	rm 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	nal Revenue Service	This form is required to be filed				2017
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the ins	tructions to the Form 55	00-SF.	Public Inspection
Part I		Identification Information				
For calenda	ar plan year 2017 or fi	scal plan year beginning 01/01/20			2/31/2017	the state of the second st
A This ret	turn/report is for:	X a single-employer plan	list of participating e	mployer information in ac		king this box must attach a vith the form instructions.)
B This rate	urn/report is	a one-participant plan	a foreign plan			
	um/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check	box if filing under:	X Form 5558	automatic extension	[	DFVC p	rogram
		special extension (enter descri	ption)			
Part II	Basic Plan Info	rmation—enter all requested info	ormation			
1a Name	•				1b Thre	
SERGE DOP	RE' SELECTIONS, LT	D. DEFINED BENEFIT PLAN			plan (PN)	number
				-	· · ·	ctive date of plan
						01/01/2012
		mployer, if for a single-employer plan) e room, apt., suite no. and street, or P.O. Box) (FIN) 13-3896223				
City or	town, state or provinc	e, country, and ZIP or foreign posta		structions)	(EIN) 2c Spor	13-3896223 nsor's telephone number
SERGE DOF	RE' SELECTIONS, LTI	D.			<b>_0 0</b> poi	914-861-9206
		_			2d Busir	ness code (see instructions)
59 SOUTH G	REELEY AVE., SUIT	E 100				424800
3a Plan a	dministrator's name ar	nd address 🗙 Same as Plan Spon	sor.		3b Admi	nistrator's EIN
				-	3c Admi	nistrator's telephone number
		e plan sponsor or the plan name ha nsor's name, EIN, the plan name a			4b EIN	
•	or's name	,,			<b>4d</b> PN	
C Plan N	lame					
Eo Tatala					5a	3
		at the beginning of the plan year at the end of the plan year			5a 5b	3
		account balances as of the end of t			50 50	5
	,					
. ,		rticipants at the beginning of the pla	-	F	5d(1)	3
• •		rticipants at the end of the plan yea			5d(2)	3
than	100% vested	terminated employment during the			5e	0
Caution: A	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule					
SB or Sche	edule MB completed a	nd signed by an enrolled actuary, as				
	belief, it is true, correct, and complete.					
SIGN HERE						
	Signature of plan administrator         Date         Enter name of individual signing as plan administrator					
SIGN HERE		/valid electronic signature.	09/24/2018	SERGE DORE		
For Paperw	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor

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

Form 5500-SF (2017) v.170203

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
			,					
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?	X	Yes No Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r		4078593. (See instructions.)	
Pa	rt III Financial Information							
7	Plan Assets and Liabilities (a) Beginning of Year (b) End of Year							
а	Total plan assets         7a         1574866         1867002							
b	b         Total plan liabilities         7b         0           c         Net plan assets (subtract line 7b from line 7a)         7c         1574866							
C	Net plan assets (subtract line 7b from line 7a)		1867002					
8								
a								
	(2) Participants							
	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	8b	2:	30551				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					305551	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	f       Administrative service providers (salaries, fees, commissions)       8f       13415							
g								
h	b         Total expenses (add lines 8d, 8e, 8f, and 8g)							
i	Net income (loss) (subtract line 8h from line 8c)	8i					292136	
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $1A$ $3D$	feature co	des from the List of Pl	an Cha	racteris	stic Co	odes in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Coc	les in the instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х		
b	Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X							
С	C   Was the plan covered by a fidelity bond?   10c   X   190000							
d	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	<ul> <li>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.)</li></ul>							
f	f Has the plan failed to provide any benefit when due under the plan? 10f X							
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X							
h	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 exceptions to providing the notice applied under 29 CFR 2520.10			10i				

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Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)	complete Scho	edule S	зB	×	Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				0
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ode or sectior	n 302 o	f		Yes	X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		l enter Day		of the lett _ Year		ng
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N	/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Yes	XI	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the		] [	Yes	X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ch 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)

	804		D	Cincelo En					OMB N	lo. 1210-0110
		IEDULE S	Б	-	nployer Define			-		
	•	orm 5500) tment of the Treasury		A		Παιιοι	1		2	2017
	Interr	nal Revenue Service	y		quired to be filed under					
		partment of Labor nefits Security Admin	istration		Security Act of 1974 (EF nternal Revenue Code (			he		is Open to Public
	Pension Be	nefit Guaranty Corpo	oration		an attachment to Forr	,			1113	spection
F	or calendar p	olan year 2017 d	or fiscal pla	1	1/01/2017		and ending	g 12/3	1/2017	
		amounts to ne								
			000 will be a	assessed for late filing of	this report unless reaso	onable cau	_			
A	Name of pla		NS, LTD. E		N		B Three-dig	•	•	002
							plait fluin		,	002
~				- /						
C		or's name as sh DRE' SELECTIO		e 2a of Form 5500 or 550	0-SF		<b>D</b> Employer	Identifica 13-389	tion Number (E	=IN)
			- /					13-309	0223	
Ε	Type of plan	: X Single	Multiple-A	A Multiple-B	F Prior year p	lan size:	X 100 or fewer	101-5	500 More th	nan 500
	Part I	Basic Inforn	nation							
1	Enter the	e valuation date:		Month <u>12</u> D	ay <u>31</u> Year <u>2</u>	2017	-			
2								-		
	-							2a		1792002
3				-1		1	Number of	<b>2b</b>	ted Funding	1792002 (3) Total Funding
3	Funding	target/participar	nt count bre	eakdown		· · ·	articipants	. ,	Farget	(3) Total Funding Target
	<b>a</b> For ret	ired participants	s and benef	iciaries receiving payme	nt		0		0	0
	<b>b</b> For ter	minated vested	participant	s			0		0	0
							3		1308692	1308692
							3		1308692	1308692
4				the box and complete lin						
	_	0 0 0	0.	cribed at-risk assumption				4a		
				ssumptions, but disregare onsecutive years and dis				4b		
5	Effective	interest rate						5		5.72%
6								6		268062
St	To the best of accordance wi	th applicable law and	nformation supp	blied in this schedule and accomp n my opinion, each other assumpt experience under the plan.						
	SIGN HERE								09/24/201	8
			Sig	gnature of actuary					Date	
	DAVID R. D	ORFMAN							17-03746	
				r print name of actuary				Most re	ecent enrollme	
	DAVID R. D	ORFMAN & AS	SUCIATES	Firm name				lenhone	516-676-54	ling area code)
	27 THE PLA SUITE G LOCUST VA	ZA ALLEY, NY 1154	42	1 min name						
			A	Address of the firm			_			
	ne actuary ha tructions	as not fully reflec	cted any reg	gulation or ruling promul	gated under the statute	in comple	ting this schedule	e, check t	the box and se	e 🗌
F	or Paperwor	k Reduction A	ct Notice, s	see the Instructions for	Form 5500 or 5500-SI				Schedule S	B (Form 5500) 2017 v. 170203

