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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		Identification Information								
For calenda	For calendar plan year 2016 or fiscal plan year beginning 01/01/2017 and ending 03/31/2017									
∆ This rot	turn/report is for:	a single-employer plan			multiemployer) (Filers checking this box must attach a information in accordance with the form instructions.)					
A IIIISTE	um/report is ior.	a one-participant plan	a foreign plan	,						
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	X a short plan year retur	n/report (less than 12 m	nonths)					
C Check I	box if filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC program					
Part II	Basic Plan Info	prmation—enter all requested in	· /							
1a Name		chief an requested in	omation		1b Three-digit					
		FINED BENEFIT PENSION PLAN			plan number (PN)	003				
					1c Effective date					
	' '	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C) Roy)		2b Employer Idea					
	town, state or provinc	ee, country, and ZIP or foreign post		ructions)	2c Sponsor's tele	ephone number				
					2d Business code	52-0200 e (see instructions)				
1171 ROUTE LAGRANGE	55 VILLE, NY 12540					1110				
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrator's EIN					
					3c Administrator's telephone number					
		e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN					
	, EIN, and the pian nu or's name	mber from the last return/report.			4c PN					
5a Total	number of participants	at the beginning of the plan year			5a	3				
b Total i	number of participants	at the end of the plan year			5b	0				
		account balances as of the end of			5c					
		rticipants at the beginning of the pl			5d(1)	1				
d(2) Tot	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	0				
than	100% vested	terminated employment during the			5e	0				
		or incomplete filing of this return								
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.								
SIGN		/valid electronic signature.	08/29/2017	KATHLEEN BASSO						
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plan a	dministrator				
SIGN										
HERE Dranger's	Signature of emplo		Date	Enter name of individ						
Preparer s	name (including ilim r	name, if applicable) and address (ir	ictude room of suite number	er)	Preparer's telepho	ne number				

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						(IQPA) X Yes				
С	If the plan is a defined benefit plan, is it covered under the PBGC in						-	_	Not determine	ed	
Pa	rt III Financial Information				-						
7	Plan Assets and Liabilities		(a) Beginning (of Year			((b) End	of Year		
а	Total plan assets	7a	1	793160)				0		
b	Total plan liabilities	7b		0)				0		
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	1	793160)				0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal		
а	Contributions received or receivable from:	90/1)		0							
	(1) Employers	8a(1) 8a(2)		0)						
	(3) Others (including rollovers)	8a(3)		0	_						
	Other income (loss)	8b		55015							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							55015		
	Benefits paid (including direct rollovers and insurance premiums	- 55									
	to provide benefits)	8d	1	836987							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		11188	3						
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1848175		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-1793160		
	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D 1I	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	des in t	he instru	ctions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount	_	
a	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 F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
С	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 by fraud or dishonesty?	•	·	10d		X					
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 pla	ın?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
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			10i							

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)						Yes X No
	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						_	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	er ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		he 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	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
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:	- ILI ,		Design-based "Prior yea safe harbor test			
				"Curre	ent year est	<u>"</u>	N/A	
16a 		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
	for the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rece	ent determ	nination
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 sepa e?		rom	Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information**

1210-0089 2016 This Form is Open to Public Inspection

OMB Nos. 1210-0110

For calend	iar plan year 2016 or	fiscal plan year beginning	01/01/2017	and ending	03/31/2	017			
_		X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.)						
A This re	turn/report is for:	a one-participant plan							
			a toreign plan						
B This ret	urn/report is								
		an amended return/report	🗶 a short plan year retur	n/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	1			
		special extension (enter descr	iption)						
Part II		ormation—enter all requested inf	ormation						
1a Name	•				1b Three-digit				
Basso &	Associates,	P.C. Defined Benefit	Pension Plan		plan numbe (PN) ▶	er 003			
					1C Effective da				
2a Plan s	ponsor's name (empl		01/01/20						
Mailin	g address (include roo	om, apt., suite no. and street, or P.O	. Box)		(EIN) 14-1	lentification Number 1832688			
	r town, state or provin & Associates	ce, country, and ZIP or foreign post	ai code (if foreign, see inst	ructions)		elephone number			
					845-452-				
1171 R	oute 55				541110	ode (see instructions)			
T		337 10540							
	geville Idministrator's name a	NY 12540 Ind address X Same as Plan Spon	SOT.		3b Administrator's EIN				
Gu Tiuli a		ind address M came as Flan Spor	301.		7 Administrator S Lare				
					3c Administrator's telephone number				
		e plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	4b EIN				
	, EIN, and the plan ກເ or's name	imber from the last return/report.			4c PN				
		at the beginning of the plan year	***************************************						
		at the end of the plan year							
C Numb	er of participants with	account balances as of the end of t	he plan year (only defined	contribution plans	5c				
		urticipants at the beginning of the pla			5d(1)	1			
		articipants at the end of the plan yea	=						
e Numb	per of participants that	terminated employment during the	plan year with accrued be	nefits that were less	5e				
than Caution: A	100% vested	or incomplete filing of this return	/renort will be assessed	uniess reasonable ca	.1	0			
Under pen	alties of perjury and o	ther penalties set forth in the instruc	tions, I declare that I have	examined this return/re	port, including, if a	pplicable, a Schedule			
belief, it is	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a plete. 🕢	s well as the electronic ver	rsion of this return/repor	rt, and to the best o	f my knowledge and			
SIGN	Kalkleen	Albarao	Aug 1, 2017	Kathleen Bass	0				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator			
SIGN									
HERE	Signature of emplo	yer/plan sponsor	Date Enter name of individual signing as employer or plan sponsor						
Preparer's	name (including firm i	name, if applicable) and address (in	clude room or suite numbe	er)	Preparer's teleph	one number			
For Paperwe	ork Reduction Act Notic	ce, see the instructions for Form 5500	SF.			Form 5500-SF (2016)			

