### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

		t Identification Information			-1-11-11	
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016	
_		🔀 a single-employer plan		lan (not multiemployer)		
A This ret	turn/report is for:	a one-participant plan		mployer information in a	ccordance with the fo	rm instructions.)
		a one-participant plan	a foreign plan			
D		The first return/report	the final return/renert			
<b>B</b> This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Check b	box if filing under:	X Form 5558	automatic extension		DFVC program	
	-	special extension (enter desc				
Dort II	Pasia Blan Inf					
Part II		ormation—enter all requested in	ntormation		1h Three dist	
1a Name		TD. DEFINED BENEFIT PLAN			<b>1b</b> Three-digit plan number	
OLINOL BOI	(2 02220110110, 2	13. DEL INEB BENEFIT I E III			(PN) ▶	002
					1c Effective date	of plan
						01/2012
		loyer, if for a single-employer plan)			2b Employer Ider	ntification Number
		om, apt., suite no. and street, or P.0		tructions)	(EIN) 13-	3896223
	RE' SELECTIONS, L	nce, country, and ZIP or foreign pos	ital code (if foreign, see ins	tructions)	2c Sponsor's tele	
OLIKOL BOIL	(2 02220110110, 2				914-8	61-9206
					2d Business code	e (see instructions)
59 SOUTH G CHAPPAQU	BREELEY AVE., SUI A. NY 10514	TE 100			424	4800
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
3a Dian o	dminiatratar'a nama	and address X Same as Plan Spo			<b>3b</b> Administrator's	o FINI
<b>Ja</b> Plan a	uministrator's name a		3D Administrator	SEIN		
					<b>3c</b> Administrator'	s telephone number
						·
						·
						·
<b>A</b> If the r	name and/or FIN of t	he plan sponsor has changed since	the last return/report filed	for this plan, enter the		
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
	, EIN, and the plan n		e the last return/report filed	for this plan, enter the		
name, <b>a</b> Sponso	, EIN, and the plan n or's name	umber from the last return/report.	·		4b EIN	
a Sponso	, EIN, and the plan n or's name number of participant	umber from the last return/report.			4b EIN 4c PN 5a	5
a Sponso 5a Total r b Total r	, EIN, and the plan n or's name number of participan number of participan	umber from the last return/report.  ts at the beginning of the plan year			4b EIN 4c PN 5a 5b	5
name, a Sponse 5a Total r b Total r c Numbe	, EIN, and the plan n or's name number of participan number of participan er of participants witl	umber from the last return/report.	the plan year (only defined	d contribution plans	4b EIN 4c PN 5a	5
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under 29 CFR 2520.104-46? (See instructions on waiver aligibility and conditions)	6a b	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		,						XY	es No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						× Y	es No
Part III   Financial Information   (a) Beginning of Year	•						_	-	_	□ Nat d	
7   Plan Assets and Liabilities			nsurance p	orogram (see ERISA se	ection 4	021)?	^	res	∐ INO	☐ Not de	eterminea
a Total plan assets	Pa -			<u> </u>							
b Total plan liabilities	7								(b) End		66
C Net pian assets (subtract line 7b from line 7a)		· · · · · · · · · · · · · · · · · · ·								13746	
8 income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Ba(2) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•		1						157/10	
a Contributions received or receivable from: (i) Employers. (ii) Employers. (iii) Employers. (iiii) Employers. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		·	7c			•					00
(2) Participants				(a) Amour	nt				(b) 1	Total	
(2) Participants	а		8a(1)		200000	)					
(3) Other s(including rollovers)					0						
b Other income (loss)		•			0						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)			101128						
e Certain deemed and/or corrective distributions (see instructions).  e Certain deemed and/or corrective distributions (see instructions).  f Administrative service providers (salaries, fees, commissions)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3011	28
e Certain deemed and/or corrective distributions (see instructions).  8	d				47000						
f Administrative service providers (salaries, fees, commissions)						_					
g Other expenses	<u>e</u>										
i Notal expenses (add lines 8d, 8e, 8f, and 8g)						_					
Net income (loss) (subtract line 8h from line 8c)		·								200	70
Transfers to (from) the plan (see instructions)	<u>n</u>										
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:  1	<del>-</del>	, , ,								2730	36
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Part V		, , , , , , , , , , , , , , , , , , , ,	8j		C						
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											
Part V Compliance Questions  10 During the plan year:  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 Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	9a		teature co	odes from the List of Pl	an Cha	racter	stic Co	odes in	the inst	ructions:	
Part V Compliance Questions  10 During the plan year:  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 Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Coc	des in t	he instr	uctions:	
10 During the plan year:  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 Program).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.).  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)											
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 Program)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10	During the plan year:				Yes	No	N/A		Amour	nt
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а										
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		_ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	-	-	10a		X				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X				
by fraud or dishonesty?						X					160000
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.)	C	• • • • • • • • • • • • • • • • • • • •	•	10d		X					
f Has the plan failed to provide any benefit when due under the plan?	е	<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance									
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		, ,									
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the							X				
2520.101-3.)				TUG							
		2520.101-3.)		10h							
		·			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 c n 5500) and line 11a below)					X	'es No
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		•	0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					□\	′es X No
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver		s, and	l enter t _ Day		of the lette Year _	r ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		ī		
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive 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?				Yes	s X N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougo ol of the PBGC?					Yes X	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 pl	an(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	2) EIN(s) 13c(3			<b>)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
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:	L  s		n-based arbor	d [	Prior ye test	ear" ADP
			-  □ "	Curre ADP t	ent year est	,,	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	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be 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, en/	nter the	date	of the m	nost rece	ent determi	nation
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?		om	Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_2$ during the prior plan year?			Ye	s	No	

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

, , , , , , , , , , , , , , , , , , , ,	File as an atta	achment to Form	5500 or 5	500-SF.			
For calendar plan year 2016 or fiscal pla	in year beginning 01/01/20	16		and endin	g 12/3	1/2016	
<ul><li>Round off amounts to nearest doll</li><li>Caution: A penalty of \$1,000 will be</li></ul>		port unless reason	able caus	e is establishe	d.		
A Name of plan SERGE DORE' SELECTIONS, LTD. I				B Three-di	git	) •	002
C Plan sponsor's name as shown on line SERGE DORE' SELECTIONS, LTD.	e 2a of Form 5500 or 5500-SF			<b>D</b> Employer	Identifica 13-389	ation Number (E 96223	EIN)
E Type of plan: X Single Multiple-	A Multiple-B	F Prior year pla	ın size: X	100 or fewer	101-	500 More th	an 500
Part I Basic Information							
1 Enter the valuation date:	Month <u>12</u> Day <u>3</u>	31 Year <u>20</u>	)16				
2 Assets:							
a Market value					. 2a		1374224
<b>b</b> Actuarial value					. 2b		1374224
3 Funding target/participant count bre	akdown		. ,	umber of icipants	` '	sted Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and benef	ficiaries receiving payment			0		0	(
<b>b</b> For terminated vested participant	iS			0		0	(
<b>C</b> For active participants				4		1030118	1034762
<b>d</b> Total				4		1030118	1034762
4 If the plan is in at-risk status, check	the box and complete lines (a) a	and (b)					
a Funding target disregarding preso	cribed at-risk assumptions			· 	4a		
<b>b</b> Funding target reflecting at-risk as status for fewer than five consecu							
5 Effective interest rate					5		5.83 %
6 Target normal cost					6		263953
Statement by Enrolled Actuary  To the best of my knowledge, the information supple accordance with applicable law and regulations. In combination, offer my best estimate of anticipated SIGN	n my opinion, each other assumption is reas						
HERE						09/15/201	7
Si	ignature of actuary					Date	
DAVID R. DORFMAN						17-03746	6
Туре с			Most r	ecent enrollme	nt number		
DAVID R. DORFMAN & ASSOCIATES		<u> </u>		516-676-54	00		
27 THE PLAZA, SUITE G LOCUST VALLEY, NY 11560	Firm name			Τε	elephone	number (includ	ing area code)
	Address of the firm						
If the actuary has not fully reflected any re instructions	gulation or ruling promulgated un	nder the statute in	completin	ng this schedul	e, check	the box and se	e []

Р	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	lances								
-				<i>t</i>			(a	) Carryover balance	!	(b) l	refundii	ng balance		
7		_	•		able adjustments (line 13 from				0			0		
8			•	•	nding requirement (line 35 fr				0			0		
9	Amount	remaining	g (line 7 minus line	e 8)				0				0		
10	Interest	on line 9 i	using prior vear's	actual retu	rn of <u>-4.40</u> %				0			0		
11														
a Present value of excess contributions (line 38a from prior year)									295876					
					a over line 38b from prior yea e interest rate of5.66 %							0		
	<b>b(2)</b> Int	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's a	ctual								
												0		
	C Total a	vallable a	t beginning of curre	ent pian yea	ar to add to prefunding balance							295876		
	<b>d</b> Portion	n of (c) to	be added to pref	unding bala	ance							0		
12	Other red	ductions i	n balances due to	elections	or deemed elections				0			0		
13	Balance	at beginn	ning of current yea	ır (line 9 +	line 10 + line 11d – line 12)				0			0		
F	Part III	Fun	ding Percenta	ages										
14	Funding	target att	ainment percenta	ge							14	132.80%		
15					<b>.</b>						15	120.63%		
	Prior yea	ar's fundir	ng percentage for	purposes o	of determining whether carry	over/prefun	ding bala	nces may be used t	o reduc	ce current	16	136.91%		
17	_				less than 70 percent of the f						17	%		
	art IV		tributions an											
18	Contribu	tions mad	de to the plan for t	he plan ye	ar by employer(s) and emplo	yees:								
1)	(a) Date MM-DD-Y		<b>(b)</b> Amount p employer	-	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)			(b) Amount paid by employer(s)			(c) Amount paid by employees		
1	10/07/2016	6		25000	0	08/07/2	2017		25000			0		
1	12/05/2016	6		25000	0	09/14/2	2017		2500	00		0		
(	7/05/2017	7		25000	0									
(	08/18/2017	7		25000	0									
1	1/07/2016	6		25000	0									
(	06/09/2017	7		25000	0									
						Totals ▶	18(b	p)	20000	18(c)		0		
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation da	ate after t	the beginning of the	year:					
	<b>a</b> Contri	butions a	llocated toward ur	npaid minir	num required contributions fr	om prior ye	ears		19a			0		
	<b>b</b> Contril	butions m	nade to avoid restr	rictions adj	usted to valuation date				19b			0		
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date													
20	Quarterly	y contribu	tions and liquidity	shortfalls:										
	a Did th	e plan ha	ve a "funding sho	rtfall" for th	e prior year?							Yes X No		
	<b>b</b> If line	20a is "Y	es," were required	d quarterly	installments for the current y	ear made ir	n a timely	manner?			П	Yes No		
	<b>C</b> If line	20a is "Y	es," see instructio	ns and con	nplete the following table as	applicable:								
					Liquidity shortfall as of end		of this pla	an year						
		(1) 1s	t		(2) 2nd	1	(3	) 3rd			(4) 4th	1		

Р	art V	Assumpti	ons Used to	Determine	Funding Target a	nd Targ	et Normal Cost						
21	Discount	rate:											
	<b>a</b> Segm	ent rates:	1st seg	ment: 4.43%	2nd segment: 5.91 %		3rd segment: 6.65 %			N/A, full yie	eld cu	ve used	
	<b>b</b> Applic	able month (er	nter code)					21b			0		
22	Weighted	d average retire	ement age					22			64		
23	Mortality	table(s) (see	instructions)	X Pres	cribed - combined	Presc	ribed - separate	Substit	ute				
Pa	art VI	Miscellane	ous Items										
				secribed actus	arial assumptions for the	current nl	an year? If "Ves " see i	netruction	ne rec	nardina requir	n d		
		-			anai assumptions for the		-		-		_	es X N	0
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment												
26	Is the pla	n required to p	provide a Schedu	le of Active P	articipants? If "Yes," see	e instructio	ons regarding required a	attachmer	nt		X Ye	es N	0
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment												
Pa	art VII				ım Required Contr			I					
					ears			28				0	
29	Discount	ed employer c	ontributions alloc	ated toward ι	unpaid minimum required	d contributi	ons from prior years	29				0	
30	(line 19a)							30				0	
Pa	Part VIII Minimum Required Contribution For Current Year												
	31 Target normal cost and excess assets (see instructions):												
-	<b>a</b> Target	normal cost (li	ne 6)					31a			2	263953	
	<b>b</b> Excess	assets, if app	licable, but not g	reater than lir	ne 31a			31b			2	263953	
32	Amortiza	tion installmen	its:				Outstanding Bala	nce		Insta	lment		
	a Net sh	ortfall amortiza	tion installment.					0				0	
	<b>b</b> Waive	amortization i	installment					0				0	
33					r the date of the ruling le ) and the waived ar	-		33				0	
34	Total fun	ding requireme	ent before reflecti	ng carryover/	prefunding balances (lin	es 31a - 3	1b + 32a + 32b - 33)	34				0	
					Carryover baland	се	Prefunding balar	nce		Total b	alanc	е	
35			se to offset fundir			0		0				0	
36								36				0	
37			•		tribution for current year								
	19c)							37				196626	
<u> 38</u>					(see instructions)			38a				196626	
	_	-			ofunding and funding ata			38b				0	
39					efunding and funding sta			39				0	
40													
	rt IX			-				l	1				
	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)  41 If an election was made to use PRA 2010 funding relief for this plan:												
	<b>a</b> Schedule elected												
					a was made				008	2009 12		2011	
42								42		<u> </u>	L	<u> </u>	
					over to future plan years			43					

#### 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 section 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	Part I   Annual Report	ldentification Information				
Fo	r calendar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/31/2	016
A	This return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer) employer information in	(Filers checking	this hox must attach
В	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/repo	rt		the form instructions.)
		an amended return/report	a short plan year re	turn/report (less than 12 r	months)	
C	Check box if filing under:	x Form 5558 [ special extension (enter descript	automatic extension		DFVC	program
P	art II Basic Plan Info	prmation enter all requested inf			***************************************	
1a	Name of plan	enter an requested in	ormation		1h =	
	Serge Dore' Select:	ions, Ltd. Defined Benefi	t Plan		<b>1b</b> Three-dig plan num (PN) ▶	002
2a	Dian changer's name (average	***			1c Effective 01/01/	
Alm Qu	City or town, state or province	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. l ce, country, and ZIP or foreign postal	Box) code (if foreign, see ins	structions)	(EIN) 1	ldentification Number 3-3896223
	Serge Dore' Selecti	ions, Ltd.			<b>2c</b> Sponsor's (914)	s telephone number 861–9206
	59 South Greeley Av	re., Suite 100			2d Business 424800	code (see instructions)
_	US Chappaqua NY 10514					
3a	Plan administrator's name a	nd address 🗓 Same as Plan Spons	sor		<b>3b</b> Administr	ator's EIN
					3c Administr	ator's telephone number
		45				
4	If the name and/or EIN of the name, EIN, and the plan num	e plan sponsor has changed since the other from the last return/report.	last return/report filed	for this plan, enter the	4b EIN	
	Sponsor's name				<b>4c</b> PN	
5a	Total number of participants	at the beginning of the plan year	******************************		5a	5
IJ	rotal number of participants	at the end of the plan year			5b	4
С	complete this item)	account balances as of the end of the	plan year (only defined	contribution plans	5c	
d(	1) Total number of active part	icipants at the beginning of the plan y		•••••••••••	5d(1)	4
<b>d</b> (	2) Total number of active part	icipants at the end of the plan year	***************************************	***************************************	5d(2)	4
е	less than 100 % vested	erminated employment during the plar		**************************	5e	0
Ca	ution: A penalty for the late	or incomplete filing of this return/re	port will be assessed	uniess reasonable cau	ISA is astablish	ad
SB	der penalties of perjury and off	ner penalties set forth in the instruction nd signed by an enrolled actuary, as y	ns I declare that I have	ovaminad this return /		
	GN	1		Serge Dore		
H	ERE Signature of plan admi	nistrator	Date - 2-261	Enter name of individua	l signing as plan	administrator
	GN CONTRACTOR OF THE CONTRACTO			Serge Dore		
	Signature of employer		Date - 20 - 20/}	Enter name of individua	I signing as empl	oyer or plan sponsor
Sk	ip this question	ame, if applicable) and address (inclu	de room or suite numb	er)	Preparer's telep	none number

-	Form 5500-SF 2016		Page 2						
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (Se	ee instructions.)			•••••		XY	′es ∏No
b	y a stanting a warver of the armual examination and report of a	an independe	ent qualified public accour	tant	(IQPA				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot	and condition	5.)					X Y	′es
C	If the plan is a defined benefit plan, is it covered under the PBGC in	ISUITANCE NTO	ram (see EDISA section	ad u	ISE FO	m 55	00. Tv = F	¬	
P	art III Financial Information			4021		<u>X</u>	J Yes [	NO [ N	ot determined
7	Plan Assets and Liabilities		(a) Beginning of \	700=			(1-)	P 1 636	
a	Total plan assets	. 7a			•		(a)	End of Year	
b	Total plan liabilities	7b	1,301		0			1,5	74,866
C	Net plan assets (subtract line 7b from line 7a)		1,301						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	, 00	•			(b) Total	74,866
a	Contributions received or receivable from: (1) Employers							(b) Total	
	(2) Participants	8a(1)	200						
	(3) Others (including rollovers)	8a(2)			0				
b	Other income (loss)	8a(3) 8b	101	200 00 0	0				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	101	, 12	8				
d	Benefits paid (including direct rollovers and insurance premiums	OC						3 (	01,128
	to provide benefits)	8d	17	, 22:	2				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		(	0				
<u>T</u>	Administrative service providers (salaries, fees, commissions)	8f	10	8					
9	Other expenses	8g		(	0				
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	28,070
-	Net income (loss) (subtract line 8h from line 8c)	8i				27	3,058		
	Transfers to (from) the plan (see instructions)	8j		(	)				
	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe  1A 3D	ature codes	from the List of Plan Char	acte	ristic C	odes	in the ins	structions:	
-		- Victoria de la constitución de							
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes fr	om the List of Plan Chara	cteris	stic Co	des ir	the inst	ructions:	
10	During the plan year:					_			
a				Y	es N	1	N/A	Amoun	it
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	ons within th	e time period						
	Program)	••••••••••••••••••••••••••••••••••••••	ary Correction		x				
b	Were there any nonexempt transactions with any party-in-interest?	(Do not inclu	ide transactions	a	- 2				
	reported on line 10a.)	*************	10	b	х				
	The state of the s	•••••••		c 2	2				160,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	hat was caused	d	х	11.				
е	Were any fees or commissions paid to any brokers, agents, or other	er persons by	an insurance	+	+			-	
	carrier, insurance service, or other organization that provides some	or all of the	henefits under						
f	the plan? (See instructions.)	-	10	е	X				
	Has the plan failed to provide any benefit when due under the plan?			f	х				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			g	х				
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instructio	ns and 29 CFR	h					1000
i	If 10h was answered "Yes," check the box if you either provided the				+				
	exceptions to providing the notice applied under 29 CFR 2520.101-	3							
			1.0						

Form	5500-SF	2016

Page	3	

Pa	rt VI	Pension Funding Compliance					-	
11	Is this	a defined benefit plan subject to minimum funding requirements? (If IIV as II as a inclusion	mplet	e Sched	ule SB	Two	Yes	
11	<b>a</b> Enter	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	********	44				∐ No
12	i is this	a defined contribution plan subject to the minimum funding requirements of a discourse	de or s					0
	(If "Y	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	********		••••••	1	] Yes	
а	If a wa	ver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	s, and e	nter the	date of the	ne letter	ruling
If		g the waiver	41.		Day		'ear	
b	Enter t	ne minimum required contribution for this plan year.	•	121	5	-		
		ne amount contributed by the employer to the plan for the plan year		and the second second	;		~~	
d	Subtra negativ	of the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le e amount)	120	i				
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	[	☐ Yes	□ N	о П	N/A	
Pai	t VII	Plan Terminations and Transfers of Assets						107 (
13	A Has a	esolution to terminate the plan been adopted in any plan year?	•••••		☐ Ye	es 🛚 🗵	   No	
	If "Yes,	enter the amount of any plan assets that reverted to the employer this year	•••••	. 13a	一一			***
b	Were a control	I the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	t unde	the		Yes	x N	lo
	VVIIICITE	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ssets or liabilities were transferred. (See instructions.)	the pla	an(s) to	•			
1	<b>3c(1)</b> Na	me of plan(s):	13c(2	) EIN(s)		1	<b>13c(3)</b> PN(s)	
	t VIII	Trust Information - Skip These Questions					4	
148	Name o	f trust		14	<b>b</b> Trust's	EIN		
140	Name o	f trustee or custodian	***************************************	14	d Trusted telepho	e or cust		
Part	: IX	IRS Compliance Questions - Skip These Questions						
15a	Is the pl	an a 401(k) plan? If "No," skip b		Yes		П	No	
15b	How did 401(k)(3	the plan satisfy the nondiscrimination requirements for employee deferrals under section ) for the plan year? Check all that apply:		Design- safe ha			"Prior y	ear" ADP
160	\ \ //= = 4 +			"Curren ADP tes	•		N/A	
IVa	year? Cl	ting method was used to satisfy the coverage requirements under section 410(b) for the plan eck all that apply:		Ratio percenta	age	Avera	age fit test	□ N/A
	ioi tile p	lan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) an year by combining this plan with any other plan under the permissive aggregation rules?		test Yes			No	
17a	If the pla	n is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS on	inion le	etter or a	advisory	letter, er	iter the	date of
17b	If the pla	n is an individually-designed plan that received a favorable determination letter from the IRS, enter						
	Were an	Benefit Plan or Money Purchase Pension Plan Only:  vidistributions made during the plan year to an employee who attained age 62 and had not separat	ted fro	m	Yes		No	
19	Was any	plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	*********		Yes		No	

## Schedule SB, line 22 - Description of Weighted Average Retirement Age

Serge Dore Selections, LTD Defined Benefit Plan 13-3896223 / 002 For the plan year 01/01/2016 through 12/31/2016

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

# Schedule SB, line 19 - Discounted Employer Contributions

### Serge Dore Selections, LTD Defined Benefit Plan 13-3896223 / 002

For the plan year 01/01/2016 through 12/31/2016 Valuation Date: 12/31/2016

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	10/07/2016	\$25,000					
Applied to Additional Contribution	12/31/2016	25,000	25,331	0	0	5.83	0
Deposited Contribution	11/07/2016	\$25,000					
Applied to Additional Contribution	12/31/2016	25,000	25,210	0	0	5.83	0
Deposited Contribution	12/05/2016	\$25,000					
Applied to Additional Contribution	12/31/2016	25,000	25,101	0	0	5.83	0
Deposited Contribution	06/09/2017	\$25,000					
Applied to Additional Contribution	12/31/2016	25,000	24,387	0	0	5.83	0
Deposited Contribution	07/05/2017	\$25,000					
Applied to Additional Contribution	12/31/2016	25,000	24,288	0	0	5.83	0
Deposited Contribution	08/07/2017	\$25,000					
Applied to Additional Contribution	12/31/2016	25,000	24,164	0	0	5.83	0
Deposited Contribution	08/18/2017	\$25,000					
Applied to Additional Contribution	12/31/2016	25,000	24,123	0	0	5.83	0
Deposited Contribution	09/14/2017	\$25,000					
Applied to Additional Contribution	12/31/2016	25,000	24,022	0	0	5.83	0
Totals for Deposited Contribution		\$200,000	\$196,626	\$0	\$0		

## Schedule SB, Part V Summary of Plan Provisions

#### Serge Dore Selections, LTD Defined Benefit Plan 13-3896223 / 002

For the plan year 01/01/2016 through 12/31/2016

**Employer:** Serge Dore Selections, LTD

Type of Entity - S-Corporation

EIN: 13-3896223 TIN: Plan #: 002 Plan Type: Defined Benefit

**Dates:** Effective - 01/01/2012 Year end - 12/31/2016 Valuation - 12/31/2016

Top Heavy Years - 2013, 2014, 2015, 2016

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 64 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of participation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the fixed benefit formula below rounded to the nearest dollar:

200% of average monthly compensation reduced by 1/25 for each year of participation less than 25 years

Accrued Benefit - Pro-rata based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

**Top Heavy Minimum:** 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service, except years prior to age 18

## Schedule SB, Part V Summary of Plan Provisions

### Serge Dore Selections, LTD Defined Benefit Plan 13-3896223 / 002

For the plan year 01/01/2016 through 12/31/2016

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.82
Segment 2	6 - 20	4.12
Segment 3	> 20	5.01

Mortality Table - 16E - 2016 Applicable Mortality Table for 417(e) (unisex)

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Single-Employer Defined Benefit Plan **Actuarial Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension Benefit Guaranty Corpora		mapection				
For calendar plan year 2016 o		01/01	<u>ent to Form 5500 or:</u> /2016	and ending	12/31	./2016
▶ Round off amounts to nea						
Caution: A penalty of \$1,0	00 will be assessed for late filing o	of this report	unless reasonable ca	ause is established	l.	
A Name of plan				<b>B</b> Three-digit		
Serge Dore' Selection	ns, Ltd. Defined Benefi	t Plan		plan numb	er (PN)	▶ 002
C Plan sponsor's name as sho	own on line 2a of Form 5500 or 55	00-SF		<b>D</b> Employer Ide	entification	Number (EIN)
Serge Dore' Selection					3-389622	
E Type of plan: X Single	Multiple-A Multiple-B	F	Prior year plan size:	x 100 or fewer	101-500	More than 500
Part I Basic Informa	ation			<del>-</del>	<del>-</del>	
1 Enter the valuation date:		Dav 31	Year 2016			
2 Assets:		,		<del>_</del>		
<b>a</b> Market value		• • • • • • • • • • • • • • • • • • • •			2a	1,374,22
<b>b</b> Actuarial value	•••••	• • • • • • • • • • • • • • • • • • • •			2b	1,374,22
3 Funding target/participan	t count breakdown:		(1) Number of participants	(2) Vested Targ		(3) Total Funding Target
a For retired participants	and beneficiaries receiving payme	ent	0			0 (
· · ·	participants		0		0	
·	·····		4		1,034,76	
			4	1,030,118		1,034,762
	tus, check the box and complete li		(b)			
·	rding prescribed at-risk assumption	, ,	, ,		4a	
	g at-risk assumptions, but disrega er than five consecutive years and			have been in	4b	
5 Effective interest rate .					5	5.83 %
6 Target normal cost	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		6	263,95
Statement by Enrolled Actua					•	
	nation supplied in this schedule and accompa julations. In my opinion, each other assumption anticipated experience under the plan.					
SIGN HERE	Sunt HAM				09.	/15/2017
• /	Signature of actuary					Date
David R. D	orfman				17	-03746
	Type or print name of actuary				Most recer	nt enrollment number
David R. D	orfman & Associates, L	LC			(516)	676-5400
	Firm name			Tel	ephone nur	mber (including area code)
27 The Pla	za, Suite G					
US Locust Val	ley NY 11560			_		
	Address of the firm					
If the actuary has not fully reflecting instructions	cted any regulation or ruling promu	ulgated unde	er the statute in compl	leting this schedule	e, check the	e box and see

	Sche	dule SB (Form 5500) 2016		Page <b>2</b>						
Pa	rt II B	eginning of Year Carryov	er and Prefunding Bala	nces						
7	Balance at	beginning of prior year after appli	cable adjustments (line 13 fro	m prior	(a) C	arryover balance	;	(b) l	Prefundi	ng balance
		······································					0			0
8		cted for use to offset prior year's f					0			0
9		maining (line 7 minus line 8)					0			0
10		line 9 using prior year's actual ref					0			0
11	Prior year's	s excess contributions to be added	d to prefunding balance:							
	a Present	value of excess contributions (lin	e 38a from prior year)							295,876
	<b>b(1)</b> Inter	est on the excess, if any, of line 3	8a over line 38b from prior yea	ar						
	Sche	edule SB, using prior year's effecti	ve interest rate of	%						0
	<b>b(2)</b> Inter	est on line 38b from prior year Sc	hedule SB, using prior year's a	nctual						
	retur	n	•••••							0
	C Total av	ailable at beginning of current pla	n year to add to prefunding ba	ılance .						295,876
	<b>d</b> Portion	of (c) to be added to prefunding b	alance							0
		ctions in balances due to election					0			0
		beginning of current year (line 9	+ line 10 + line 11d - line 12) • •	•••••			0			0
Pa		Funding Percentages							1	
14		rget attainment percentage							14	132.80 %
		unding target attainment percenta							15	120.63 %
16		s funding percentage for purposes ar's funding requirement							16	136.91 %
17	If the curre	nt value of the assets of the plan	is less than 70 percent of the f	unding targ	jet, enter s	uch percentage	••••		17	%
Pa	rt IV	Contributions and Liquid	ity Shortfalls							
18	Contributio	ons made to the plan for the plan y	ear by employer(s) and emplo	yees:						
(1)	(a) Date M-DD-YYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	a) [ MM-DD)	Date	(b) Amoun employ				unt paid by oyees
<u> </u>	07/2016	25,000	employees	11/07/		employ	25,0	0.0	епр	<u>Oyees</u>
	05/2016	25,000		06/09/	-		25,0			
07/	05/2017	25,000		08/07/			25,0			
08/	18/2017	25,000		09/14/	2017		25,0	00		
									_	
				Totals >	18(b)		200,0	00 18(c)	)	0
19		d employer contributions see ins	·			0 0				
	<b>a</b> Contribu	utions allocated toward unpaid mir	nimum required contributions for	rom prior ye	ears	•••••	19a			0
		utions made to avoid restrictions a					19b			0
		utions allocated toward minimum r	<u>'</u>	t year adju	sted to val	uation date	19c			196,626
20	Quarterly of	contributions and liquidity shortfalls	S:							

Liquidity shortfall as of end of quarter of this plan year

(3)

3rd

(4)

4th

**C** If line 20a is "Yes," see instructions and complete the following table as applicable:

2nd

(1) 1st

Pa	art V	Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost		
21	Discou	unt rate:					
	<b>a</b> Seg	gment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %		N/A, full yield curve used
	<b>b</b> App	olicable month	(enter code)			21b	0
22	Weigh	ted average re	etirement age			22	64
23	Mortali	ity table(s) (se	e instructions) X Pr	escribed - combined Pres	scribed - separate	Substitu	ite
Pa	rt VI	Miscellane	eous items				
24	Has a	change been r	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instruction	ns regarding required
	attachı	ment					Yes X No
25	Has a	method chang	e been made for the current pl	lan year? If "Yes," see instructions	regarding required attac	chment .	Yes X No
26	Is the	plan required t	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachmer	ntX Yes No
27		•	_	ter applicable code and see instru	• •	27	
Pa	rt VII	Reconcili	ation of Unpaid Minimu	ım Required Contributions	s For Prior Years		
_28	Unpaid	d minimum req	uired contributions for all prior	years		28	0
29		, ,		d unpaid minimum required contrib	, ,	29	0
30				ntributions (line 28 minus line 29)		30	0
	rt VIII		Required Contribution		• • • • • • • • • • • •	] 30	<u> </u>
			•				
31			nd excess assets (see instruct	•		31a	263,953
	_			line 31a		31b	263,953
32		ization installm	<u> </u>		Outstanding Bala		Installment
					Outotariaing Bail	0	0
						0	0
				nter the date of the ruling letter gra	nting the approval	T	
		1		) and the waived amount .		33	0
34	Total fu	unding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0
				Carryover balance	Prefunding Bala	ance	Total balance
35	Balanc	ces elected for	use to offset funding				
				0		0	0
36	Additio	onal cash requi	irement (line 34 minus line 35)	• • • • • • • • • • • • • • • • • • • •		36	0
37				ontribution for current year adjuste		37	196,626
38				par (and instructions)	• • • • • • • • • • •		190,020
	_		ess contributions for current years	· · · · · · · · · · · · · · · · · · ·		38a	196,626
				prefunding and funding standard of		38b	0
39				ear (excess, if any, of line 36 over		39	0
40			•	8	,	40	0
	rt IX			Pension Relief Act of 2010		)	-
			de to use PRA 2010 funding re			<u> </u>	
							2 plus 7 years 15 years
	_						
				41a was made		. <u>200</u>	08 <u>2009</u> 2010 <u>2011</u> 
				d over to future plan years		43	
		motaminent at	coloration amount to be carried	u over to luture plan years • • •	• • • • • • • • • • •	70	

## Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

#### Serge Dore Selections, LTD Defined Benefit Plan 13-3896223 / 002

For the plan year 01/01/2016 through 12/31/2016

Valuation Date: 12/31/2016

As prescribed in IRC Section 430 **Funding Method:** 

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Highest 3 consecutive years of participation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -

permitted under IRC 430(h)(2)(C) Segment # Year Rate % 0 - 5 Segment 1 1.55 Segment 2 6 - 20 3.76

> 20

4.73

Segment rates for the Valuation Date as

permitted under IRC HATFA	C 430(h)(2)(C)(	iv)(II) -
Segment #	Year	Rate %
Segment 1	0 - 5	4.43
Segment 2	6 - 20	5.91
Segment 3	> 20	6.65

Segment rates as of September 30, 2015 As

Pre-Retirement - Mortality Table -None

Segment 3

Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -16C - 2016 Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5%

16E - 2016 Applicable Mortality Table for 417(e) (unisex)

**Asset Valuation Method:** Fair market value of assets adjusted for contributions under IRC 430(g)(4)

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

### 410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -8.5% 8.5% Post-Retirement - Interest -

> Mortality Table -G71M - 1971 Group Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Serge Dore Selections, LTD Defined Benefit Plan 13-3896223 / 002

For the plan year 01/01/2016 through 12/31/2016

#### 401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

## Schedule SB, line 26 - Schedule of Active Participant Data

Serge Dore Selections, LTD Defined Benefit Plan 13-3896223/002

For the plan year 01/01/2016 through 12/31/2016

#### **Years of Credited Service**

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34										
35 to 39		1								
40 to 44										
45 to 49										
50 to 54	1		1							
55 to 59										
60 to 64			1							
65 to 69										
70 & up										