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alance	5							
_								<b>(a)</b> Ca	arryover balan	се	(b	Prefundi	ng bala	nce
7		0	0 1 7		able adjustments (line 13 fro	•				0				0
8				,	nding requirement (line 35 f	•				0				0
9	Amount	emaining	g (line 7 minus line	9 8)						0				0
10	Interest o	on line 9 u	using prior year's a	actual retur	rn of <u>7.63</u> %					0				0
11	Prior yea	r's exces	s contributions to	be added t	o prefunding balance:									
	<b>a</b> Preser	nt value o	f excess contribut	ions (line 3	8a from prior year)								196	626
					over line 38b from prior ye interest rate of <u>5.83</u>									0
	• •		•		dule SB, using prior year's									
					r to add to prefunding balance								400	0
	_		0 0		ance								196	626
			-				_							0
-					or deemed elections		-			0				0
13	Balance	at beginn	ing of current yea	r (line 9 + l	ine 10 + line 11d – line 12)					0				0
P	Part III	Fun	ding Percenta	ages									r	
14	Funding	target att	ainment percentag	ge									1:	36.93%
												15	11	17.96%
16					of determining whether carr								1:	<mark>32.80</mark> %
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the	funding t	arget,	enter suc	h percentage.			17		%
Р	art IV	Con	tributions and	d Liquid	ity Shortfalls									
18	Contribu	ions mac	de to the plan for t	he plan yea	ar by employer(s) and empl	loyees:								
()	<b>(a)</b> Date MM-DD-Y		(b) Amount pa employer(		(c) Amount paid by employees		<b>a)</b> Dat DD-Y	te ′YYY)	<b>(b)</b> Amoun employ		ру	(c) Amou empl	nt paid oyees	by
0	2/16/2018	}		17000	0	08/14	/2018	3			9500			0
0	5/11/2018	}		10000	0									
0	7/09/2018	}		9500	0									
0	9/05/2018	}		9500	0									
0	4/09/2018	}		10000	0									
0	6/07/2018	}		9500	0			1						
						Totals	•	18(b)		7	5000 18(	c)		0
19	Discount	ed emplo	over contributions	<ul> <li>see instru</li> </ul>	uctions for small plan with a	a valuation	n date	after the l	beginning of th	-	-			
					num required contributions		•			. <b>19</b> a				0
	<b>b</b> Contril	outions m	ade to avoid restr	ictions adju	usted to valuation date					. <b>19</b> k				0
					red contribution for current ye	ear adjuste	ed to v	aluation da	ate	. 190	;		7	3360
20	-		tions and liquidity											_
			-		e prior year?								Yes	X No
	<b>b</b> If line	20a is "Ye	es," were required	l quarterly i	installments for the current	year mad	e in a	timely ma	anner?				Yes	No
	<b>C</b> If line	20a is "Ye	es," see instruction	ns and com	nplete the following table as									
		(1) 1st	ł		Liquidity shortfall as of en (2) 2nd	id of quar	ter of		vear 3rd			(4) 4th	<u>ר</u>	
		(1) 15		ļ	( <i>L)</i> ZIIU			(3)				(-+) 40		

