	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089	
	rtment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee R	etirement	2016	
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (	ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection	
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instru	uctions to the Form 5	500-SF.		
For calenda	Annual Report IC	dentification Information	16	and ending 12	2/31/2016		
	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) (	Filers check	king this box must attach a ith the form instructions.)	
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 m	onths)		
C Check I	box if filing under:	× Form 5558	automatic extension		DFVC p	rogram	
	[	special extension (enter descrip	otion)				
Part II	Basic Plan Infor	mation—enter all requested info	ormation		-	Γ	
<b>1a</b> Name BASSO & AS		NED BENEFIT PENSION PLAN			(PN)	number	
						01/01/2004	
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O. country, and ZIP or foreign posta		uctions)	(EIN)		
BASSO & AS					2c Sponsor's telephone numbe 845-452-0200		
1171 ROUTE	55 VILLE, NY 12540				2d Busir	ness code (see instructions) 541110	
3a Plan a	dministrator's name and	address X Same as Plan Spons	sor.		<b>3b</b> Admi	nistrator's EIN	
					3c Admi	nistrator's telephone number	
	, EIN, and the plan num	blan sponsor has changed since the performance of the last return/report.	ne last return/report filed fo	or this plan, enter the	<b>4b</b> EIN <b>4c</b> PN		
		t the beginning of the plan year			5a	4	
		t the beginning of the plan year t the end of the plan year			5b	4	
C Numb	er of participants with ac	count balances as of the end of th	ne plan year (only defined	contribution plans	50 50		
	,	cipants at the beginning of the pla			5d(1)	2	
<b>d(2)</b> Tot	al number of active parti	cipants at the end of the plan year	r		5d(2)	1	
e Numb than	per of participants that te 100% vested	rminated employment during the	plan year with accrued ber	nefits that were less	5e	C	
		incomplete filing of this return/					
SB or Sche		er penalties set forth in the instruct I signed by an enrolled actuary, as ete.					
SIGN	Filed with authorized/va	alid electronic signature.	08/29/2017	KATHLEEN BASSO			
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing a	as plan administrator	
SIGN HERE							
	Signature of employed name (including firm name (including firm name)	e <b>r/plan sponsor</b> me, if applicable) and address (inc	Date clude room or suite numbe			as employer or plan sponsor s telephone number	

8538

26077

0

0

0

136141

34615

101526

6a b c	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 <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accountant ( tions.) rm 5500-SF and must instead us	IQPA) Xes No se Form 5500.
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1691634	1793160
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	1691634	1793160
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	136141	

8c

8d

8e

8f

8g

8h

8i

8j

#### Part IV Plan Characteristics

j

to provide benefits).....

**C** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....

**d** Benefits paid (including direct rollovers and insurance premiums

e Certain deemed and/or corrective distributions (see instructions).

f Administrative service providers (salaries, fees, commissions)....

g Other expenses.....

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Transfers to (from) the plan (see instructions) .....

i Net income (loss) (subtract line 8h from line 8c).....

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3D 11

**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		Х		
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	Х			180000
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		x		
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		
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				

Page **3-** 1

Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and cons						X Ye	es 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				0
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				:		Υe	es 🗙 No
		A? 'es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			•••••				<u>~</u>
а	If a wa	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver.		ns, and	l enter t Day			letter ear	ruling
lf	<u> </u>	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			_ Duy			<u></u>	
		the minimum required contribution for this plan year			12b				
					12c				
		the amount contributed by the employer to the plan for this plan year			120				
u		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)			12d				-
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Ye	s	No	
	lf "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?					Υe	s X	No
с		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif			to				
		assets or liabilities were transferred. (See instructions.)	.,	p.a(0)					
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		1	3c(3)	PN(s)
Part	VIII	Trust Information							
		Trust Information of trust			14b <sup>-</sup>	Frust's I	EIN		
	Name				14d 1	Frust's F Frustee' telepho	s or cu		ın's
14a	Name Name	of trust			14d 1	Trustee'	s or cu		ın's
14a 14c Par	Name Name t <b>IX</b>	of trust of trustee or custodian IRS Compliance Questions		Yes	14d 1	Frustee' telepho	s or cu ne nun		ın's
14a 14c Par	Name Name t <b>IX</b>	of trust of trustee or custodian			14d	「rustee' telepho	s or cu ne nun	iber	
14a 14c Par 15a 15b	Name Name t <b>IX</b> Is the How d	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b			14d	「rustee' telepho	s or cu ne nun	or yea	ın's
14a 14c Par 15a 15b	Name Name t <b>IX</b> Is the How d	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		Desigi safe h	14d	Trustee' telepho	s or cu ne num	or yea	
14a 14c Part 15a 15b	Name Name t IX Is the How d 401(k)	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Design safe h "Curre ADP to Ratio	n-based arbor ent year est	Frustee' telepho	s or cu ne num	or yea	ar" ADP
14a 14c Part 15a 15b	Name Name t IX Is the How d 401(k)	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		Desigi safe h "Curre ADP to	n-based arbor ent year est	Trustee' telepho	is or cu ne nun	or yea	
14a 14c Par 15a 15b 16a 16b	Name Name Is the How d 401(k) What the year? Did the	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: e 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?		Design safe h "Curre ADP to Ratio perce test Yes	n-based arbor ent year est	Frustee' telepho	s or cu ne num No "Pri test N/A verage enefit t	or yea	ar" ADP
14a 14c Par 15a 15b 16a 16b	Name Name Is the How d 401(k) What the year? Did the	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: e 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? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of		Design safe h "Curre ADP to Ratio perce test Yes	n-based arbor ent year est	Frustee' telepho	s or cu ne num No "Pri test N/A verage enefit t	or yea	ar" ADP
14a 14c Par 15a 15b 16a 16b 17a	Name Name Is the How d 401(k) What the year? Did the for the the left	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: e 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? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of	opinio	Design safe h "Curre ADP to Ratio perce test Yes n letter	<b>14d</b> n-based arbor ent year est entage or advi	Trustee' telepho	s or cu ne num No "Pri test N/A verage enefit t	or yea	ar" ADP
14a 14c Par 15a 15b 16a 16b 17a 17b	Name Name Name Is the How d 401(k) What the year? Did the for the If the p the let If the p letter Define Were a	of trust of trust of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: e 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? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of tter/ and the serial number		Design safe h "Curre ADP to Ratio perce test Yes n letter e date o	<b>14d</b> n-based arbor ent year est entage or advi	Frustee' telepho	s or cu ne num No "Pri test N/A verage enefit t	or yea	ar" ADP
14a 14c Par 15a 15b 16a 16b 17a 17b 18	Name Name Name Is the How d 401(k) What t year? Did the for the for the letter Define Were a service	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b id the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: e 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? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of ter and the serial number plan is an individually-designed plan that received a favorable determination letter from the IRS, en 	opinio	Design safe h "Curre ADP to Ratio perce test Yes n letter e date o	14d n-based arbor ent year est entage or advi	Frustee' telepho	s or cu ne num	or yea	ar" ADP

	SCH	EDULE SB		Single-En	nploy	ver Define	d Ber	nefit Plan		OMB	No. 1210-0110
	(Fo	orm 5500)		A	ctua	rial Inform	natior	า			2016
		ment of the Treasury al Revenue Service									2010
		partment of Labor		This schedule is re letirement Income						This Form	ic Open to Bublic
		efits Security Administration				evenue Code (th					n is Open to Public Inspection
	Pension Ber	nefit Guaranty Corporation		File as	an attac	chment to Form	5500 or	5500-SF.			
For	calendar p	lan year 2016 or fisca	al plan yea	r beginning 0	1/01/201	6		and ending	12/3	31/2016	
		amounts to nearest									
		penalty of \$1,000 wil	II be asses	sed for late filing of	f this repo	ort unless reasor	hable cau	1_			1
	lame of pla	IN ISSOCIATES, P.C. D	EFINED B	ENEFIT PENSION	I PLAN			B Three-dig			003
		,						plan numl	ber (PN	)	003
		or's name as shown o	n line 2a o	f Form 5500 or 550	00-SF			D Employer I	dentifica	ation Number	(EIN)
E	BASSO & A	SSOCIATES							14-183	32688	
<b>F</b> -							. 5				
	ype of plan		tiple-A	Multiple-B		<b>F</b> Prior year pla	an size: /	× 100 or fewer	101-	500 Viore	than 500
		Basic Informatio	n								
1		valuation date:	Мо	nth <u>01</u> D	010	Year <u>2</u>	016				
2	Assets:							ſ	0-		4004004
	_	value							2a		1691634
_		al value					(4)		2b	tod Funding	1691634
3	Funding t	arget/participant cour	nt breakdov	wn			( )	Number of rticipants	. ,	sted Funding Target	(3) Total Funding Target
	<b>a</b> For reti	red participants and b	oeneficiarie	es receiving payme	nt			1		12164	
	<b>b</b> For ter	minated vested partic	ipants					1		7753	3 7753
		ve participants						2		1565109	9 1565109
								4		1694507	7 1694507
4		n is in at-risk status, c						<u></u>			-1
		g target disregarding		-	. ,	. ,	L		4a		
		g target reflecting at-r									
	status	or fewer than five cor	nsecutive y	ears and disregard	ding loadi	ng factor					
5	Effective	interest rate							5		6.02 %
6	0	ormal cost							6		0
ī	Fo the best of r accordance wit		ions. In my opi	inion, each other assump							ed assumption was applied in and such other assumptions, in
	SIGN IERE									06/21/20	)17
			Signatu	re of actuary						Date	
ĸ	ATE JOU.	ASA, EA, MAAA	-							17-050	21
		Ту	ype or print	t name of actuary					Most r	ecent enrollm	ent number
Т	HE BENEF	IT PRACTICE								203-517-3	3509
				m name				Tel	ephone	number (inclu	uding area code)
6	<b>FH FLOOR</b>	NGTON BOULEVAR , CT 06901	2D								
			Addre	ss of the firm				_			
	actuary ha	s not fully reflected a	ny regulatio	on or ruling promul	gated un	der the statute in	complet	ing this schedule	, check	the box and s	ee
		k Roduction Act Not		a Instructions for		500 ar 5500 SE				Sahadula	SB (Form 5500) 2016

