#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information								
For calenda	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018					
A This ret	turn/report is for:	■ a single-employer plan		olan (not multiemployer) ( mployer information in ac						
		a one-participant plan	a foreign plan							
<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	ırn/report (less than 12 m	ionths)					
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC progra	ım				
		special extension (enter descri	iption)							
Part II	Basic Plan Info	ormation—enter all requested inf	ormation							
1a Name SERGE DOP	•	TD. DEFINED BENEFIT PLAN			1b Three-dig plan numb (PN) ▶					
					1c Effective of	date of plan 01/01/2012				
		oyer, if for a single-employer plan)			2b Employer	Identification Number				
		om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		tructions)	(EIN)	13-3896223				
-	RE' SELECTIONS, LT		,	, ,		telephone number 14-861-9206				
					2d Business	code (see instructions)				
59 SOUTH C	GREELEY AVE., SUIT A, NY 10514	E 100				424800				
011111111100	74,141 10011									
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		<b>3b</b> Administra	ator's EIN				
		, <del>_</del>			30. A dussiminatus					
					3C Administra	ator's telephone number				
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN					
	or's name				4d PN					
C Plan N	lame									
<b>5a</b> Total r	number of participants	s at the beginning of the plan year			5a	3				
<b>b</b> Total r	number of participants	s at the end of the plan year			5b	2				
		account balances as of the end of t	. , , ,	•	5c					
'	,	articipants at the beginning of the pla			5d(1)	3				
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	2				
		o terminated employment during the			5e	0				
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	d unless reasonable car	use is establish	ed.				
Under pena SB or Sche	alties of perjury and ot	ther penalties set forth in the instruc and signed by an enrolled actuary, a	tions, I declare that I have	e examined this return/re	port, including, if	applicable, a Schedule				
SIGN	Filed with authorized	d/valid electronic signature.	09/13/2019	SERGE DORE						
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pla	an administrator				
SIGN	Filed with authorized	d/valid electronic signature.	09/13/2019	SERGE DORE						
HERE	Signature of emplo	oyer/plan sponsor	Enter name of individ	of individual signing as employer or plan sponsor						

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_	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepen and conditi	dent qualified public a	account	ant (IQ	PA)		_	No No
	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th							Not det 4. (See instru	
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year	
a	Total plan assets	7a	18	67002				1801995	
b	Total plan liabilities	7b		0				0	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	18	67002				1801995	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а 	Contributions received or receivable from:  (1) Employers	8a(1)	2	05272					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	-1-	48457					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						56815	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	07040					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		14782					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						121822	
	Net income (loss) (subtract line 8h from line 8c)	8i						-65007	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature cod	des from the List of Pl	an Chai	racteris	stic Co	des in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Cod	es in the inst	ructions:	
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary Fi	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			190	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
g			·	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	·		10h					
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 this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		B 	X Yes	s No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver			of the letter r _ Year	uling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative 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	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)

### **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).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	or calendar plan year 2018 or fiscal plan year beginning 01/01/2018		and endin	g 12/3	31/2018	
	Round off amounts to nearest dollar.  Caution: A penalty of \$1,000 will be assessed for late filing of this report unless	reasonable cau	se is establishe	d.		
	Name of plan SERGE DORE' SELECTIONS, LTD. DEFINED BENEFIT PLAN		B Three-di- plan num	0	l) <b>•</b>	002
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SERGE DORE' SELECTIONS, LTD.		<b>D</b> Employer	Identific	ation Number (E	EIN)
E	Type of plan:   Single	year plan size:	100 or fewer	☐ 101-	-500 More th	an 500
	Part I Basic Information	<u> </u>		<u> </u>		
1	112 2 2 20 20	'ear 2018				
2	Assets:					
	a Market value			. 2a		1596723
	<b>b</b> Actuarial value			. 2b		1596723
3	Funding target/participant count breakdown	` '	Number of rticipants	. ,	sted Funding Target	(3) Total Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment		0		0	0
	<b>b</b> For terminated vested participants		0		0	0
	C For active participants		2		1567701	1567701
	<b>d</b> Total		2		1567701	1567701
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)					
	a Funding target disregarding prescribed at-risk assumptions		<del>-</del>	4a		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule at-risk status for fewer than five consecutive years and disregarding loading			4b		
5	Effective interest rate			5		5.55 %
6	Target normal cost			6		227939
	atement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, state accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking combination, offer my best estimate of anticipated experience under the plan.  SIGN					
	HERE				09/11/201	9
	Signature of actuary				Date	
	DAVID R. DORFMAN		_		17-03746	
	Type or print name of actuary			Most	recent enrollme	
	DAVID R. DORFMAN & ASSOCIATES, LLC				516-676-54	
	Firm name 27 THE PLAZA, SUITE G LOCUST VALLEY, NY 11560		le	elephone	number (includ	ing area code)
	Address of the firm		_			
If the	ne actuary has not fully reflected any regulation or ruling promulgated under the st	atute in completi	ing this schedule	e, check	the box and see	e []