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P	Part V	Assumpti	ons Used to Determine	e Funding Target and T	arget Normal Cost						
21	Discount	rate:									
	<b>a</b> Segm	ent rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48 %			N/A, fu	l yield c	curve	used
	<b>b</b> Applica	able month (er	nter code)			21	b		0		
22	Weighted	d average retire	ement age			. 22	2		65		
23	Mortality	table(s) (see i	instructions) X Pres	scribed - combined	rescribed - separate	Sub	stitute				
Pa	art VI	Miscellane	ous Items								
24		-		arial assumptions for the curre					· _	Yes	X No
25	Has a me	ethod change b	been made for the current pla	n year? If "Yes," see instruction	ns regarding required attac	hment				Yes	X No
26	Is the pla	in required to p	provide a Schedule of Active F	Participants? If "Yes," see instr	uctions regarding required	attachi	nent		<mark>X</mark>	Yes	No
27			alternative funding rules, ente	r applicable code and see instr	ructions regarding	27	,				
Pa	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribut	ions For Prior Years						
28	Unpaid m	ninimum requir	ed contributions for all prior y	ears		. 28	3				0
29				unpaid minimum required contr		29					0
30	Remainir	ng amount of u	inpaid minimum required cont	ributions (line 28 minus line 29)	)	. 30	)				0
Pa	art VIII	Minimum	<b>Required Contribution</b>	n For Current Year							
31	Target n	ormal cost and	d excess assets (see instruction	ons):							
	a Target	normal cost (lii	ne 6)			. 31	а			268	3062
	<b>b</b> Excess	s assets, if app	licable, but not greater than li	ne 31a		. 31	b			268	3062
32	Amortiza	tion installmen	its:		Outstanding Bala	ance		Ir	stallme	nt	
	a Net she	ortfall amortiza	tion installment				0				0
	<b>b</b> Waiver	r amortization i	installment				0				0
33				er the date of the ruling letter gr ) and the waived amount		33	5				
34	Total fun	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a	a - 31b + 32a + 32b - 33)	. 34	L I				0
				Carryover balance	Prefunding bala	nce		To	al bala	nce	
35			e to offset funding	0		C					0
36	Additiona	al cash require	ment (line 34 minus line 35)			36	;				0
37	Contribut	tions allocated	toward minimum required cor	ntribution for current year adjus	ted to valuation date (line	37	,			73	3360
38	Present	value of excess	s contributions for current yea	r (see instructions)		•					
	a Total (e	excess, if any,	of line 37 over line 36)			. 38	а			73	3360
	<b>b</b> Portion	n included in lin	ne 38a attributable to use of p	refunding and funding standard	carryover balances	. 38	b				0
39	Unpaid m	ninimum requir	ed contribution for current yea	ar (excess, if any, of line 36 ove	er line 37)	. 39	)				0
40	Unpaid m	ninimum requir	ed contributions for all years.			. 40	)				0
Pa	rt IX	Pension	Funding Relief Under	Pension Relief Act of 2	010 (See Instructions	s)					
41	If an elec	tion was made	e to use PRA 2010 funding reli	ef for this plan:							
	a Schedu	ule elected					2	plus 7 yea	rs	15 y	/ears
	<b>b</b> Eligible	e plan year(s) f	or which the election in line 4	1a was made			2008	2009	2010	:	2011
42	Amount c	of acceleration	adjustment			. 42	2				
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		. 43	;			_	

Sep 24 2018 01:25PM Serge Dore Selections 9148619209

page 2

Sep 24 2018 01:25PM 5	berge Dore Selections 9148	019209	page 2		
Form 5500-SF	Short Form Annua	I Return/Report Benefit Plan	of Small Employee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to b		and 4065 of the Employee		2017
Department of Labor Employee Benefits Security Administration		Act of 1974 (ERISA), and nternal Revenue Code (the second	l section 6057(b) and 6058(a) of ne Code).	This For	n is Open to Public Inspection
Pension Benefit Guaranty Corporation			ructions to the Form 5500-SF.	<u> </u>	
For calendar plan year 2017 or fis	Identification Information	01/01/2017	and ending	12/31/2017	
<ul> <li>A This return/report is for:</li> <li>B This return/report is:</li> </ul>	x       a single-employer plan         a one-participant plan         the first return/report         an amended return/report	a multiple-employe a list of participating a foreign plan the final return/repo	r plan (not multiemployer) (Filers g employer information in accord ort sturn/report (less than 12 months	dance with the	box must attach form instructions.)
C Check box if filing under:	x Form 5558 □ special extension (enter desc	automatic extensio	n	DFVC pro	grəm
Part I Basic Plan Info	mation - enter all requested				
1a Name of plan	ions, Ltd. Defined Bene			<ul> <li>Three-digit plan number (PN) ▶</li> <li>Effective data 01/01/203</li> </ul>	
Mailing Address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P se, country, and ZIP or foreign pos	.O. Box)		Employer Ide (EIN) 13-	entification Number 3896223
Serge Dore' Selecti	• • •		20	(914) 86:	
59 South Greeley Av	re., Suite 100		20	424800	le (see instructions)
UE Chappagua NY 10514 38 Plan administrator's name a	nd address 🐰 Same as Plan Sp	ponsor	31	J Administrato	r's EIN
			. 30	Administrato	r's telephone number
	e plan sponsor or the plan name l			DEIN	
this plan, enter the plan spo & Sponsor's name C Plan Name	nsor's name, EIN, the plan name	and the plan number from		d PN	
En Total number of participants	at the beginning of the plan year			5a	3
b Total number of participants	at the end of the plan year	*******		5b	3
	account balances as of the end o			5c	
	rticipants at the beginning of the p			d(1)	3
	rticipants at the end of the plan ye		50	d(2)	3
Number of participants who	terminated employment during th	e plan year with accrued	20. 10	50	O
	or incomplete filing of this retu				
Under penalties of perjury and on SB or Schedule MB completed belief, it is the completed belief, it is the completed belief.	other penalties set forth in the inst and styned by an enrolled actuary oplete.	ructions, I declare that I h , as well as the electronic	ave examined this return/report, version of this return/report, an	, including, if ap id to the best of	plicable, a Schedule my knowledge and
	e	9-28-29	Serge Dore		
Signature chan adr	ninistrator	Date	Enter name of individual sig	ining as plan a	dministrator
<u> </u>	A A A A A A A A A A A A A A A A A A A	9.29-20	Comp.	We show a state of the state of	
Signature of endloye	Manager and an and a second and an an an and a second and a	Date	Enter name of individual sig	ning as employ	
For Paperwork Reduction Act	Notice, see the Instructions for	r Form 5500-SF.			Form 5500-SF (2017) v.170203