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

P	art II	Begir	nning of Year	Carryov	ver and Prefunding Ba	alances									
								<b>(a)</b> C	Carryover bala	nce		<b>(b)</b> P	refundir	ng bala	ance
7					able adjustments (line 13 fro					0				<b>22</b> 1	112
8				-	nding requirement (line 35 f					0				ę	9825
9	Amount	remaining	g (line 7 minus line	8)						0				211	287
10	Interest	on line 9	using prior year's	actual retu	ırn of <u>-1.62</u> %					0				-3	3423
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:						Ì				
	a Prese	nt value c	of excess contribut	ions (line 3	38a from prior year)		İ								0
					a over line 38b from prior ye e interest rate of <u>6.23</u>										0
	• •			-	edule SB, using prior year's										0
					ar to add to prefunding balanc										0
	<b>d</b> Portio	n of (c) to	be added to prefe	unding bal	ance										0
12	Other re	ductions	in balances due to	elections	or deemed elections					0					0
13	Balance	at beginr	ning of current yea	r (line 9 +	line 10 + line 11d – line 12)					0				207	7864
Р	Part III	Fun	ding Percenta	ages											
				-									14		87.56%
					9								15		87.56%
-	Prior yea	ır's fundir	ng percentage for	purposes o	of determining whether carry	over/prefur	nding	balance	es may be use	ed to re	duce c	urrent	16		96.29%
17	-		-		less than 70 percent of the								17		%
Р	Part IV	Con	tributions and	d Liquid	lity Shortfalls										
18	Contribu	tions mad	de to the plan for t	he plan ye	ar by employer(s) and empl	oyees:									
()	(a) Dat		(b) Amount p		(c) Amount paid by		Date		(b) Amou	•	by	(c	) Amou	•	by
(1	MM-DD-Y	* * * )	employer	(5)	employees	(MM-DI	D-T	( † † )	empic	oyer(s)			emplo	Jyees	
						Totals ►	•	18(b)			0	18(c)			0
19	Discount	ed emplo	over contributions	– see instr	ructions for small plan with a	valuation d	late	after the	beginning of	the yea	r:				
			-		mum required contributions						1				0
	_				usted to valuation date						b				0
	<b>C</b> Contri	outions all	located toward min	imum requi	ired contribution for current ye	ar adjusted	to va	luation d	late	19	с				0
20			itions and liquidity												
					ne prior year?								X	Yes	No
			-		installments for the current									Yes	No
					mplete the following table as										
					Liquidity shortfall as of en			nis plan	year						
		(1) 1s	t		(2) 2nd			(3)	3rd			(	(4) 4th	1	
			0		0				0					(	C

