-	m 5500-SF	Short Form Annu	al Return/Repo Benefit Plan		oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be file	d under sections 104 an	d 4065 of the Employee Re		2016			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		he Internal This Form is Open to Public Inspection				
	enefit Guaranty Corporation	Complete all entries in a		structions to the Form 55	00-SF.				
For calenda	Annual Report Ic Ar plan year 2016 or fisc	Ientification Information al plan year beginning 01/01/2	016	and ending 12	/31/2016				
		a single-employer plan		plan (not multiemployer) (F		king this box must attach a			
A This ret	urn/report is for:	a one-participant plan		employer information in acc		-			
B This retu	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension	n [DFVC p	VC program			
Devit II	Desis Disc la fam	special extension (enter descr	, ,						
Part II		mation—enter all requested inf	ormation		4 h				
1a Name THE BACHR	of plan ACH GROUP 401(K) Pl	_AN			1b Threplan (PN)	number			
				-	1c Effect	tive date of plan 01/01/2014			
 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE BACHRACH GROUP 			2b Employer Identification Number (EIN) 03-0408733						
			2c Sponsor's telephone number 212-279-7777						
39 W. 37TH STREET, 5TH FLOOR NEW YORK, NY 10018				2d Business code (see instructions) 561300					
3a Plan a	dministrator's name and	address X Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
				_	3c Admi	nistrator's telephone number			
			the last strugging and file		Ab cut				
name	, EIN, and the plan numb	blan sponsor has changed since per from the last return/report.	the last return/report life	a for this plan, enter the	4b EIN				
	or's name	the beginning of the plan year			4c PN 5a	7			
_		t the beginning of the plan year			5a 5b	8			
C Numb	er of participants with ac	t the end of the plan year	the plan year (only defin	ed contribution plans	55 5c	2			
	,	cipants at the beginning of the pl			5d(1)	7			
• •		cipants at the end of the plan yea	-		5d(2)	7			
e Numb	per of participants that te	rminated employment during the	plan year with accrued	benefits that were less	5e				
Caution: A	penalty for the late or	incomplete filing of this return	n/report will be assesse	ed unless reasonable cau					
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.							
SIGN	Filed with authorized/va	lid electronic signature.	08/15/2017	RICHARD BACHRACH	1				
HERE	Signature of plan ad	ninistrator	Date	Enter name of individu	al signing	as plan administrator			
SIGN					00	·			
HERE	Signature of employe		Date		al signing	as employer or plan sponsor			
Preparer's	name (including firm nar	ne, if applicable) and address (ir	iclude room or suite num	nber)	Preparer's	s telephone number			
		see the Instructions for Form 5500	25			Form 5500-SF (2016)			

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
b	Are you claiming a waiver of the annual examination and report of						X Yes 🗌 No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann		,					
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined							
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Ye	ear			(b) End of Year	
а	Total plan assets	7a	7147	'87			741110	
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	7147	787			741110	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:							
	(1) Employers	8a(1)	2044	40				
	(2) Participants	8a(2)		291				
<u> </u>	(3) Others (including rollovers)	8a(3)	586					
	Other income (loss)	8b	300	, , , ,			005044	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					265344	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2289	926				
e	Certain deemed and/or corrective distributions (see instructions).	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	100	95				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					239021	
i	Net income (loss) (subtract line 8h from line 8c)	8i					26323	
j	Transfers to (from) the plan (see instructions)	8j						
Ра	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$	feature co	des from the List of Plan C	haracteri	stic Co	odes in	the instructions:	
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
Pa	t V Compliance Questions							
10	During the plan year:			Yes	No	N/A	Amount	
а	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 X							

	Program)	10a		^	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
C	Was the plan covered by a fidelity bond?	10c		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
е	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.).	10e		×	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		40172
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
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 a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No	
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				Yes 🗙 No			
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling	
	gran	ting the waiver	onth _		_ Day		Year		
lf	you c	ompleted 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			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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?				Yes	s XI	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No	
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to				
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information							
14a	Name	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e of trustee or custodian					s or custo ne number		
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP	
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			
	letter		er the	e date	of the m	nost rece	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No		