**6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

**b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)

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XYes No

XYes No

Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Year				(b) En	d of Year	
a	Total plan assets	7a	1,57	4,86	56				1,867,0	02
b	Total plan liabilities				0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,57	4,86	6				1,867,0	02
3	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total	
а	Contributions received or receivable from:	0-(4)	7	E 0/	<u>``</u>					
	(1) Employers		/	5,00						
	(2) Participants				0					
h	(3) Others (including rollovers)			0 F1	-					
b	Other income (loss)		23	0,5	)T	_				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							305,5	51
u	to provide benefits)	. 8d			0					
е	Certain deemed and/or corrective distributions (see instructions)				0					
f	Administrative service providers (salaries, fees, commissions)	8f	1	3,41	.5					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							13,4	15
••										
i	Net income (loss) (subtract line 8h from line 8c)	8i							292,1	.36
i j	Net income (loss) (subtract line 8h from line 8c)          Transfers to (from) the plan (see instructions)								292,1	.36
i j 9a	Transfers to (from) the plan (see instructions)         art IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         1A       3D	<b> 8j</b> feature cod							ctions:	36
i j 9a b	Transfers to (from) the plan (see instructions)         art IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         1A       3D         If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan plan plan plan plan plan plan plan	<b> 8j</b> feature cod							ctions:	.36
i J 9a b Pa	Transfers to (from) the plan (see instructions)         art IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         1A       3D         If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan plan plan plan plan plan plan plan	<b> 8j</b> feature cod		iracte	ristic	Codes	s in the		ctions: tions:	36
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i j 9a b Pa	Transfers to (from) the plan (see instructions)         art IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         1A       3D         If the plan provides welfare benefits, enter the applicable welfare for         art V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contrib	feature code	s from the List of Plan Cha	iracte	ristic	Codes	s in the		ctions: tions:	
i j Đa b Pa 0	Transfers to (from) the plan (see instructions)         art IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         1A       3D         If the plan provides welfare benefits, enter the applicable welfare for         art V       Compliance Questions         During the plan year:	reature code	s from the List of Plan Cha n the time period duciary Correction	iracte	ristic	Codes	s in the		ctions: tions:	
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i j Pa b Pa 0 a b c d	Transfers to (from) the plan (see instructions)         art IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         1A       3D         If the plan provides welfare benefits, enter the applicable welfare for         art V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contrib         described in 29 CFR 2510.3-102? (See instructions and DOL's V         Program)         Was the plan covered by a fidelity bond?         Was the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so	Bj     feature cod     eature code     utions within     /oluntary Fig     s fidelity bor     s fidelity bor     ther persons     me or all of	s from the List of Plan Cha h the time period duciary Correction nclude transactions hd, that was caused s by an insurance the benefits under	10a 10b 10c 10d	Yes	No x x x	s in the		ctions: tions: Amount	
i J Pa Da b Pa 0 a b c d d f	Transfers to (from) the plan (see instructions)         art IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         1A       3D         If the plan provides welfare benefits, enter the applicable welfare for         art V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contrib         described in 29 CFR 2510.3-102? (See instructions and DOL's V         Program)         Was the plan covered by a fidelity bond?         Was the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan	8j feature code eature code utions within /oluntary Fic st? (Do not i s fidelity bor ther persons me or all of an?	s from the List of Plan Cha the time period duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d 10e 10f	Yes	No x x x x x x	s in the		ctions: tions: Amount	
i j Pa b Pa 0 a b c d	Transfers to (from) the plan (see instructions)         art IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         1A 3D         If the plan provides welfare benefits, enter the applicable welfare f         art V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contrib         described in 29 CFR 2510.3-102? (See instructions and DOL's V         Program)         Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         Was the plan covered by a fidelity bond?         Was the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount	8j         feature code	s from the List of Plan Cha the time period duciary Correction nclude transactions d, that was caused s by an insurance the benefits under end.)	10a 10b 10c 10d 10e	Yes	No x x x x	s in the		ctions: tions: Amount	

Form 5500-SF 2017

Page **3 -**

Part	: VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)		hedule	SB	x	Yes [	No
11a	Enter t	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	********	11a				0
12	ERISA? Yes X No							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Day Year							
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						
b	Enter t	ne minimum required contribution for this plan year.	•••••	12b				
С								
d								
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	•••••		Yes 🗌	No		I/A
Part	: VII	Plan Terminations and Transfers of Assets						
_13a	Has a	resolution to terminate the plan been adopted in any plan year?	••••••		Yes	x	No	
	If "Yes	" enter the amount of any plan assets that reverted to the employer this year	••••••	13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	<b>3c(1)</b> Na	me of plan(s):	13c(2) El	N(s)		13	c(3) PN	(s)

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

Serge Dore Selections, LTD Defined Benefit Plan 13-3896223 / 002 For the plan year 01/01/2017 through 12/31/2017

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 01/01/2017 through 12/31/2017

Valuation Date: 12/31/2017

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	02/16/2018	\$17,000					
Applied to Additional Contribution	12/31/2017	17,000	16,879	0	0	5.72	0
Deposited Contribution	04/09/2018	\$10,000	,				
Applied to Additional Contribution	12/31/2017	10,000	9,850	0	0	5.72	0
Deposited Contribution	05/11/2018	\$10,000					
Applied to Additional Contribution	12/31/2017	10,000	9,802	0	0	5.72	0
Deposited Contribution	06/07/2018	\$9,500					
Applied to Additional Contribution	12/31/2017	9,500	9,274	0	0	5.72	0
Deposited Contribution	07/09/2018	\$9,500					
Applied to Additional Contribution	12/31/2017	9,500	9,229	0	0	5.72	0
Deposited Contribution	08/14/2018	\$9,500					
Applied to Additional Contribution	12/31/2017	9,500	9,178	0	0	5.72	0
Deposited Contribution	09/05/2018	\$9,500					
Applied to Additional Contribution	12/31/2017	9,500	9,148	0	0	5.72	0
Totals for Deposited Contribution		\$75,000	\$73,360	\$0	\$0		

## Schedule SB, Part V **Summary of Plan Provisions**

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

#### For the plan year 01/01/2017 through 12/31/2017

Employer: Type of Entity -	Serge Dore Selections, LTD         S Corporation         EIN: 13-3896223       TIN:         Plan #: 002       Plan Type: Defined Benefit
<u>Dates:</u>	Effective - 01/01/2012         Year end - 12/31/2017         Valuation - 12/31/2017           Top Heavy Years - 2013, 2014, 2015, 2016, 2017
<u>Eligibility:</u>	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
	First of month coincident with or next following attainment of age 64 and completion of 5 years of participation Not provided
Average Compensation: Top Heavy Minimum Benefit -	Highest 3 consecutive years of participation 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
Early Retirement -	None
Death Benefit -	Present Value of Accrued Benefit
Disability 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: \$215,000
	Maximum 401(a)(17) compensation - \$270,000
<u>PBGC:</u>	Plan is covered by Pension Benefit Guaranty Corporation
Normal Form:	Life Annuity
Optional Forms:	Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit

## Schedule SB, Part V Summary of Plan Provisions

#### Serge Dore Selections, LTD Defined Benefit Plan

13-3896223 / 002

For the plan year 01/01/2017 through 12/31/2017

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

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

#### <u>417(e):</u>

Interest Rates -Segment #YearsRate %Segment 10 - 51.57Segment 26 - 203.45Segment 3> 204.39

Mortality Table - 17E - 2017 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)

		Cin alo Frantoso				ОМ	B No. 1210-0110		
	SCHEDULE SB	Single-Employer	l Informatior			•			
	(Form 5500) Department of the Treasury	Actuaria	a mornation	1			2017		
	Internal Revenue Service	This schedule is required to be f							
	Department of Labor nployee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security Act o Internal Rever	of 1974 (ERISA) and s nue Code (the Code).	ection 6059 of the	e	This Form	n is Open to Public Inspection		
		File as an attachme	ent to Form 5500 or 5	5500-SF.					
-	calendar plan year 2017 or fiscal		/2017	and ending	g 12/3	31/2017			
	Round off amounts to nearest de	ollar. be assessed for late filing of this report	unless reasonable ca	usa is astablishar	4				
	Name of plan			<b>B</b> Three-digi					
	•	td. Defined Benefit Plan		plan numb		►	002		
							1		
CF	Plan sponsor's name as shown on	line 2a of Form 5500 or 5500-SF		D Employer Id	entificatio	n Number	(EIN)		
	ge Dore' Selections, L				3-38962		(		
	<b>5</b>					-			
ET	ype of plan: X Single Multip	le-A Multiple-B	Prior year plan size:	100 or fewer	101-500	D 🗌 Mor	re than 500		
Pa	art I Basic Information								
1	Enter the valuation date:	Month <u>12</u> Day <u>31</u>	Year <u>2017</u>	_	_				
2	Assets:						1 800 000		
	-				2a 2b		1,792,002		
3							1,792,002		
3	Funding target/participant count	Dreakdown.	(1) Number of participants	(2) Vested Tar			(3) Total Funding Target		
	<b>3</b> For ratiral participants and ba	noficiarian reactiving neumant	0			0	0		
		neficiaries receiving payment	0			0	0		
		ants	3		1,308,	692	1,308,692		
			3		1,308,	692	1,308,692		
4		eck the box and complete lines (a) and	(b)						
	a Funding target disregarding pr	escribed at-risk assumptions	•••••		4a				
		<pre>     assumptions, but disregarding transit     five constraints     five constraints</pre>		have been in	4b				
5	<b>Ff i i i i i i i</b>	five consecutive years and disregardir		•••••	5		5.72 %		
6					6		268,062		
	tement by Enrolled Actuary						200,002		
		pplied in this schedule and accompanying schedules n my opinion, each other assumption is reasonable							
	nbination, offer my best estimate of anticipate	d experience under the plan.							
		MAN/			0	9/24/20	)18		
Signature of actuary					Date				
	David R. Dorfma	n			1	7-03746	5		
		or print name of actuary					nent number		
	David R. Dorima	in & Associates, LLC		Tal	-	5) 676-5			
	27 The Plaza	Firm name		Iei	eprione n		cluding area code)		
	Suite G								
	US Locust Valley	NY 11542							
		Address of the firm							
	e actuary has not fully reflected any uctions	regulation or ruling promulgated under regulation or ruling promulgated regulation or ruling promulgated regulation or ruling promulgated regulation or ruling promulgated regulation or ruling regulation or	er the statute in comple	eting this schedul	e, check t	ine box an	a see		