Page 3

	Part V	Assumpti	ons Used to Determ	ine Funding Target a	nd Targ	et Normal Cost		
21	Discount	t rate:						
	<b>a</b> Segm	ent rates:	1st segment: 4.43%	2nd segment: 5.91%		3rd segment: 6.65 %		N/A, full yield curve used
	<b>b</b> Applic	able month (er	nter code)				21b	0
22	Weighte	d average retire	ement age				22	63
23	Mortality	table(s) (see	instructions)	Prescribed - combined	× Presc	ribed - separate	Substitu	ute
Pa	art VI	Miscellane	ous Items					
24		-		ectuarial assumptions for the				
25	Has a m	ethod change l	peen made for the current	plan year? If "Yes," see inst	ructions re	egarding required attach	ment	Yes 🛛 No
26	Is the pla	an required to p	provide a Schedule of Activ	ve Participants? If "Yes," see	e instructio	ons regarding required a	ittachmen	itYes 🔀 No
27	•	•	alternative funding rules, e	enter applicable code and se	e instructio	ons regarding	27	
P	art VII	Reconcilia	ation of Unpaid Mini	imum Required Conti	ribution	s For Prior Years		
28	Unpaid n	ninimum requir	ed contributions for all pric	or years			28	0
29				ard unpaid minimum required			29	0
30	Remaini	ng amount of u	npaid minimum required c	ontributions (line 28 minus li	ne 29)		30	0
Pa	art VIII	Minimum	<b>Required Contribut</b>	ion For Current Year				
31	Target n	ormal cost and	l excess assets (see instru	ictions):				
	a Target	normal cost (li	ne 6)				31a	0
	<b>b</b> Excess	s assets, if app	licable, but not greater tha	n line 31a			31b	0
32	Amortiza	ation installmen	ts:			Outstanding Bala	nce	Installment
	a Net sh	ortfall amortiza	tion installment			2	210737	35969
	h Waiva	r amortization i					0	0
33	If a waive		proved for this plan year, e ay Year	enter the date of the ruling le			33	0
	If a waive (Month _	D	ay Year		nount		33 34	0 35969
	If a waive (Month _	D	ay Year	) and the waived ar	mount es 31a - 3		34	
34	If a waive (Month _ Total fun Balances	ding requireme s elected for us	ay Year	) and the waived ar ver/prefunding balances (lin Carryover balance	mount es 31a - 3	1b + 32a + 32b - 33) Prefunding balar	34	35969
34 35	If a waive (Month _ Total fun Balances requirem	D ding requirements s elected for us nent	ay Year ent before reflecting carryo	) and the waived ar ver/prefunding balances (lin Carryover balance	mount es 31a - 3 ce 0	1b + 32a + 32b - 33) Prefunding balar	<b>34</b>	35969 Total balance
34 35	If a waive (Month _ Total fun Balances requirem Additiona	ding requirements s elected for us nent al cash require tions allocated	ay Year ent before reflecting carryo se to offset funding ment (line 34 minus line 35 toward minimum required	) and the waived ar ver/prefunding balances (lin Carryover balance	nount es 31a - 3 ce 0 adjusted	1b + 32a + 32b - 33) Prefunding balar	<b>34</b> nce 35969	35969 Total balance 35969
34 35 36	If a waive (Month _ Total fun Balances requirem Additiona Contribut 19c)	ding requirements s elected for us nent al cash require tions allocated	ay Year ent before reflecting carryo se to offset funding ment (line 34 minus line 35 toward minimum required	) and the waived ar ver/prefunding balances (lin Carryover balances) 5)	nount es 31a - 3 ce 0 adjusted	1b + 32a + 32b - 33) Prefunding balar	34 nce 35969 36	35969 Total balance 35969 0
34 35 36 37	If a waive (Month _ Total fun Balances requirem Additiona Contribu 19c) Present	ding requirements s elected for us nent al cash require tions allocated value of excess	ay Year ent before reflecting carryo ee to offset funding ment (line 34 minus line 35 toward minimum required s contributions for current	) and the waived ar ver/prefunding balances (lin Carryover balances) 5)	nount es 31a - 3 ce 0 adjusted	1b + 32a + 32b - 33) Prefunding balar to valuation date (line	34 nce 35969 36	35969 Total balance 35969 0
34 35 36 37	If a waive (Month _ Total fun Balances requirem Additiona Contribu 19c) Present	ding requirements s elected for us nent al cash require tions allocated value of excess excess, if any,	ay Year ent before reflecting carryo se to offset funding ment (line 34 minus line 35 toward minimum required s contributions for current y of line 37 over line 36)	) and the waived ar wer/prefunding balances (lin Carryover balances) 5)	nount es 31a - 3 ce 0 adjusted	1b + 32a + 32b - 33) Prefunding balar to valuation date (line	34 nce 35969 36 37	35969 Total balance 35969 0 0
34 35 36 37	If a waive (Month _ Total fun Balances requirem Additiona Contribut 19c) Present <b>a</b> Total (c <b>b</b> Portion	ding requirements s elected for us nent al cash requirent tions allocated value of excess excess, if any, n included in lir	ay Year ent before reflecting carryo ee to offset funding ment (line 34 minus line 35 toward minimum required s contributions for current y of line 37 over line 36) ne 38a attributable to use o	) and the waived ar vver/prefunding balances (lin Carryover balances) 5)	nount es 31a - 3 ce 0 adjusted	1b + 32a + 32b - 33) Prefunding balar to valuation date (line	34 ace 35969 36 37 38a	35969 Total balance 35969 0 0
34 35 36 37 38	If a waive (Month _ Total fun Balances requirem Additiona Contribut 19c) Present <b>a</b> Total ( <b>b</b> Portior Unpaid n	ding requirements s elected for us nent al cash require tions allocated value of excess excess, if any, n included in lir ninimum require	ay Year ent before reflecting carryo te to offset funding ment (line 34 minus line 35 toward minimum required s contributions for current y of line 37 over line 36) the 38a attributable to use of red contribution for current	) and the waived ar wer/prefunding balances (lin Carryover balances) 5) contribution for current year year (see instructions) of prefunding and funding sta	nount es 31a - 3 ce 0 adjusted andard car 36 over lin	1b + 32a + 32b - 33) Prefunding balar to valuation date (line ryover balances e 37)	34 ace 35969 36 37 38a 38b	35969 Total balance 35969 0 0 0 0
34 35 36 37 38 38 39 40	If a waive (Month _ Total fun Balances requirem Additiona Contribut 19c) Present <b>a</b> Total ( <b>b</b> Portior Unpaid n	ding requirements s elected for us ent al cash require tions allocated value of excess excess, if any, n included in lir ninimum requir	ay Year ent before reflecting carryo e to offset funding ment (line 34 minus line 35 toward minimum required s contributions for current y of line 37 over line 36) the 38a attributable to use of red contribution for current red contributions for all year	) and the waived ar ver/prefunding balances (lin Carryover balances) 5)	nount es 31a - 3 ce 0 adjusted 1 andard car 36 over lin	1b + 32a + 32b - 33) Prefunding balar to valuation date (line ryover balances e 37)	34 ace 35969 36 37 38a 38b 39 40	35969 Total balance 35969 0 0 0 0 0 0 0
34 35 36 37 38 39 40 Pa	If a waive (Month _ Total fun Balances requirem Additiona Contribut 19c) Present <b>a</b> Total ( <b>b</b> Portior Unpaid n Unpaid n	ding requirements s elected for us nent al cash require tions allocated value of excess excess, if any, n included in lir ninimum require ninimum require <b>Pension</b>	ay Year ent before reflecting carryo e to offset funding ment (line 34 minus line 35 toward minimum required s contributions for current y of line 37 over line 36) the 38a attributable to use of red contribution for current red contributions for all year	) and the waived ar wer/prefunding balances (lin Carryover balances) 5) contribution for current year year (see instructions) of prefunding and funding state year (excess, if any, of line ars	nount es 31a - 3 ce 0 adjusted 1 andard car 36 over lin	1b + 32a + 32b - 33) Prefunding balar to valuation date (line ryover balances e 37)	34 ace 35969 36 37 38a 38b 39 40	35969 Total balance 35969 0 0 0 0 0 0 0
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## Basso and Associates, P.C. Defined Benefit Pension Plan EIN: 14-1832688 PN: 003 Schedule SB, Line 26 – Schedule of Active Participant Data

1 itumeu		Ci cuitcu i									
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25											
25 to 29											
30 to 34											
35 to 39											
40 to 44											
45 to 49											
50 to 54											
55 to 59											
60 to 64					2						2
65 to 69											
70 & up											
Total					2						2

Attained Years of Credited Service

# **Actuarial Basis**

### A. Funding Method

The valuation method is the actuarial cost method prescribed under Section 430 of the Internal Revenue Code.

Under this method, the following terms are used:

The <u>Funding Target</u> is the sum of the present value of all benefits accrued or earned under the plan as of the beginning of the plan year.

The <u>Applicable Funding Target</u> is equal to the Funding Target multiplied by the applicable transition percentage under the Worker, Retiree, and Employer Recovery Act of 2008.

The <u>Target Normal Cost</u> is the sum of the present value of all benefits which are expected to accrue or be earned under the plan during the plan year.

The <u>Carryover Balance</u> maintained by the plan was set equal to the Credit Balance, if any, in the Funding Standard Account as of the final day of the 2007 plan year. It is decreased when used to reduce the minimum required contribution in succeeding plan years. The unused portion is adjusted to reflect the rate of return on plan assets in those succeeding plan years.

The <u>Prefunding Balance</u> is the accumulation of discounted contributions in excess of the minimum funding requirement for 2008 and later plan years. It is decreased when used, and adjusted for return on plan assets, similarly to the Carryover Balance.

The <u>Funding Shortfall</u> is equal to the Funding Target, less the Actuarial Value of Assets, reduced by the Prefunding Balance and the Carryover Balance.

The <u>Adjusted Funding Shortfall</u> is equal to the Applicable Funding Target, less the Actuarial Value of Assets, reduced by the Prefunding Balance and the Carryover Balance.

A <u>Shortfall Amortization Base</u> is established for a plan year equal to the Adjusted Funding Shortfall less the present value of the existing Shortfall Amortization Installments and Waiver Amortization Installments, if any. Under some circumstances, no Shortfall Amortization Base may need to be established and/or prior Shortfall Amortization Bases may be eliminated.

A <u>Shortfall Amortization Installment</u> is the amount necessary to amortize the Shortfall Amortization Base over the 7-plan-year period beginning with the plan year it is established. Under the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010, an extended amortization period may be elected by the plan sponsor for certain plan years.

#### **B.** Actuarial Assumptions

Interest:

*For minimum funding:* Segment rates prescribed under HATFA for plan years beginning in 2016.

Discount periodSegment rate0 to 5 years4.43%5 to 20 years5.91%20 years or longer6.65%

#### For maximum deductible:

Segment rates prescribed by the IRS in Section 430(h)(2)(C) for the month of January 2016.

Discount period	Segment rate
0 to 5 years	1.41%
5 to 20 years	3.96%
20 years or longer	4.97%

#### For recommended maximum:

Segment rates prescribed by the IRS in Section 417(e) for the month of November 2015, as limited by Section 415(b) if applicable.

Discount period	Segment rate
0 to 5 years	1.76%
5 to 20 years	4.15%
20 years or longer	5.13%

*For ASC 960:* 5.50% per annum.

#### For funding:

<u>Pre-retirement:</u> 2016 Mortality Tables prescribed by the IRS under Section 430(h)(3) for Non-Annuitants, Males and Females, respectively.

<u>Post-retirement (Annuity Distributions)</u>: 2016 Mortality Tables prescribed by the IRS under Section 430(h)(3) for Annuitants, Males and Females, respectively.

Mortality:

	<u>Post-retirement (Lump Sum Distributions)</u> : 2016 Mortality Tables prescribed by the IRS under Section 430(h)(3) for Lump Sum Distributions.
	<i>For ASC 960:</i> <u>Pre-retirement</u> : None presumed.
	<u>Post-retirement</u> : 2016 Mortality Tables prescribed by the IRS under Section 430(h)(3) for Lump Sum Distributions.
Turnover:	None.
Retirement:	The later of attained age or normal retirement age.
Salary:	0.00% per annum.
Lump Sum Election Percentage:	0.00%
Compensation Limit Indexation:	N/A.
Social Security:	N/A.
Spouse's Benefit:	Based on actual data. When actual data is not available, it is assumed that male (female) participants are 3 years older (younger) than their spouses and that spouses are of the opposite sex.
Married Percentage:	100% of participants are assumed to be married.
Disability:	None assumed.
Expenses:	\$0.
C. Valuation of Assets:	The actuarial value of assets is the market value.

	Short Form An	nual Return/Re Benefit Pl	port of Small Emplo	oyee	OMB Nos. 1210-0 1210-0
nasury ice	This form is required to be	e filed under sections 104	and 4065 of the Employee R	etirement	2016
Aministratio	<u>on</u>	974 (ERISA), and section Revenue Code (the	ns 6057(b) and 6058(a) of the Code).	Internal	This Form is Open to
⊿ranty Corporatio	Complete all entries		instructions to the Form 55	500-SF.	Public Inspection
	ort Identification Informat				
,andar plan year 2016 of	r fiscal plan year beginning X a single-employer plan		and ending		./2016
A This return/report is for:	☐ a one-participant plan	ist of participati	yer plan (not multiemployer) (l ng employer information in ac	Filers checkin cordance with	ig this box must attach a n the form instructions.)
<b>B</b> This return/report is	the first return/report	the final return/re	mort		
D This readimeport is	an amended return/report		return/report (less than 12 m	onths)	
<b>C</b> Check box if filing under:	X Form 5558	automatic exten		DFVC pro	arom
-	special extension (enter d				gram
Part II Basic Plan In	formation—enter all requeste				
1a Name of plan	ronnation—enter al requeste			1b Three-	diait
•	P.C. DEFINED BENEF:	IT PENSION PLAN		plan nu (PN)	imber 003
				1c Effectiv 01/01	ve date of plan
2a Plan sponsor's name (emp	ployer, if for a single-employer pla	an)			ver Identification Number
Mailing address (include ro City or town, state or provi	oom, apt., suite no. and street, or ince, country, and ZIP or foreign p	P.O. Box)	e instructions)		4-1832688
BASSO & ASSOCIATES					or's telephone number 52-0200
1171 ROUTE 55				<b>2d</b> Busines 541110	ss code (see instructions D
LAGRANGEVILLE	NY 1254(	0			
3a Plan administrator's name	and address X Same as Plan S			3b Adminis	strator's EIN
				•••	strator's telephone numb
	the plan sponsor has changed sir		filed for this plan, enter the	4b EIN	
	the plan sponsor has changed sir number from the last return/report		filed for this plan, enter the		
name, EIN, and the plan n <b>a</b> Sponsor's name	number from the last return/report			<b>4b</b> EIN <b>4c</b> PN <b>5a</b>	
name, EIN, and the plan n <b>a</b> Sponsor's name <b>5a</b> Total number of participan	number from the last return/report	ar		4c PN	
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participan c Number of participants wit	number from the last return/report ints at the beginning of the plan ye nts at the end of the plan year th account balances as of the end	ar d of the plan year (only de	fined contribution plans	4c PN 5a	
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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	an indepe and condi	ndent qualified public a tions.)	account	ant (IC	(PA)			X Yes X Yes	
с	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir					_	_		Not det	ermined
	rt III Financial Information			500011-1	021).	····· L			1101 001	
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of	Year	<u> </u>
a	Total plan assets	7a		691,						93,160
	Total plan liabilities	7b			0				<u> </u>	0
	Net plan assets (subtract line 7b from line 7a)	7c	1,	691,	634				1,7	93,160
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Tot	-	
а	Contributions received or receivable from:							<u> </u>		
	(1) Employers	8a(1)			0			·		
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
	Other income (loss)	8b		136,	141					· · · · ·
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	36,141
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8,	538					
	Certain deemed and/or corrective distributions (see instructions)	8e		- ,	0					
f	Administrative service providers (salaries, fees, commissions)	8f		26,	077					<u> </u>
	Other expenses	8g			0					
<del></del>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								34,615
	Net income (loss) (subtract line 8h from line 8c)	8i								01,526
<u> </u>	Transfers to (from) the plan (see instructions)				0				τ,	51,520
Ba	t IV Plan Characteristics	8j								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	actori	tic Co	odee in	the instruc	tions:	
Ju	1A 3D 1I				acteri			are motio		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	octerist	ic Coo	des in t	he instruct	ions:	
_										
Par							[			
10	During the plan year:				Yes	No	N/A		Amount	
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 F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b	_	Х				
С	Was the plan covered by a fidelity bond?			10c	Х				1	80,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
e	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.)	e or all of	the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	ənd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			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			10i				-		

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and a (Form 5500) and line 11a below)				XY	'es 🗌 No
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		0	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?				ΠY	es 🛛 No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	tructions	nd ontor t	ha data	of the letter	
	granting the waiver.		Day		Year	runng
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b	Enter the minimum required contribution for this plan year				· · · · · · · · · · · · · · · · · · ·	
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 negative amount)		. 12d			
e	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		0
	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 broug control of the PBGC?			]	Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the plan	(s) to			
1	3c(1) Name of plan(s):	13c	2) EIN(s)		13c(3)	PN(s)
		<del></del>	······		<del></del>	
Part			1.4.48			
	Name of trust		140	rust's E	IN	
14c	Name of trustee or custodian				or custodi e number	an's
Par	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b	📋 Ye	3	E	] No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	Ll safe  ⊡ "Cu	ign-based harbor rrent year Ptest	L	Prior ye test N/A	ar" ADP
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ra per tes	centage		erage nefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?				] No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	opinion let	er or advi	sory lette	er, enter the	e date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	nter the dat	e of the m	iost rece	nt determir	nation
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sep service?		[] Ye	3	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	

	Single-Employ						No. 1210-0110
(Form 5500)	Actua	rial Inform	nation				2016
Department of the Treasury Internal Revenue Service						4	2010
Department of Labor	This schedule is required to Retirement Income Security						
Employee Benefits Security Administration		evenue Code (th					is Open to Public spection
Pension Benefit Guaranty Corporation	▶ File as an attac	chment to Form	5500 or (	5500-SF.			
For calendar plan year 2016 or fiscal pla		1/2016	-	and ending	3	12/31/2	016
Round off amounts to nearest doll							
Caution: A penalty of \$1,000 will be A Name of plan	assessed for late filling of this repo	ort unless reason	able caus				
BASSO & ASSOCIATES, P.	C. DEFINED BENEFIT	PENSION PL	AN	B Three-dig plan num		)	003
				plan num		/	005
<u> </u>							
C Plan sponsor's name as shown on line	e 2a of Form 5500 or 5500-SF			D Employer	dentific	ation Number (I	EIN)
BASSO & ASSOCIATES, P.	.C.			14-183268	8		
E Type of plan: X Single Multiple-/	A Multiple-B	F Prior year pla	n size <sup>.</sup> V	100 or fewer	[] 101-	500 🗌 More #	nan 500
		i noryearpia					1211 300
Part I Basic Information	Month 01 Day 0	1 Year 2	2016				
Enter the valuation date:     Assets:		1Year2	2010				
a Market value					2a		1,691,63
<b>b</b> Actuarial value					2b		1,691,63
3 Funding target/participant count bre			(1) N	lumber of		sted Funding	(3) Total Funding
5			par	ticipants		Target	Target
<b>a</b> For retired participants and benef	iciaries receiving payment			1		121,645	121,64
<b>b</b> For terminated vested participants	s			1		7,753	7,75
<b>C</b> For active participants				2		1,565,109	1,565,10
<b>d</b> Total				4		1,694,507	1,694,50
4 If the plan is in at-risk status, check	the box and complete lines (a) an	nd (b)		]			
<b>a</b> Funding target disregarding prese	ribed at-risk assumptions				. 4a		
<b>b</b> Funding target reflecting at-risk as	ssumptions, but disregarding trans	sition rule for pla	ns that ha	ve been in at-ris	* 4b		
<ul><li>status for fewer than five consecu</li><li>Effective interest rate</li></ul>	tive years and disregarding loadir	ng factor			. 5		6.02%
6 Target normal cost					6		6.02%
Statement by Enrolled Actuary					. 0		
To the best of my knowledge, the information supp	lied in this schedule and accompanying sche	edules, statements and	d attachment	s, if any, is complete	and accur	ate. Each prescribed	l assumption was applied in
accordance with applicable law and regulations. In combination, offer my best estimate of anticipated	my opinion, each other assumption is reason experience under the plan.	nable (taking into acco	ount the expe	prience of the plan an	d reasona	ble expectations) and	d such other assumptions, in
SIGN							·
HERE	atel					0/21/201	7
Si	nature of actuary					Date	1
LATE JOU, ASA, EA, MAAA						1705021	-
Туре о	r print name of actuary				Most r	ecent enrollmer	nt number
THE BENEFIT PRACTICE						203-517-3	509
	Firm name			Tel	ephone	number (includ	ing area code)
055 WASHINGTON BOULEVARD							
TH FLOOR TAMFORD CT 06	001						
	901 ddress of the firm						
the actuary has not fully reflected any reg							

Form 5500 or 5500-SF. Э, яp

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Schedule SB (Form ə v. 160205