						· · · · · · · · · · · · · · · · · · ·				
Form 5500-SF Short Form Annual Return/Report of Small En Department of the Treasury Benefit Plan						OMB Nos. 1210-0110 1210-0089				
Inte	Department of Labor	4065 of the Employee F 57(b) and 6058(a) of the	Retirement	2016						
Employee I	Benefits Security Administration Benefit Guaranty Corporation	-	Revenue Code (the Cod	e).	This Form is Op Public Inspect					
		Complete all entries in		ructions to the Form 5	500-SF.					
Part I		Identification Information		and an altern	10	101 1001 0				
For calend	dar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending		/31/2016				
A This se	turn / romant is far	X a single-employer plan				ting this box must attach a ith the form instructions.)				
A This re	eturn/report is for:	a one-participant plan	a foreign plan							
B This ref	turn/report is	the first return/report	the final return/report							
D This rot		an amended return/report		rn/report (less than 12 m	onths)					
C Check	box if filing under:	X Form 5558	automatic extension			rogram				
• • • • • • •	special extension (enter description)									
Dent II	Decis Dien Infe		and the second se							
Part II	And the second sec	rmation—enter all requested inf	rormation		1b Three	digit				
1a Name	HRACH GROUP 4	01(K) PLAN			10 million (10 mil	number				
IND DRIC	Sindlein Groot 4				(PN)	• 001				
					1c Effective date of plan 01/01/2014					
2a Plan sponsor's name (employer, if for a single-employer plan)						over Identification Number				
Mailin	g address (include roor	n, apt., suite no. and street, or P.C). Box) al code (if foreign, see inst	ructions)	(EIN)	03-0408733				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE BACHRACH GROUP				rucuons)	2c Sponsor's telephone number					
						2) 279-7777 ess code (see instructions)				
20 57 2					20 Bus in 561					
	7th STREET, 5	EN FLOOR								
NEW YOR	the second se		NY	10018						
3a Plan a	idministrator's name ar	id address 🛛 Same as Plan Spon	isor.		3D Admir	histrator's EIN				
						istrator's telephone number				
		e plan sponsor has changed since t	the last return/report filed f	or this plan, enter the	4b EIN					
	, EIN, and the plan nur or's name	nber from the last return/report.			4c PN					
		at the beginning of the plan year			5a	71				
		at the end of the plan year			5b	81				
		account balances as of the end of t								
					5c	29				
d(1) Tota	al number of active par	ticipants at the beginning of the pla	an year		5d(1)	71				
		ticipants at the end of the plan yea			5d(2)	78				
		terminated employment during the			5e	0				
Caution: A	penalty for the latero	or incomplete filing of this/return	/report will be assessed	unless reasonable cau	use is estab	lished.				
SB or Sche	alties of perjury and oth edule MB completed an true correct, and comp	er penalties sectorth in the instruc osigned by an enrolled actuary, a bed	tions, I declare that I have s well as the electronic ver	examined this return/report	oort, includin , and to the	g, if applicable, a Schedule best of my knowledge and				
SIGN	1 A. Annal	TID a Most	18/14/2017	Richard Bachra	ach					
HERE	Signature of plan ad	dministrator	Date	Enter name of individu		s plan administrator				
SIGN	Kikan	1 Machran	8/14/2017	Richard Bachra						
HERE	Signature of employ	er/plan sponsor	Date			s employer or plan sponsor				
Preparer's		me, if applicable) and address (inc	clude room or suite numbe			telephone number				
					St. Contra	and the second second				

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	🛛 Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined
Pa	rt III Financial Information	
200		

Assets and Liabilities	2000	(a) Beginning of Year	(b) End of Year
plan assets	7a	714,787	741,110
plan liabilities	7b		
an assets (subtract line 7b from line 7a)	7c	714,787	741,110
e, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
butions received or receivable from: mployers	8a(1)		
articipants	8a(2)	204,442	
thers (including rollovers)	8a(3)	2,291	
income (loss)	8b	58,611	
ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		265,344
its paid (including direct rollovers and insurance premiums vide benefits)	8d	228,926	
n deemed and/or corrective distributions (see instructions)	8e		
istrative service providers (salaries, fees, commissions)	8f	10,095	
expenses	8g		
expenses (add lines 8d, 8e, 8f, and 8g)	8h		239,021
come (loss) (subtract line 8h from line 8c)	8i		26,323
ers to (from) the plan (see instructions)	8j		
	xpenses penses (add lines 8d, 8e, 8f, and 8g) ome (loss) (subtract line 8h from line 8c)	xpenses 8g xpenses (add lines 8d, 8e, 8f, and 8g) 8h ome (loss) (subtract line 8h from line 8c) 8i rs to (from) the plan (see instructions) 8j	8g 8g xpenses 8g xpenses (add lines 8d, 8e, 8f, and 8g) 8h ome (loss) (subtract line 8h from line 8c) 8i rs to (from) the plan (see instructions) 8j

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 2F 2G 2J 2K 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:		Yes	No	N/A	Amount
а	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)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
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.)	10e		X		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	1223	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х			40,172
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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				

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Part	/I Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)					Yes 🛛	No
the second se	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co ERISA?		on 302 o	f 		Yes 🕅	No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	ructions, ar	nd enter	the date	of the lette	er rulina	
	granting the waiver	onth	Da		Year		_
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	1.0				
b	Enter the minimum required contribution for this plan year		. 12b		<u>N</u>		
C	nter 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 le negative amount)	. 12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		. []	Yes	No No	N/A	
Part \	II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	5 🛛 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 brough control of the PBGC?		e		Yes 🛛	No	
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)	y the plan(s	s) to				
1	Sc(1) Name of plan(s):	13c(2) EIN(s)		13c(3) PN(s)	
Part	/III Trust Information						
14a N	ame of trust		14b 1	rust's E	IN		
14c	lame of trustee or custodian				or custod e number	an's	
Part	IX IRS Compliance Questions		I				
150		Yes		Γ] No		
158	s the plan a 401(k) plan? If "No," skip b	. Desic	n-based		יר יין "Prior ye	ar" ADP	<u>, </u>
	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Safe I	narbor		test		
4	01(k)(3) for the plan year? Check all that apply:		ent year" test	Ľ] N/A		
	Vhat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ear? Check all that apply:	. Ratio	o entage		erage nefit test	N/	'A
	bid the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes		[] No		
17a t	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of ne letter and the serial number						f
1	the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	er the date	of the m	ost rece	nt determir	nation	
V	efined Benefit Plan or Money Purchase Pension Plan Only: /ere any distributions made during the plan year to an employee who attained age 62 and had not separa ervice?		Yes		No		
19 v	/as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No		