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

|--|

Pa	rt II	Beginning of Year (	Carryov	er and Prefunding Bala	ances						
						(a) (	Carryover balance		(b)	Prefundi	ng balance
7								0			0
8			•	<b>2</b>							_
								-			0
			,					0			0
								0			0
11	Prior yea	r's excess contributions to	o be adde	d to prefunding balance:							
	a Prese	ent value of excess contrib	outions (lir	ne 38a from prior year)							196,626
	• •										o
	<b>b(2)</b> Int	erest on line 38b from prid	or year So	hedule SB, using prior year's	actual						-
	• •	•	•								0
	C Total	available at beginning of o	current pla	an year to add to prefunding b	alance .						196,626
	<b>d</b> Portic	n of (c) to be added to pre	efunding b	alance							0
12	Other re	ductions in balances due t	to electior	s or deemed elections				0			0
13	Balance	at beginning of current ye	ar (line 9	+ line 10 + line 11d - line 12) .				0			0
Pa	rt III	Funding Percenta	des								
		U	•							14	136.93 %
	Prior yea	nr's funding percentage for	r purpose	s of determining whether carry	/over/prefu	unding bala	ances may be used	d to redu	lce	16	
47								•••••	•••••	47	
				·	funding ta	rget, enter	such percentage	••••	•••••	17	%
			-								
18					T.		() )			( ) •	
· · ·	M-ÓD-YY	YY) employer(s	5)	(c) Amount paid by employees	(MM-D	D-YYYY)		er(s)			
02/	/16/201	8	17,000		04/09	/2018		10,	000		
05/	/11/201	8 1	10,000		06/07	/2018		9,	500		
07/	/09/201	8	9,500		08/14	/2018		9,	500		
09/	/05/201	8	9,500								
					Totals	▶ 18(b)		75	000 18(c	)	
10	Diagount			atructions for small plan with a			the beginning of th			<u>′</u>	0
13							r	-			0
						-					
				-			ſ				0
8       Portion elected for use to offset prior year's funding requirement (line 35 from prior year)       0         9       Amount remaining (line 7 minus line 8)       0         10       Interest on line 9 using prior year's actual return of											
20	•		-								<b>-</b>
										····· _	
				-		-	/ manner?	•••••	•••••	····· L	Yes No
	<b>C</b> If line	20a is "Yes," see instructi	ons and c	· ·							
		(1) 1st			l of quarter	· · · · ·				( <u>A</u> ) <u>A</u> +	h
		(1) 151				(3)	วเน			(4) 41	