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	chequie		010			1 aye 4 .					
Part II	Begi	nning of Year	Carryo	ver and Prefunding E	Balances						
7					_	(a) (	Carryover balanc	е	(b)	Prefundi	ng balance
				cable adjustments (line 13 fr					0		221,112
			•	unding requirement (line 35					0		9,825
		·							0		211,287
10 Interest of	on line 9	using prior year's	actual ret	urn of <u>~1.62</u> %					0		-3,423
11 Prior yea	ir's exce	ss contributions to	be addec	to prefunding balance:							-
<b>a</b> Preser	nt value o	of excess contribut	tions (line	38a from prior year)							(
<b>b(1)</b> Inte Scl	erest on hedule S	the excess, if any, B, using prior year	of line 38 's effectiv	Ba over line 38b from prior year interest rate of $6.23$	ear <u>3</u> %						
		-	-	edule SB, using prior year's							
				ear to add to prefunding balan							
<b>d</b> Portio	n of (c) to	be added to prefi	unding ba	lance							
			-	or deemed elections					0		
				line 10 + line 11d – line 12)							207,864
Part III									<u> </u>		207,004
		ding Percenta	<u> </u>							44	
				•						14 15	87.56%
				e of determining whether carr							87.56%
year's fui	nding rec	uirement								16	96.29%
7 If the cur	rent valu	e of the assets of	the plan is	s less than 70 percent of the	funding target	t, enter su	ch percentage			17	%
Part IV	Con	tributions and	d Liquid	dity Shortfalls							
				ear by employer(s) and emp	loyees:						
<b>(a)</b> Date (MM-DD-Y)		(b) Amount p employer		(c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount		(0		nt paid by
(1111 00 1		employer		Cimpioyees			employe	1(3)		emplo	Jyees
				· · · · · · · · · · · · · · · · · · ·							·
				· · · · · · · · · · · · · · · · · · ·							
										·	
			· · · -			····					
									-	- <sub>1</sub>	
·····		L			Totals ►	18(b)			0 <b>18(c)</b>		
<b>0</b> – 1 – 1				<u>.</u>						<u> </u>	
				ructions for small plan with a				-			
				mum required contributions			-	19a			
				iusted to valuation date				19b			
-				ired contribution for current ye	ear adjusted to	valuation d	ate	19c			
-		tions and liquidity									Vec 🗆 N
				e prior year?							Yes    No
				installments for the current		a timely ma	anner?	•••••		X	Yes 🗌 No
C It line 2	ua is "Ye	es," see instruction	is and cor	nplete the following table as Liquidity shortfall as of en		this plan		i			
	(1) 1st			(2) 2nd			year 3rd	1		(4) 4th	
		0			0			0			C
			~~~~	·····							

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Page 3

F	Part V	Assumpti	ions Used to Dete	rmine	e Funding Target and	d Targ	et Normal Cost		
21	Discount	rate:							
	<b>a</b> Segm	ent rates:	1st segment: 4.43 %		2nd segment: 5,91 %		3rd segment: 6 . 6 5 %		N/A, full yield curve used
	<b>b</b> Applic	able month (er	nter code)					21b	0
22	Weightee	d average retire	ement age					22	63
23	Mortality	table(s) (see	instructions)	Pres	cribed - combined	Presc	ribed - separate	 ] Substitu	ite
P	art VI	Miscellane	ous Items						
24	Has a ch	ange been ma	ide in the non-prescribe	ed actu	arial assumptions for the cu	irrent pl	an year? If "Yes," see i	nstruction	s regarding required
					• 	-	-		
25	Has a me	ethod change b	been made for the curre	ent plar	year? If "Yes," see instruc	ctions re	egarding required attach	ment	Yes 🛛 No
26	Is the pla	n required to p	provide a Schedule of A	ctive P	articipants? If "Yes," see ir	nstructio	ons regarding required a	attachmen	t Yes 🛛 No
27					applicable code and see in			27	
Р	art VII	Reconcilia	ation of Unpaid M	inimu	Im Required Contrib	ution	s For Prior Years		
28	Unpaid m	ninimum requir	ed contributions for all	prior ye	ears			28	0
29					Inpaid minimum required co			29	0
30					ibutions (line 28 minus line			30	0
Pa	art VIII	Minimum	<b>Required Contrib</b>	ution	For Current Year				
31	Target n	ormal cost and	l excess assets (see ins	structio	ns):				
	a Target	normal cost (lir	ne 6)					31a	0
	<b>b</b> Excess	assets, if appl	licable, but not greater	than lin	e 31a			31b	0
32	Amortiza	tion installmen	ts:				Outstanding Bala	nce	Installment
	a Net sho	ortfall amortiza	tion installment				21	10,737	35,969
	<b>b</b> Waiver	amortization i	nstallment					0	0
33					r the date of the ruling lette ) and the waived amo			33	0
34	Total fund	ding requireme	ent before reflecting car	ryover/	prefunding balances (lines	31a - 3 <sup>.</sup>	1b + 32a + 32b - 33)	34	35,969
					Carryover balance		Prefunding balar	ice	Total balance
35			e to offset funding			0	3	35,969	35,969
36	Additiona	l cash requirer	ment (line 34 minus line	35)				36	0
37					tribution for current year ad	-		37	0
38	Present v	alue of excess	contributions for curre	nt year	(see instructions)				
	a Total (e	xcess, if any, o	of line 37 over line 36)					38a	0
	<b>b</b> Portion	included in lin	e 38a attributable to us	e of pre	efunding and funding stand	ard carr	yover balances	38b	0
39	Unpaid m	inimum require	ed contribution for curre	ent yea	r (excess, if any, of line 36	over line	э 37)	39	0
40	Unpaid m	inimum require	ed contributions for all y	/ears				40	0
Pa	t IX	Pension F	Funding Relief Un	der P	ension Relief Act of	2010	(See Instructions	)	
41	If an elect	ion was made	to use PRA 2010 fundi	ng relie	of for this plan:				
	a Schedu	le elected				••••••			2 plus 7 years
	<b>b</b> Eligible	plan year(s) fo	or which the election in	line 41	a was made			20	08 2009 2010 2011
42	Amount o	facceleration a	adjustment					42	
43	Excess in	stallment accel	leration amount to be c	arried o	over to future plan years			43	

## Basso and Associates, P.C. Defined Benefit Pension Plan EIN: 14-1832688 PN: 003 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Each participant is assumed to retire at his or her normal retirement age or age as of the valuation date, if later. The age specified in the plan as normal retirement age is 62 or five years of participation, if later.

# **Summary of Plan Provisions**

# **DEFINITIONS:**

Compensation:			for each Year of Service, as venue Code Section 3401(a).
Years of Credited Service:	emplo Retire year o in the	yment to Termin ment Date, base of service. Inclu- plan for vesting years of pre-p	with the employer from date of nation of Employment or Normal ed on 1,000 hours equaling one des service prior to participation g and eligiblity purposes, and up articipation service for accrual
Normal Form of Annuity:		survivor annuit	pants, an unreduced joint and ty. For single participants, a life
Normal Retirement Date:	the at	•	onth coinciding with or following e 62, or the fifth anniversary of ter.
PENSION BENEFITS:			
Eligibility for Plan Participation:	-	1 with 1 year of e plan after July	service. No new participants will 20, 2008.
Benefit Formula:	The su	um of (A) and (E	3):
	(A)	Credited Compensation Service while Service and	ompensation for each Year of Service, plus 2.50% of n for each Year of Credited e age 50 or greater, Years of Compensation from July 20, ember 30, 2010 are disregarded irposes.
	(B)	of Credited S	of Compensation for each Year Service from January 1, 2011 to 12, as follows:
		Owner: Others:	7.35% of Compensation 0.50% of Compensation

## Basso and Associates, P.C. Defined Benefit Pension Plan EIN: 14-1832688 PN: 003 Schedule SB, Part V – Summary of Plan Provisions

Early Retirement:	
Eligibility:	Not available.
Benefit formula:	None.
Vesting:	
Eligibility:	20% after competion of 2 years of service, 40% at 3 years of service, 60% at 4 years of service, 80% at 5 years of service, 100% at 6 years of service.
Benefit Formula:	Same as normal retirement benefit, based on service and compensation at date of termination, actuarially reduced for commencement prior to normal retirement age.
Pre-Retirement Death Benefit:	
Eligibility:	All participants.
Benefit Formula:	Same as normal retirement benefit, based on service and compensation at date of death, actuarially reduced for commencement prior to normal retirement age.

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## Basso and Associates, P.C. Defined Benefit Pension Plan EIN: 14-1832688 PN: 003 Schedule SB, Line 32 – Schedule of Amortization Bases

		Present					
		Value of	Amortization				
Type of	f Remaining		Date Base	Period	Amortization		
Base	In	stallment	<b>Established</b>	<u>Remaining</u>	Installment		
 Total Shortfall	\$	210,737			\$	35,969	
Shortfall		158,234	January 1, 2016	7		26,144	
Shortfall		52,503	January 1, 2015	6		9,825	

Total Waiver \$ -

\$ -