Page <b>2 -</b> ∣¹	1
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Pa	art II	Begin	ning of Year	Carryov	er and Prefunding Bal	lances						_
						-	<b>(a)</b> Ca	arryover balance		(b) P	refundin	g balance
7		-	•		able adjustments (line 13 from			0				0
8			•	•	nding requirement (line 35 fro			0				0
9	Amount r	emaining	g (line 7 minus line	8)				0				0
10	Interest of	on line 9 ເ	using prior year's	actual retu	rn of14.30_%			0				0
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:							
	<b>a</b> Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)							73360
					a over line 38b from prior year interest rate of							0
				-	edule SB, using prior year's ac							0
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balance							73360
	<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
					line 10 + line 11d – line 12)			0				0
	art III		ding Percenta		,	l						
											14	101.85%
					)						15	98.55%
	Prior yea	r's fundir	ng percentage for	purposes o	of determining whether carryo	ver/prefun	ding balance:	s may be used to		current	16	136.93%
17					less than 70 percent of the fu						17	%
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls					•	•	
18					ar by employer(s) and employ					,		
(1)	(a) Date MM-DD-Y		<b>(b)</b> Amount p employer		(c) Amount paid by employees	<b>(a)</b> [ MM-DE)	Date D-YYYY)	(b) Amount pa employer(s		(с	Amour <b>(</b> emplo	t paid by yees
0	1/08/2019	)		10000	0	08/19/20	)19		129662	2		0
0	3/08/2019	)		10000	0							
0	5/17/2019	)		10000	0							
0	9/11/2019	)		25610	0							
0	2/22/2019	)		10000	0							
0	4/11/2019	)		10000	0						1	
						Totals ►	18(b)		205272	18(c)		0
19					uctions for small plan with a v							
	_			•	num required contributions fro				9a			0
				-	usted to valuation date				9b			0
					red contribution for current year	r adjusted t	o valuation da	ite 1	9с			199431
20			itions and liquidity		a malamusas O							V V
					e prior year?							Yes X No
			·		installments for the current ye		n a timely ma	nner?				Yes No
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as a		of this plan :	oor				
		(1) 1st	t		Liquidity shortfall as of end (2) 2nd	or quarter		ear Brd	Ι		(4) 4th	
		, ,			· /		(3)		1	<u>'</u>	,	