Page 3

21       Discount rate:       1st segment:       3rd segment:       3rd segment:       0 degment:       0 degment:<	Pa	art V	Assumptio	ons Used To Determine	Funding Target and Target	et Normal Cost		
Auto         4.16         9         5.72         %         6.48         %         NA, Ru yeld curve Uses           22         Maplicable month (enter code)         22         65           23         Morality table(s) (see instructions)         Prescribed - combined         Prescribed - separate         Substitute           Part VI         Miscellaneous items         22         65           24         Has a change been made for the ourrent plan year? If "Yes," see instructions regarding required attachment	21	Disco	ount rate:					
22       65         23       Marally table(s) (see instructions)       Image: Prescribed - combined       Prescribed - separate       Substitute         24       Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		<b>a</b> Se	egment rates:	-	•	-	1	N/A, full yield curve used
22       (e)         23       Mortality table(a) (see instructions)       (i)       Prescribed - combined       Prescribed - separate       Substitute         24       Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		<b>b</b> Ap	oplicable month	(enter code)	· · · · · · · · · · · · · · · · · · ·		21b	0
23       Mortally table(s) (see instructions)       Image: Prescribed - combined       Prescribed - separate       Substitute         24       Has a change been made in the on-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment       Yes Image: No         25       Has a marked change been made for the current plan year? If "Yes," see instructions regarding required attachment       Yes Image: No         26       Is the plan is subject to alternative funding rules, enter applicable code and see instructions regarding required attachment       Yes Image: No         27       Fart VII Reconcilitation of Unpaid Minimum Required Contributions For Prior Years       28       0         28       Uppaid minimum required contributions allocated toward unpaid minimum required contributions for prior years (line 198).       29       0         30       0       0       0       0       0         31       Target normal cost and excess assets (see instructions)       31       266,062         32       Amortization installment       0       0       0         33       If arget normal cost and excess assets (see instructions)       31       266,062         34       Torage normal cost and excess assets (see instructions)       31       266,062         34       Total funding requirement bloor reflecting carryover balance       Prefunding Balan	22						22	65
Part VI       Miscellaneous items         24       Has a change been made in the non-prescribed actuantial assumptions for the current plan year? If "Yes," see instructions regarding required attachment							Substitu	
24       Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	Da			,				
attachment					uarial accumptions for the ourrest	nlon year? If "Vea " eac	instruction	a regarding required
25       Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	24		-	•	•			
26       Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment       Image: Control Contentical Contend Control Contenter Control Control Contr	25							
27       If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .       27         28       Ungate minimum required contributions for all prior years .       28       0         29       Discounted employer contributions for all prior years .       28       29         30       Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .       30       0         30       Part VIII       Minimum Required Contributions for Current Year       30       0         31       Target normal cost and excess assets (see instructions):       31a       268,062         31       Target normal cost in disaliments .       0       0         32       Anortization installments .       0       0       0         33       If a valver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month								
attachment       27         Part VII       Reconciliation of Unpaid Minimum Required Contributions For Prior Years       28         28       Unpaid minimum required contributions for all prior years       29         30       0         30       0         30       0         30       0         31       Target normal cost and excess assets (see instructions):         a Target normal cost (line 6).       31a         2668,062       31b         28       Amontization installments:         0       0         14       waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				•	•			
28       Unpaid minimum required contributions for all prior years       28       0         29       Discounted employer contributions allocated toward unpaid minimum required contributions from prior years       29       0         30       Remaining amount of unpaid minimum required contributions (line 28 minus line 29)       30       0         Part VIII       Minimum Required Contribution For Current Year       31       31       268,062         31       Target normal cost and excess assets (see instructions):       31a       268,062         32       Amortization installment:       0       0         33       Outstanding Balance       Installment         4       Net shortfall amortization installment       0       0         33       It a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month				•			27	
29       0         1000       1000         0000       0000         00000       00000         000000000000000000000000000000000000	Pa	rt VII	Reconcili	ation of Unpaid Minimu	m Required Contributions	For Prior Years		
29       0         1000       1000         0000       0000         00000       00000         000000000000000000000000000000000000	28	Unpa	id minimum req	uired contributions for all prior	years		28	0
international constructions       international constructions       international constructions       international constructions         30       Remaining amount of unpaid minimum required contributions (line 28 minus line 29)       international constructions       international constructions         31       Target normal cost and excess assets (see instructions):       a Target normal cost and excess assets (see instructions):       international cost (line 6)         a Target normal cost (line 6)       international cost (line 6)       international cost (line 6)       international cost (line 6)         32       Amortization installment::       Outstanding Balance       Installment         a Net shortfall amortization installment       0       0         b Waiver amortization installment       0       0         33       if a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month	29						29	
a Segment rates:       1st segment:       3:rd segment:       3:rd segment:       0:rd segment		0						
31       Target normal cost and excess assets (see instructions):       31a       268,062         b Excess assets, if applicable, but not greater than line 31a       31b       268,062         32       Amortization installments:       Outstanding Balance       Installment         a Net shortfall amortization installment       0       0       0         33       0       0       0       0         34       Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)       34       0         34       Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)       34       0         35       Balances elected for use to offset funding requirement (line 34 minus line 35)       36       0       0         36       Additional cash requirement (line 34 minus line 35)       36       0       0       0         36       Present value of excess contributions for current year adjusted to valuation date (line 19c)       37       73,360       38       73,360         39       Unpaid minimum required contribution for current year (see instructions)       38a       73,360       39       0         39       Unpaid minimum required contribution for current year (sees, if any, of line 37 over line 36)       38a       73,360       39				· · ·			30	0
a Target normal cost (line 6),	Pa	rt VIII	Minimum	Required Contribution	For Current Year			
b Excess assets, if applicable, but not greater than line 31a       31b       268,062         32 Amortization installments:       Outstanding Balance       Installment         a Net shortfall amortization installment       0       0         b Waiver amortization installment       0       0         33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month	31	Targe	et normal cost a	nd excess assets (see instructi	ons):			
32       Amortization installments:       Outstanding Balance       Installment         a       Net shortfall amortization installment       0       0         b       Waiver amortization installment       0       0         33       If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year ) and the waived amount       33         34       Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)       34       0         35       Balances elected for use to offset funding requirement telfore reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)       34       0         36       Carryover balance       Prefunding Balance       Total balance         37       Carryover balance       Prefunding Balance       Total balance         38       Carryover balance       Prefunding Balance       Total balance         36       0       0       0       0         37       Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)       37       73,360         38       Present value of excess ontributions for current year (excess, if any, of line 37 over line 36)       38a       73,360         39       Upaid minimum required contribution for current year (excess, if any, of l			*					
a Net shortfall amortization installment       0       0         b Waiver amortization installment       0       0         33       If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month		<b>b</b> Exc	cess assets, if a	pplicable, but not greater than	ine 31a			268,062
b       Waiver amortization installment       0       0         33       If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month	32					Outstanding Bala		Installment
33       If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount							-	0
(Month							0	0
Carryover balance       Prefunding Balance       Total balance         35       Balances elected for use to offset funding requirement	33						33	
35       Balances elected for use to offset funding requirement (line 34 minus line 35)       0       0       0         36       Additional cash requirement (line 34 minus line 35)       36       0         37       Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)       37       73,360         38       Present value of excess contributions for current year (see instructions)       38a       73,360         39       Portion included in line 38a attributable to use of prefunding and funding standard carryover balances       38b       0         39       Unpaid minimum required contributions for all years       40       0         Part IX       Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)       2 plus 7 years       15 years         41       If an election was made to use PRA 2010 funding relief for this plan:       2 2008       2009       2010       2011         42       Amount of acceleration adjustment       11e 41a was made       2008       2009       2010       2011	34	Total	funding requirer	ment before reflecting carryover/	prefunding balances (lines 31a - 3	lb + 32a + 32b - 33)	34	0
requirement       0       0       0         36       Additional cash requirement (line 34 minus line 35)       36       0         37       Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)       37       73,360         38       Present value of excess contributions for current year (see instructions)       38a       73,360         b       Portion included in line 38a attributable to use of prefunding and funding standard carryover balances       38b       0         39       Unpaid minimum required contributions for current year (excess, if any, of line 36 over line 37)       39       0         40       Unpaid minimum required contributions for all years       40       0         Part IX       Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)       2       15 years         b       Eligible plan year(s) for which the election in line 41a was made       2008       2009       2010       2011         42       Amount of acceleration adjustment       42       42       42					Carryover balance	Prefunding Bala	nce	Total balance
36       Additional cash requirement (line 34 minus line 35)       36       0         37       Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)       37       73,360         38       Present value of excess contributions for current year (see instructions)       38a       73,360         a       Total (excess, if any, of line 37 over line 36)       38a       73,360         b       Portion included in line 38a attributable to use of prefunding and funding standard carryover balances       38b       0         39       Unpaid minimum required contributions for current year (excess, if any, of line 36 over line 37)       39       0         40       Unpaid minimum required contributions for all years       40       0         Part IX       Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)       41       11 f an election was made to use PRA 2010 funding relief for this plan:         a       Schedule elected       2 plus 7 years       15 years         b       Eligible plan year(s) for which the election in line 41a was made       2008       2009       2010       2011         42       Amount of acceleration adjustment       42       42       42       42	35	Balar	nces elected for	use to offset funding				
37       Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		requi	rement	••••••	0		0	0
(line 19c)       37       73,360         38       Present value of excess contributions for current year (see instructions)       38a       73,360         a       Total (excess, if any, of line 37 over line 36)       38a       73,360         b       Portion included in line 38a attributable to use of prefunding and funding standard carryover balances       38b       0         39       Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)       39       0         40       Unpaid minimum required contributions for all years       40       0         Part IX       Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)       41       14 or election was made to use PRA 2010 funding relief for this plan:         a       Schedule elected       2 plus 7 years       15 years         b       Eligible plan year(s) for which the election in line 41a was made       2008       2009       2010       2011         42       Amount of acceleration adjustment       42       42       42       42       42	36	Addit	ional cash requi	irement (line 34 minus line 35)	•••••		36	0
38       Present value of excess contributions for current year (see instructions)         a       Total (excess, if any, of line 37 over line 36)         b       Portion included in line 38a attributable to use of prefunding and funding standard carryover balances       38b         39       Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)       39       0         40       Unpaid minimum required contributions for all years       40       0         Part IX       Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)       40         41       If an election was made to use PRA 2010 funding relief for this plan:       2 plus 7 years       15 years         b       Eligible plan year(s) for which the election in line 41a was made       2008       2009       2010       2011         42       Amount of acceleration adjustment       42       42       42	37			•	, ,		37	72 260
a Total (excess, if any, of line 37 over line 36)       38a       73,360         b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances       38b       0         39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)       39       0         40 Unpaid minimum required contributions for all years       40       0         Part IX       Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)       40       0         41 If an election was made to use PRA 2010 funding relief for this plan:       2 plus 7 years 15 years       15 years         b Eligible plan year(s) for which the election in line 41a was made       2008 2009 2010 2011       42         42 Amount of acceleration adjustment.       42	20		,			• • • • • • • • • • • •		/3,300
b       Portion included in line 38a attributable to use of prefunding and funding standard carryover balances       38b       0         39       Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)       39       0         40       Unpaid minimum required contributions for all years       40       0         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:       2 plus 7 years       15 years         b       Eligible plan year(s) for which the election in line 41a was made       2008       2009       2010         42       Amount of acceleration adjustment       42       42					· · ·		38a	72.200
39       Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)       39       0         40       Unpaid minimum required contributions for all years       40       0         Part IX       Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)       40       0         41       If an election was made to use PRA 2010 funding relief for this plan:       2 plus 7 years       15 years         b       Eligible plan year(s) for which the election in line 41a was made       2008       2009       2010       2011         42       Amount of acceleration adjustment.       42								/3,360
40       Unpaid minimum required contributions for all years       40       0         Part IX       Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)       40       0         41       If an election was made to use PRA 2010 funding relief for this plan:       2 plus 7 years       15 years         b       Eligible plan year(s) for which the election in line 41a was made       2008       2009       2010       2011         42       Amount of acceleration adjustment       42       42						-		0
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:         a Schedule elected				,		,		
41 If an election was made to use PRA 2010 funding relief for this plan:         a Schedule elected         b Eligible plan year(s) for which the election in line 41a was made         42 Amount of acceleration adjustment				· ·				0
a Schedule elected       2 plus 7 years       15 years         b Eligible plan year(s) for which the election in line 41a was made       2008       2009       2010       2011         42 Amount of acceleration adjustment       42				-		. ,		
b Eligible plan year(s) for which the election in line 41a was made       2008 2009 2010 2011         42 Amount of acceleration adjustment       42					-		Г	2 plus 7 vears 15 vears
<b>42</b> Amount of acceleration adjustment								

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

## Serge Dore Selections, LTD Defined Benefit Plan

13-3896223 / 002

For the plan year 01/01/2017 through 12/31/2017

Valuation Date:	12/31/2017								
Funding Method:	As prescribed in IRC Section 430								
Age	Age - Eligibility age at last birthday and other ages at nearest birthday								
Retrospective Compensation	- Highest 3 consecutive	years of p	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	- Segment rates for the V permitted under IRC 43		ate as	Segment rates as permitted under IF HATFA					
	Segment #	Year	Rate %	Segment #	Year	Rate %			
	Segment 1	0 - 5	1.79	Segment 1	0 - 5	4.16			
	Segment 2	6 - 20	3.70	Segment 2	6 - 20	5.72			
	Segment 3	> 20	4.56	Segment 3	> 20	6.48			
Pre-Retirement -	Mortality Table - Early Retirement Table	None							
	Turnover Table -	None							
	Disability Table -	None							
	Salary Scale -	None							
	Expense Load -	None							
	Ancillary Ben Load -	None							
Post-Retirement -	Mortality Table -	17C - 2	2017 Combir	ned					
	Cost of Living -	None							
	Lump Sum -	or	•	Annuity Reserving ble Mortality Table		,	) at 5%		
Asset Valuation Method:	Fair market value of as	sets adju	sted for cont	ributions under IR	C 430(g)(4)				
Discrimination Test Assumption	IS:								
	Based on all employee	S							

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

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

Serge Dore Selections, LTD Defined Benefit Plan

13-3896223 / 002

For the plan year 01/01/2017 through 12/31/2017

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

Pre-Retirement -	Interest -	8.5%
Post-Retirement -		8.5% G71M - 1971 Group Annuity (male)
Permissively Aggregated Plans -	Not tested As Single	e Plan
Compensation -	Use current comper	nsation to calculate the benefit accrual rate (annual method)
Testing Age -	Normal retirement a	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% Surv	vivor Benefits

#### 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 01/01/2017 through 12/31/2017

#### **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										
55 to 59			1							
60 to 64										
65 to 69			1							
70 & up										