
10	During the plan year:				Yes	No	N/A	Amou	ınt	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fidu	ciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	lude transactions	10b		Х				
С	Was the plan covered by a fidelity bond?				V			-	000	
d	Did the plan have a loss, whether or not reimbursed by the plan's			10c	X			1	,000	,000
	by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er persons b	y an insurance	10e	X				7	221
f	Has the plan failed to provide any benefit when due under the plan				Δ					, 331
g	Did the plan have any participant loans? (If "Yes," enter amount a			10f		Χ				
h	If this is an individual account plan, was there a blackout period?			10g		X				
	2520.101-3.)			10h		Χ				
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	ne required n	otice or one of the	10i						
				Committee to a William Street Street						
j	Did the plan trust incur unrelated business taxable income?			10j		Х				
j Part	Did the plan trust incur unrelated business taxable income? VI Pension Funding Compliance		3.00 mm - 1.00 mm - 1							
j Part '	Did the plan trust incur unrelated business taxable income? VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Yes	s," see instructions a	and cor		Sched		rm	Yes X	No
j Part '	Did the plan trust incur unrelated business taxable income? VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ents? (If "Yes	s," see instructions a	and cor		Sched	11a		Yes X	No

	ı	Form 5500-	SF 2015 Page 3 -					
	(If "Y	es," comple	te line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	If a w	aiver of the	minimum funding standard for a prior year is being amortized in this plan year, see insi er	tructions, and e	enter the	e date of t	he letter rul Year	ling
lf			ne 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1				1001	
b	Enter	the minimur	n required contribution for this plan year		12b			
С	Enter t	he amount	contributed by the employer to the plan for this plan year		12c			
d	Subtr	act the amo	unt in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le	eft of a	12d			
е	Will th	ne minimum	funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII	Plan Ter	minations and Transfers of Assets					
13a	Has a	resolution to	terminate the plan been adopted in any plan year?			Yes	No No	
	If "Ye	s," enter the	amount of any plan assets that reverted to the employer this year		13a			
	of the	PBGC?	assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С	If dur which	ing this plar assets or l	year, any assets or liabilities were transferred from this plan to another plan(s), identify abilities were transferred. (See instructions.)	the plan(s) to		-17		
	13c(1)	Name of pla	n(s):	13c(2)	EIN(s)		13c(3) P	N(s)
		1						
Part	VIII	Trust In	formation			•		
14a	Name	of trust			14b	Γrust's EIN	1	
14c	Name	e of trustee	or custodian		14d	Trustee's telephone	or custodia number	an's
Par	t IX	IRS Co	mpliance Questions					
15a	Is the	plan a 401	k) plan?		Ye	S	No	
	match	ing contribu	the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and tions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADP test	P/ACP
15c	testing	g method" fo	st is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu or nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40)1(m)-	Ye		No	
			indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage st		erage efit test
16b	Does this pl	the plan sat an with any	isfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combother plans under the permissive aggregation rules?	oining	Ye	s	No	
17a	Has th	ne plan bee	n timely amended for all required tax law changes?		Ye	s	No	N/A
17	b Date for tax	the last pla	n amendment/restatement for the required tax law changes was adoptedes and codes).	Enter the ap	plicable	code	_ (See inst	ructions
	adviso	ory letter, en	r is an adopter of a pre-approved master and prototype (M&P) or volume submitter planter the date of that favorable letter and the letter's serial numbers.	nber				or
	deterr	nination lett	dividually-designed plan and received a favorable determination letter from the IRS, ener	ter the date of	the pla	n's last fav	/orable	
18	Is the made	Plan mainta), American	ained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been slands)?	Yes	3	No	
19	Were	in-service d	stributions made during the plan year?		Ye	s	No	
			ount		19			
20	Were retired	required mind), as require	nimum distributions made to 5% owners who have attained age 70 ½ (regardless of whed under section 401(a)(9)?	ether or not	Ye	s	No	□ N/A