F	Part V Assumptions Used to Dete	ermine Funding Target and Targ	et Normal Cost		
21	Discount rate:				
	a Segment rates: 1st segment: 3.92%	_	3rd segment: 6.29 %		N/A, full yield curve used
	<b>b</b> Applicable month (enter code)		2	21b	0
22	Weighted average retirement age			22	66
23	Mortality table(s) (see instructions) Prior r	egulation: Prescribed - comb	ined Prescribed - s	separate	Substitute
		nt regulation: X Prescribed - comb	ined Prescribed - s	separate	Substitute
Pá	art VI Miscellaneous Items				
	Has a change been made in the non-prescrib	ed actuarial assumptions for the current pl	an vear? If "Yes." see insti	ructions	regarding required
	attachment				
25	Has a method change been made for the cur	rent plan year? If "Yes," see instructions re	egarding required attachme	ent	Yes X No
26	Is the plan required to provide a Schedule of	Active Participants? If "Yes," see instruction	ons regarding required attac	chment.	X Yes No
27	If the plan is subject to alternative funding rule attachment	·	ons regarding	27	
P	art VII Reconciliation of Unpaid	Minimum Required Contribution	s For Prior Years	•	
28	Unpaid minimum required contributions for al	I prior years		28	0
29	Discounted employer contributions allocated (line 19a)			29	0
30	Remaining amount of unpaid minimum requir	ed contributions (line 28 minus line 29)		30	0
Pa	art VIII Minimum Required Contri	bution For Current Year			
31	Target normal cost and excess assets (see in	nstructions):			
	a Target normal cost (line 6)		3	31a	227939
	<b>b</b> Excess assets, if applicable, but not greate	r than line 31a	3	31b	29022
32	Amortization installments:		Outstanding Balance	9	Installment
	a Net shortfall amortization installment			0	0
	<b>b</b> Waiver amortization installment			0	0
33	If a waiver has been approved for this plan ye (Month Day Year	ear, enter the date of the ruling letter granti) and the waived amount		33	
34	Total funding requirement before reflecting ca	arryover/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	198917
		Carryover balance	Prefunding balance		Total balance
35	Balances elected for use to offset funding requirement	0		0	0
36	Additional cash requirement (line 34 minus lir		<u> </u>	36	198917
37		ired contribution for current year adjusted	to valuation date (line	37	199431
38	Present value of excess contributions for curr				
	a Total (excess, if any, of line 37 over line 36)			38a	514
	<b>b</b> Portion included in line 38a attributable to u			38b	0
39			<i>'</i>	39	0
40	<u>'</u>			40	0
		nder Pension Relief Act of 2010	l l	1	
	If an election was made to use PRA 2010 fun		/		
	a Schedule elected			<u> П</u>	2 plus 7 years 15 years
	<b>b</b> Eligible plan year(s) for which the election i				B
	LINGUIC DIATI VEALESTION WHICH THE ELECTION I	+ 1a was Haut			

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

x a single-employer plan

For calendar plan year 2018 or fiscal plan year beginning

## 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.

01/01/2018

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

12/31/2018

and ending

a multiple-employer plan (not multiemployer) (Filers checking this box must attach

a list of participating employer information in accordance with the form instructions.)

a one-participant plan   a foreign pla	Α	This return/report is for:		a list of participating employer information in	accordance with the	ioiiii ilisti detions.)
a a mended return/report   a short plan year return/report (less than 12 months)						
C Check box if filing under: Special extension   DFVC program      DFVC program	В	This return/report is:	the first return/report			
C Check box if filing under			an amended return/report	a short plan year return/report (less than 12	months)	
Special extension (enter description)			☐ F 5550	automatic extension	☐ DFVC pro	gram
Part	С	Check box if filing under:				A Transfel Control
Name of plan   Serge Dore'   Selections   Ltd   Defined Benefit Plan   Dore   Dore   Selections   Dore   Dore   Selections   Dore   Dore   Dore   Dore   Selections   Dore   Do		* * * * * * * * * * * * * * * * * * *				
Name of plan   Serge Dore' Selections, Ltd. Defined Benefit Plan   Dore   Celections   Dore   Dore   Selections   Dore	P	art II Basic Plan Info	rmation enter all requeste	d information	4h Thurs digit	
Serge Dore   Selections, Ltd. Defined Benefit Plan   1c Efficited date of plan   1c Efficited date of plan   1c   1c Efficitive date of plan   1c   1c   1c   1c   1c   1c   1c   1						
2a Plan sponsor's name (employer, if for a single-employer plan)		Serge Dore' Selecti	ons, Ltd. Defined Ben	efit Plan	(PN) ▶	002
2a   Plan sponsor's name (employer, if for a single-employer plan)   Mailing Address (includer room, apt., suite no. and street, or P.O. Box)   City or fown, state or province, country, and 2lP or foreign postal code (if foreign, see instructions)   Serge Dore'   Selections   Ltd.   Ellin   13 - 38 \$22 3						
City or lown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)   City or lown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)   Copyright of Doze'   Selections, Ltd.   Copyright of Doze'   Copyright of Doze   Copyright of Doze   Copyright of Doze   Copyright of Doze   Copyright of Doze'   Copyright of Doze   Copyrigh				. 31/1 37 137 37 37 3		
Mailing Address (include room, apt., suite no. and street, or P.D. DAY City or fown, state or province, country, and ZPP or foreign postal code (if foreign, see instructions) Serge Dore' Selections, Ltd.  20 Sponsor's telephone number (914) 861-9206 22 Business code (see instructions) 424800  35 Administrator's name and address [X] Same as Plan Sponsor  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  3 Sponsor's name C Plan Name  5a Total number of participants at the beginning of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year (41) Total number of active participants at the beginning of the plan year (42) Total number of active participants at the beginning of the plan year (43) Total number of active participants at the end of the plan year (44) Total number of participants who terminated employment during the plan year (45) Total number of active participants at the end of the plan year (46) Total number of participants who terminated employment during the plan year (47) Total number of active participants at the end of the plan year (48) Se of Schedules MB completed filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filing of this return/report, including, if applicable, a Schedule SB or Schedules MB completed end signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SB or Schedules MB completed end signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SB or Schedules MB completed end signed by an enrolled actuary	2a	Plan sponsor's name (emplo	yer, if for a single-employer plan			
Serge Dore' Selections, Ltd.  (914) 861-9206  2d Business code (see instructions) 424800  2d Business code (see instructions) 424800  3d Plan administrator's name and address S Same as Plan Sponsor  3b Administrator's EIN  3c Administrator's telephone number  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this leim)  d(1) Total number of active participants at the beginning of the plan year  Mumber of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.		Marilia Addance (include rec	m ant cuite no and street of t		, ,	
2d Business code (see instructions) 424800  2d Business code (see instructions) 424800  3a Plan administrator's name and address  Same as Plan Sponsor  3b Administrator's EIN  3c Administrator's telephone number  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name  c Plan Name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  d(1) Total number of active participants at the beginning of the plan year  d(2) Total number of participants who terminated employment during the plan year with accrued benefits that were  less than 100% vested  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Under penalties of perjury and often penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule NB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, if & Gines Periors, and complete.  Signature of plan administrator  Serge Dore  Enter name of individual signing as plan administrator  Serge Dore  Enter name of individual signing as employer or plan sponsor						
159 South Greeley Ave., Suite 100  105 Chappaqua NY 10514  3a Plan administrator's name and address X Same as Plan Sponsor  3b Administrator's EIN  3c Administrator's telephone number  3c Administrator's telephone number  4b EIN  4d PN  5a Total number of participants at the beginning of the plan year  C Plan Name  5a Total number of participants at the end of the plan year  C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this tem)  d(1) Total number of active participants at the beginning of the plan year  Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested  Number of participants who terminated employment during the plan year with accrued benefits that were  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the		Serge Dore Berecci	.01157 2001			
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a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year						
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a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year	4	If the name and/or EIN of the	e plan sponsor or the plan name	has changed since the last return/report filed for	TD EIN	
Total number of participants at the beginning of the plan year			nsor's name, Env, the plan ham	and the plan names new tree	4d PN	
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C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  d(1) Total number of active participants at the beginning of the plan year  d(2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested  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 Schedule MB completed land signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.  Serge Dore  Sign  HERE  Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan sponsor		a Total number of participants	s at the end of the plan year	A1	5b	2
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SIGN HERE Signature of plan administrator  Date  Enter name of individual signing as plan administrator  Serge Dore  Enter name of individual signing as employer or plan sponsor  Date  Enter name of individual signing as employer or plan sponsor	1	belief, it s true, correct, and co	mplete.	Carrie Da	-	
HERE Signature of plan administrator  Date Enter name of individual signing as plan administrator  Serge Dore  Enter name of individual signing as employer or plan sponsor  Date Enter name of individual signing as employer or plan sponsor		SIGN		J-17-021		
SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor			ministrator	Date	vidual signing as plan	administrator
HERE Signature of employer plan sponsor  Date Enter name of individual signing as employer or plan sponsor				1-15-201 Serge Do	re	
Signature of employer plan-openion		HERE Signature of employ	re/plan sponsor	Date Enter name of indiv	vidual signing as emp	loyer or plan sponsor

			con instructions )					X Yes	No
a '	Nere all of the plan's assets during the plan year invested in eligible a Are you claiming a waiver of the annual examination and report of an	independ	ent qualified public account						
	. ac ord and 462 (See instructions on waiver eligibility and	a conditio	15.)	********	******			X Yes	s No
	f you answered "No" to either line 6a or line 6b, the plan cannot	use Form	1 5500-Sr and must mister	1021)	2	т. Г <u>х</u>	lyes [	□No □Not	determined
C	f you answered "No" to either line ba or line bb, the plan cambot If the plan is a defined benefit plan, is it covered under the PBGC inst	urance pro	ogram (see ERISA section a	1647	14	22	1 00 (	(See instr	ructions )
	If "Yes" is checked, enter the My PAA confirmation number from the F	PBGC pre	mium filing for this year 1		_			(000 111011	
Pa	rt III Financial Information		( ) D l l	/aa=			(h	) End of Year	
7	Plan Assets and Liabilities		(a) Beginning of Y	The cont			(U		1,995
a	Total plan assets	7a	1,867					1,00	0
	Total plan liabilities	7b			)			1 00	1,995
C	Net plan assets (subtract line 7b from line 7a)	7c	1,867	,002	2			(b) Total	1,995
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total	
a	Contributions received or receivable from:	8a(1)	205	,27	2				
	(1) Employers	8a(2)	animilar de semi	-	0				
	(2) Participants				0				
	(3) Others (including rollovers)	8a(3) 8b	(148,	457	)				111
b	Other income (loss)		(110)		,			5	6,815
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	107	7,04	0				
_	Certain deemed and/or corrective distributions (see instructions)	8e			0				
<u>e</u>	Administrative service providers (salaries, fees, commissions)	8f	14	1,78	2				
<u>T</u>		8g		1,25	0				
g	Other expenses	8h						12	1,822
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8i						(65	,007)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8j			0				
j	Transfers to (from) the plan (see instructions)	- Oj	nanthin						
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	des from the List of Plan Ch	aracte	eristi	c Code	es in the	instructions:	
	1A 3D		THE RESERVE AND A SECOND			0 1	- ! il !	notructions:	
b	If the plan provides welfare benefits, enter the applicable welfare features.	ature code	es from the List of Plan Cha	racte	ristic	Code	s in the i	nstructions.	
8	art V Compliance Questions		factoring Campia		1000	T.,		A	
10	During the plan year:			-	Yes	No	N/A	Amou	nt
	Was there a failure to transmit to the plan any participant contribu	utions with	in the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		x			
	Program)	**************	***************************************	10a		1			
	<b>b</b> Were there any nonexempt transactions with any party-in-interes	t? (Do no	include transactions	10b		x			
	reported on line 10a.)	***************************************	***************************************	10c	х				190,00
_	C Was the plan covered by a fidelity bond?	a fidality b	and that was caused			1			
	d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•••••	***************************************	10d		х			
	<ul> <li>Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor</li> </ul>	IIIe oi aii c	I the benefite and	10e		x			
	the plan? (See instructions.)	************		10f		x		researche	
	f Has the plan failed to provide any benefit when due under the plan			10g		x			
_	<ul><li>Did the plan have any participant loans? (If "Yes," enter amount</li><li>If this is an individual account plan, was there a blackout period?</li></ul>	? (See ins	tructions and 29 CFR	- 8					
	2520.101-3.)	*************	***************************************	10h		-			
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the requirements	red notice or one of the	10i					
-									

Form 5500-SF 20	
	13

The state of the s									
Part VI Pension Funding Compliance	chedule	SB	X Yes No						
11 Is this a defined benefit plan subject to minimum funding requirements? (If Yes, see instructions and complete of	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)								
(Form 5500 and line 11a below)  11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	(Form 5500 and line 11a below)								
ties the minimum funding requirements of section 412 of the Code of Sec	ion 302	of	□ V □ N						
Is this a defined contribution plan subject to the minimum funding requirements of section 472 of the edge of the minimum funding requirements of section 472 of the edge of the minimum funding requirements of section 472 of the edge of the minimum funding requirements of section 472 of the edge of the minimum funding requirements of section 472 of the edge of the minimum funding requirements of section 472 of the edge of the minimum funding requirements of section 472 of the edge of the minimum funding requirements of section 472 of the edge of the minimum funding requirements of section 472 of the edge of the minimum funding requirements of section 472 of the edge of the minimum funding requirements of section 472 of the edge of the minimum funding requirements of section 472 of the edge of the edg									
" 40- 40- 40d and 120 bolow 26 2001(C2016 )			of the letter ruling						
The street of the minimum funding standard for a prior year is being amortized in this plan year, see instructions,	and ente	r the date	Year						
		ту	1001						
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12b								
<b>b</b> Enter the minimum required contribution for this plan year.	120								
The state of the state of the state of the state of the plan for the plan year	12c								
The standard from the amount in line 12h. Enter the result (enter a minus sign to the left of a	12d								
pogative amount)	120								
( specified on line 12d be met by the funding deadline?	Yes No N/A								
	77.541								
Part VII Plan Terminations and Transfers of Assets	T	☐ Yes	X No						
13a Has a resolution to terminate the plan been adopted in any plan year?	1	T 163	110						
If "Yes" enter the amount of any plan assets that reverted to the employer this year	13a								
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under	the .		Yes X No						
1 - CH - DDCC2									
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identity the plan	n(s) to								
which assets or liabilities were transferred. (See instructions.)			13c(3) PN(s)						
13c(1) Name of plan(s):	LIII(0)								
Vinit (2)									

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

Serge Dore Selections, LTD Defined Benefit Plan 13-3896223 / 002 For the plan year 01/01/2018 through 12/31/2018

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 01/01/2018 through 12/31/2018 Valuation Date: 12/31/2018

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Denocited Contribution	01/08/2019	\$10,000					
Deposited Contribution Applied to MRC	12/31/2018	10,000	9,988	0	0	5.55	0
Deposited Contribution	02/22/2019	\$10,000	9,900	U	O	3.33	U
Applied to MRC	12/31/2018	10,000	9,922	0	0	5.55	0
Deposited Contribution	03/08/2019	\$10,000	5,522	Ŭ	· ·	0.00	O
Applied to MRC	12/31/2018	10.000	9,901	0	0	5.55	0
Deposited Contribution	04/11/2019	\$10,000	0,001	Ŭ	· ·	0.00	Ü
Applied to MRC	12/31/2018	10,000	9,852	0	0	5.55	0
Deposited Contribution	05/17/2019	\$10,000	0,002	v	· ·	0.00	ŭ
Applied to MRC	12/31/2018	10,000	9,799	0	0	5.55	0
Deposited Contribution	08/19/2019	\$129,662	-,				
Applied to MRC	12/31/2018	129,662	125,304	0	0	5.55	0
Deposited Contribution	09/11/2019	\$25,610	,				
Applied to Additional Contribution	12/31/2018	534	514	0	0	5.55	0
Applied to MRC	12/31/2018	25,076	24,151	0	0	5.55	0
Totals for Deposited Contribution		\$205,272	\$199,431	\$0	\$0		

## Schedule SB, Part V Summary of Plan Provisions

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

For the plan year 01/01/2018 through 12/31/2018

**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 - 12/31/2018 Valuation - 12/31/2018

Top Heavy Years - 2013, 2014, 2015, 2016, 2017, 2018

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

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: \$220,000

Maximum 401(a)(17) compensation - \$275,000

PBGC: Plan is covered by Pension Benefit Guaranty Corporation

Lump Sum

Normal Form: Life Annuity

**Optional Forms:** 

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 01/01/2018 through 12/31/2018

Vesting Schedule:	Years	Percent
·	0-1	0%

2 20% 3 40% 4 60% 5 80%

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

100%

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.05
Segment 2	6 - 20	3.61
Segment 3	> 20	4.27

Mortality Table - 18E - 2018 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

Employee Benefits Security Administration

This schedule is required to be filed under section 104 of the Employee Department of Labor Retirement Income Security Act of 1974 (ERISA) and section 6059 of the OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Per	nsion Benefit Guaranty Corporation	▶ File as	an attachm	ent to Form 5500 or	5500-SF		·
For ca	alendar plan year 2018 or fiscal p			/2018	and ending	12/31/2	018
▶Ro	ound off amounts to nearest do	ollar.					
▶ Ca	aution: A penalty of \$1,000 will b	e assessed for late filing of	of this report	t unless reasonable ca	use is established		
<b>A</b> Na	me of plan				<b>B</b> Three-digit		
Serg	e Dore' Selections, Lt	d. Defined Benefi	it Plan		plan numbe	er (PN)	002
<b>C</b> Pla	ın sponsor's name as shown on I	ine 2a of Form 5500 or 55	500-SF		<b>D</b> Employer Ide	ntification Nun	nber (EIN)
Serg	e Dore' Selections, Lt	d.			13	-3896223	
Е тур	pe of plan: X Single  Multipl	e-A Multiple-B	F	Prior year plan size:	x 100 or fewer	]101-500	More than 500
Par	t I Basic Information						
1	Enter the valuation date:	Month12	Day 31	Year <b>2018</b>			
2	Assets:		, <u> </u>				
á	a Market value	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	2a	1,596,723
ı	Actuarial value	•••••	•••••	•••••		2b	1,596,723
3	Funding target/participant count l	oreakdown:		(1) Number of participants	(2) Vested Targ		(3) Total Funding Target
á	For retired participants and ber	neficiaries receiving paym	ent	0	1	0	(
	• · · • · • • • • • • • • • • • • • • •			0	1	0	(
	For active participants		2	:	1,567,701 1		
	<b>d</b> Total			2	:	1,567,701	1,567,701
	If the plan is in at-risk status, che			d (b)			
á	Funding target disregarding pre	escribed at-risk assumption	ns	• • • • • • • • • • • • • • • • • • • •		4a	
i	Funding target reflecting at-risk at-risk status for fewer than				have been in	4b	
5 1	Effective interest rate			• • • • • • • • • • • • • • • • • • • •		5	5.55 %
6	Target normal cost	•••••		• • • • • • • • • • • • • • • • • • • •	•••••	6	227,939
	ment by Enrolled Actuary						
accord	e best of my knowledge, the information sup dance with applicable law and regulations. I nation, offer my best estimate of anticipated	n my opinion, each other assumpti					
_	GN   // // // // // // // // // // // // /	n///AM				09/11	./2019
	. / 🗸	Signature of actuary			-	Г	Date
	David R. Dorfma	n				17-03	3746
	Туре	or print name of actuary				Most recent er	nrollment number
	David R. Dorfma	n & Associates, I	.LC			(516) 6	76-5400
		Firm name			Tele	phone numbe	r (including area code)
	27 The Plaza, S	uite G					
	US Locust Valley	NY 11560					
		Address of the firm			-		
If the a	actuary has not fully reflected any	regulation or ruling prom	ulgated und	er the statute in compl	eting this schedule	e, check the bo	x and see

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

Internal Revenue Code (the Code).

					_	1				
	Schedu	le SB (Form 5500) 2018		Page	2					
Part II	Bed	ginning of Year Carryov	er and Prefunding Bala	ances						
		, ,			(a) (	Carryover balance	(b)	Prefund	ing balance	
		eginning of prior year after app				0			0	
		ed for use to offset prior year's							<u> </u>	
•			J , ,			0			0	
<b>9</b> Amou	unt rema	aining (line 7 minus line 8)		•••••		0			0	
10 Intere	est on lir	ne 9 using prior year's actual re	eturn of <u>14.30</u> %	•••••		0			0	
<b>11</b> Prior	year's e	excess contributions to be adde	ed to prefunding balance:							
<b>a</b> Pr	esent va	alue of excess contributions (lin	ne 38a from prior year)	•••••					73,360	
b(1)		t on the excess, if any, of line 3	' '							
	Sched	ule SB, using prior year's effect	tive interest rate of5.72	<u> </u>					0	
b(2)	Interes	t on line 38b from prior year So	chedule SB, using prior year's	actual						
	return	•••••	• • • • • • • • • • • • • • • • • • • •	•••••					0	
C To	tal avai	lable at beginning of current pla	an year to add to prefunding ba	alance .					73,360	
<b>d</b> Po	ortion of	(c) to be added to prefunding I	palance	•••••				0		
		ons in balances due to election				0				
13 Balar	nce at be	eginning of current year (line 9	+ line 10 + line 11d - line 12) .	•••••		0			0	
Part III	F	unding Percentages								
<b>14</b> Fund	ing targe	et attainment percentage	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	14	101.85 %	
<b>15</b> Adjus	ted fund	ding target attainment percenta	ıge		• • • • • • • • • • • • • • • • • • • •	•••••	•••••	15	98.55 %	
		unding percentage for purpose s funding requirement						16	136.93 %	
<b>17</b> If the	current	value of the assets of the plan	is less than 70 percent of the	funding ta	rget, enter	such percentage	•••••	17	%	
Part IV	С	ontributions and Liquid	lity Shortfalls							
18 Cont	ibutions	made to the plan for the plan	year by employer(s) and emplo	oyees:						
(a) D (MM-DD-		(b) Amount paid by employer(s)	(c) Amount paid by employees	(a (MM-D	) Date D-YYYY)	(b) Amount paid b employer(s)	У		ount paid by loyees	
01/08/2	019	10,000		02/22	2/2019	10,	000			
03/08/2	019	10,000		04/11	/2019	10,	000			
05/17/2	019	10,000		08/19	/2019	129,	662			
09/11/2	019	25,610								

				Totals ►	18(b)		205,27	2 18(c)		0
19	Discounted e	employer contributions see in	structions for small plan with a	valuation da	te after	the beginning of t	he year:			Τ
	<b>a</b> Contribution	ons allocated toward unpaid mi	nimum required contributions	from prior yea	ars		19a			С
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date						19b			C
	<b>C</b> Contribution	ons allocated toward minimum	required contribution for curre	nt year adjust	ed to va	aluation date	19c		199,43	31
20	Quarterly cor	atributions and liquidity shortfal	le:							

<b>b</b> If line 20a is "Yes," were require	ed quarterly installments for the current	ear made in a timely manner? .	Yes No							
C If line 20a is "Yes," see instructions and complete the following table as applicable:										
	Liquidity shortfall as of end of quarter of this plan year									
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th							

a Did the plan have a "funding shortfall" for the prior year?

..... Yes X No

Part		ons Used To Determine	Funding Target and Target	et Normal Cost		
<b>21</b> Di	scount rate:					
а	Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	, 0	☐ N/A, full yield curve used
b	Applicable month	(enter code)			21b	0
<b>22</b> W	eighted average re	etirement age			22	66
<b>23</b> M	ortality table(s) (see	e instructions) Prior regu Current re		_	oed - sepa oed - sepa	
Part \	/I Miscellane	eous items				
<b>24</b> Ha	as a change been r	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instruction	ns regarding required
at	tachment			• • • • • • • • • • •		Yes X No
<b>25</b> Ha	as a method chang	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	chment .	Yes X No
<b>26</b> Is	the plan required t	o provide a Schedule of Active	e Participants? If "Yes," see instruc	tions regarding required	attachmer	ntX Yes No
<b>27</b> If t	the plan is subject	to alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27	
at	tachment				21	
Part \	/II Reconcili	ation of Unpaid Minimu	um Required Contributions	For Prior Years		
<b>28</b> Ur	npaid minimum req	uired contributions for all prior	years		28	0
			d unpaid minimum required contrib		29	0
			ntributions (line 28 minus line 29)		30	0
Part \	/III Minimum	Required Contribution	For Current Year			
<b>31</b> Ta		and excess assets (see instruct				
					31a	227,939
			line 31a		31b	29,022
	mortization installm			Outstanding Bala		Installment
					0	0
					0	0
			nter the date of the ruling letter grai	nting the approval		
			) and the waived amount .		33	
<b>34</b> To			r/prefunding balances (lines 31a - 3		34	198,917
	star rarrarrig requirer	g carry cross	Carryover balance	Prefunding Bala		Total balance
35 Pa	planage alegted for	use to offset funding	,			
		· · · · · · · · · · · · · · · · · · ·	0		0	0
<b>36</b> Ad	dditional cash requi	irement (line 34 minus line 35)			36	198,917
			contribution for current year adjuste		27	-
		·			37	199,431
<b>38</b> Pr	resent value of exc	ess contributions for current ye	ear (see instructions)			
a	Total (excess, if an	ny, of line 37 over line 36)			38a	514
b	Portion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b	0
<b>39</b> Ur	npaid minimum req	uired contribution for current y	vear (excess, if any, of line 36 over	line 37)	39	0
<b>40</b> Ur	npaid minimum req	uired contributions for all year	S		40	0
Part I	X Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)	)	
<b>41</b> If a	n election was mad	de to use PRA 2010 funding re	elief for this plan:			
			• • • • • • • • • • • • • • • • • • • •		୮	2 plus 7 years 15 years
		s) for which the election in line				08

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

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

For the plan year 01/01/2018 through 12/31/2018

Valuation Date: 12/31/2018

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 % Segment 1 0 - 5 2.50 Segment 2 6 - 20 3.92 Segment 3 > 20 4.50

Segment rates for the Valuation Date as

Segment rates as of September 30, 2017 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA								
Segment #	Year	Rate %						
Segment 1	0 - 5	3.92						
Segment 2	6 - 20	5.52						
Segment 3	> 20	6.29						

Pre-Retirement - Mortality Table -None

> Early Retirement Table - None Turnover Table -None Disability Table -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -18C - 2018 Combined

> Cost of Living -None

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

18E - 2018 Applicable Mortality Table for 417(e) (unisex)

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

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

HCE Determination - Based on all employees

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 01/01/2018 through 12/31/2018

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

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

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

#### 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 01/01/2018 through 12/31/2018

#### **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										
40 to 44										
45 to 49										
50 to 54										
55 to 59			1							
60 to 64										
65 to 69			1							
70 & up										