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6a b	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	f an indeper	ndent qualified public	accoun	tant (IC	CASC			
	If you answered "No" to either line 6a or line 6b, the plan can	not use Fo	rm 5500-SF and mus	st inste	ad us	e Forr	n 5500.		
C	If the plan is a defined benefit plan, is it covered under the PBGC i	insurance p	rogram (see ERISA s	ection 4	1021)?	· [Yes	X No ☐ Not determined	
Pa	rt III Financial Information				······································				
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End of Year	
a	Total plan assets	. 7a		,793,		· · ·		(
<u>b</u>	Total plan liabilities	_			0			C	
C	Net plan assets (subtract line 7b from line 7a)	. 7c	1,	793,	160			G	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt	**		* * * * * * * * * * * * * * * * * * * *	(b) Total	
а	Contributions received or receivable from:				_				
	(1) Employers				0				
	(2) Participants			······	0				
	(3) Others (including rollovers)				이				
	Other income (loss)			55,	015				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				1 2 1 1 2 2 2 2		55,015	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1.	836,	987				
	Certain deemed and/or corrective distributions (see instructions)		- ,		-				
f	Administrative service providers (salaries, fees, commissions)	. 8f		11	188				
a	Other expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			434,315	AALLA.	districtly		1,848,175	
	Net income (loss) (subtract line 8h from line 8c)	1							
	Transfers to (from) the plan (see instructions)				-1,793,16				
, [8j							
	t IV Plan Characteristics								
Ja	If the plan provides pension benefits, enter the applicable pension $1A \ 3D \ 1I$	teature co	des from the List of Pl	an Cha	racteri	stic C	odes in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare t	eature cod	es from the List of Pla	n Char	acteris	tic Co	des in t	he instructions:	
Par	t 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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary Fi	duciary Correction	10a		х			
b		t? (Do not i	nclude transactions	10b		х			
C	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 by fraud or dishonesty?	fidelity bor	id, that was caused	10d		х			
е		ner persons	by an insurance	10e		х			
f	Has the plan failed to provide any benefit when due under the pla			10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		х			
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	notice or one of the	10i					

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1								·····	, <u>.</u>			
Part	······································											
11	Is this a defined benefit plan subject to n (Form 5500) and line 11a below)	ninimum funding requirement	s? (If "Yes," see instruc	tions an	d complete	e Sch	edule S	В		Ye	s X	No
	Enter the unpaid minimum required cont											
12	Is this a defined contribution plan subject ERISA?(If "Yes," complete line 12a or lines 12b	***************************************		2 of the	Code or s	ection	n 302 of	f ······		Ye	s X	No
а	If a waiver of the minimum funding stand	lard for a prior year is being a	mortized in this plan ye	ar, see i	instructions	s, and					uling	
If	granting the waiveryou completed line 12a, completed line						Day	<u>' — — — — — — — — — — — — — — — — — — —</u>	Y	ear		
							12b					
	Enter the minimum required contribution t											
-	Enter the amount contributed by the empl						12c	<u></u>				
d	negative amount)						12d					
Control of the	Will the minimum funding amount reported		funding deadline?					Yes	∐ N	<u>• Ц</u>	N/A	
Part	VII Plan Terminations and Tra	nsfers of Assets										
_13a	Has a resolution to terminate the plan been	adopted in any plan year?						X Yes	s [No		
	If "Yes," enter the amount of any plan as	sets that reverted to the emp	loyer this year				13a		., .			_
b	Were all the plan assets distributed to pa control of the PBGC?	articipants or beneficiaries, tra	ensferred to another pla	n, or bro	ought unde	r the			ΧΥe	es 📗	No	
C	If, during this plan year, any assets or lia which assets or liabilities were transferre	bilities were transferred from										
1	3c(1) Name of plan(s):				1:	3c(2)	EIN(s)		1	3c(3) F	PN(s)	
· Marke services	25192(ASS) F											
Part	VIII Trust Information											
14a	Name of trust						14b 1	Trust's E	EIN			
14c	Name of trustee or custodian									s's or custodian's		
							•	cicpitoi	ie nun	IDGI		
Parl	IX IRS Compliance Question	ns				.						
15a	ls the plan a 401(k) plan? If "No," skip b			,		Yes			No			
						Design	n-based	· ·	¬ "Pri	ior year	" ADE	<u></u>
	How did the plan satisfy the nondiscrimina 401(k)(3) for the plan year? Check all that				s	afe h			ا test 	t	7101	
		,				ADP to		L] N/A			
16a	What testing method was used to satisfy to year? Check all that apply:					Ratio perce test	ntage		verage enefit t			/A
	Did the plan satisfy the coverage and non for the plan year by combining this plan w) 🗖	Yes		-	No			
17a	If the plan is a master and prototype plan					letter	or advi	sory lett	er, ent	er the	date o	f

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

No

☐ No

Yes

Yes

Defined Benefit Plan or Money Purchase Pension Plan Only: