

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2016</div> <div>This Form is Open to Public Inspection</div>														
<div>Part IAnnual Report Identification Information</div> <div>For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016</div> <div><div>A This return/report is for:</div><div><div>☒ a single-employer plan</div><div>☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div><div>☐ a one-participant plan</div><div>☐ a foreign plan</div></div><div><div>B This return/report is</div><div><div>☐ the first return/report</div><div>☒ the final return/report</div><div>☐ an amended return/report</div><div>☐ a short plan year return/report (less than 12 months)</div></div><div><div>C Check box if filing under:</div><div><div>☐ Form 5558</div><div>☐ automatic extension</div><div>☐ DFVC program</div><div>☐ special extension (enter description)</div></div></div></div></div>																
<div>Part IIBasic Plan Information—enter all requested information</div> <div><div><div>1a Name of plan AKERLUND & RAUSING NORTH AMERICA</div><div>1b Three-digit plan number (PN) ▶002</div><div>1c Effective date of plan 01/01/1988</div></div><div><div>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AKERLUND&RAUSING NORTH AMERICA, INC 662 BARLEY HILL LANE NE SUGAR HILL, GA 30518</div><div>2b Employer Identification Number (EIN) 22-2781794</div><div>2c Sponsor's telephone number</div><div>2d Business code (see instructions) 523900</div></div><div><div>3a Plan administrator's name and address ☒ Same as Plan Sponsor.</div><div>3b Administrator's EIN</div><div>3c Administrator's telephone number</div></div><div><div>4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.</div><div>4b EIN</div><div>4c PN</div><div><div>5a Total number of participants at the beginning of the plan year16</div><div>5b Total number of participants at the end of the plan year0</div><div>5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....</div><div>5d(1) Total number of active participants at the beginning of the plan year1</div><div>5d(2) Total number of active participants at the end of the plan year0</div><div>5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested0</div></div></div><div><div>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</div><div>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 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, it is true, correct, and complete.</div><table><tr><td rowspan="2">SIGN HERE</td><td>Filed with authorized/valid electronic signature.</td><td>07/31/2017</td><td>DEBORAH ARNSTEIN</td></tr><tr><td>Signature of plan administrator</td><td>Date</td><td>Enter name of individual signing as plan administrator</td></tr><tr><td rowspan="2">SIGN HERE</td><td></td><td></td><td></td></tr><tr><td>Signature of employer/plan sponsor</td><td>Date</td><td>Enter name of individual signing as employer or plan sponsor</td></tr></table><div><div>Preparer's name (including firm name, if applicable) and address (include room or suite number)</div><div>Preparer's telephone number</div></div></div></div>			SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2017	DEBORAH ARNSTEIN	Signature of plan administrator	Date	Enter name of individual signing as plan administrator	SIGN HERE				Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2017		DEBORAH ARNSTEIN												
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator													
SIGN HERE																
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor													
<div>For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.</div> <div>Form 5500-SF (2016) v.160927</div>																

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- 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.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1061913	0
b Total plan liabilities	7b		0
c Net plan assets (subtract line 7b from line 7a)	7c	1061913	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	1063667	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	0	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1063667
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2117948	
e Certain deemed and/or corrective distributions (see instructions) ..	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	7632	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2125580
i Net income (loss) (subtract line 8h from line 8c)	8i		-1061913
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
11
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?	10c	X			2500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part VI Pension Funding Compliance

11 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)	☒ Yes ☐ 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 302 of ERISA?	☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
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. Month _____ Day _____ Year _____	
If 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
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a 0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☒ Yes ☐ No
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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
PRINCIPAL FINANCIAL GROUP	42-1520346
	13c(3) PN(s)
	001

Part VIII Trust Information

14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? If "No," skip b.	☐ Yes	☐ No
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor	☐ "Prior year" ADP test
	☐ "Current year" ADP test	☐ N/A
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test	☐ Average benefit test ☐ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes	☐ No
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.		
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.		
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	☐ Yes	☐ No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	☐ Yes	☐ No

Part VI Pension Funding Compliance

11 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)	☐ Yes ☐ No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	☐ Yes ☐ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
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. Month Day Year	
If 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
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☐ 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 ☐ No
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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
13c(3) PN(s)	
LINCOLN FINANCIAL GROUP	35-0472300
	001

Part VIII Trust Information

14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? If "No," skip b.	☐ Yes	☐ No
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor	☐ "Prior year" ADP test
	☐ "Current year" ADP test	☐ N/A
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test	☐ Average benefit test ☐ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes	☐ No
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____ / ____ / ____ and the serial number _____.		
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____ / ____ / ____.		
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	☐ Yes	☐ No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	☐ Yes	☐ No

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan AKERLUND & RAUSING NORTH AMERICA	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AKERLUND&RAUSING NORTH AMERICA, INC	D Employer Identification Number (EIN) 22-2781794
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2016			
2	Assets:			
a	Market value	2a	1061913	
b	Actuarial value	2b	1061913	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	8	780742	780742
b	For terminated vested participants	7	236059	236059
c	For active participants	1	148020	148020
d	Total	16	1164821	1164821
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	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.11 %	
6	Target normal cost	6	5118	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<div>SIGN HERE</div>		07/25/2017
Signature of actuary		Date
JASON FINE		17-06680
Type or print name of actuary		Most recent enrollment number
KORN FERRY HAY GROUP		215-861-2000
Firm name		Telephone number (including area code)
1650 ARCH STREET PHILADELPHIA, PA 19107		
Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>1.10</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.07</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	91.16%
15 Adjusted funding target attainment percentage	15	91.16%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.64%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/01/2016	1054281				
Totals ►			18(b)	1054281	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	998496
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year 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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)		21b			
22	Weighted average retirement age		22 65			
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute					
Part VI	Miscellaneous Items					
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.		27			
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years					
28	Unpaid minimum required contributions for all prior years		28 0			
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)		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	Target normal cost and excess assets (see instructions):					
a	Target normal cost (line 6)		31a 5118			
b	Excess assets, if applicable, but not greater than line 31a		31b			
32	Amortization installments:					
a	Net shortfall amortization installment	Outstanding Balance 102908	Installment 17003			
b	Waiver amortization 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		33			
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34 22121			
		Carryover balance	Prefunding balance			
35	Balances elected for use to offset funding requirement		35 0			
36	Additional cash requirement (line 34 minus line 35)		36 22121			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 998496			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)		38a 976375			
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:					
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			
43	Excess installment acceleration amount to be carried over to future plan years		43			

2017

Deborah Arnstein
662 Barley Hill Lane NE
Sugar Hill, GA 30518

Arthur Farr
Arthur Farr Financial Services
4151 Ashford Dunwoody Rd Ste 225
Atlanta, GA 30319
(770) 879-8007 204

Combined Account Portfolio
Period: 01/01/2016-12/31/2016
Created: 01/11/2017

Portfolio Snapshot

As of: 12/31/2016

Portfolio Value

\$0.00

Gain/Loss

Realized	Unrealized
\$14,729.94	

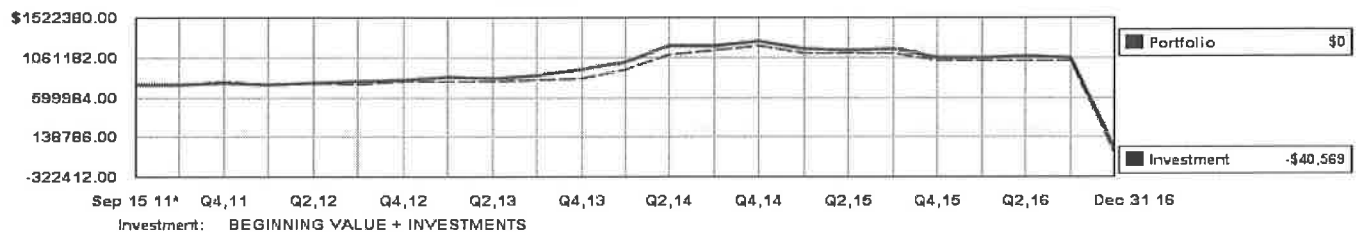
	Since Start Date(\$)	Last Year(\$)	YTD(\$)	Last Qtr(\$)	Selected Period(\$)
	09/15/2011	2015	12/31/16	Q3,2016	01/01/16 - 12/31/16
Beginning Value	0.00	1,240,536.91	1,061,913.20	1,067,989.44	1,061,913.20
Net Contributions	-40,569.69	-172,891.85	-1,063,667.42	8.90	-1,063,667.42
Change in Value	40,569.69	-5,731.87	1,754.22	-4,140.39	1,754.22
Ending Value	N/A	1,061,913.20	N/A	1,063,857.95	N/A
Investment Return	N/A ⁶	-0.49%	N/A ⁶	-0.39%	0.17% ⁶

Performance By Account

Acct Name	Start Date	Value(\$)	Allocation(%)	Since Start Date(%)	Last Year(%)	YTD(%)	Last Qtr(%)	Selected Period(%)
		12/31/16	12/31/16		2015	12/31/16	Q3,2016	01/01/16 - 12/31/16
TD Ameritrade -D	09/15/2011	0.00	N/A	N/A ⁶	-0.49	N/A ⁶	-0.39	0.17 ⁶

Portfolio and Benchmark Since Start Date: 09/15/2011-12/31/2016

Portfolio Value



Asset Allocation As of: 12/31/16 100% = \$0

Asset Type

Asset Type	Value(\$)	(%)
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2017

Deborah Arnstein
662 Barley Hill Lane NE
Sugar Hill, GA 30518

Arthur Farr
Arthur Farr Financial Services
4151 Ashford Dunwoody Rd Ste 225
Atlanta, GA 30319
(770) 879-8007 204

Combined Account Portfolio
Period: 01/01/2016-12/31/2016
Created: 01/11/2017

Comparative Holdings by Investor

Deborah Arnstein

Acct Name: TD Ameritrade -DBP

Acct No: 964023512

Acct Type: Trust

Asset Name	Quantity	Price(\$)	Value(\$)	Quantity	Price(\$)	Value(\$)	% Return
Start Date: 01/01/2016				End Date: 12/31/2016			
CASH	31,758.71	1.00	31,758.71	N/A		N/A	N/A ⁷
DFA INVT DIMENSIONS GROUP IN ITRMTMUN INSTL	23,667.50	10.18	240,935.10	N/A		N/A	2.53 ⁸
DFA INVT DIMENSIONS GROUP IN ST MUNI BD PTF	77,374.45	10.20	789,219.39	N/A		N/A	1.24 ⁸
Account Total:			\$1,061,913.20				N/A 0.17% ⁸
Investor Total:			\$1,061,913.20				N/A 0.17% ⁸
Portfolio Total:			\$1,061,913.20				N/A 0.17% ⁸

2017

Deborah Arnstein
662 Barley Hill Lane NE
Sugar Hill, GA 30518

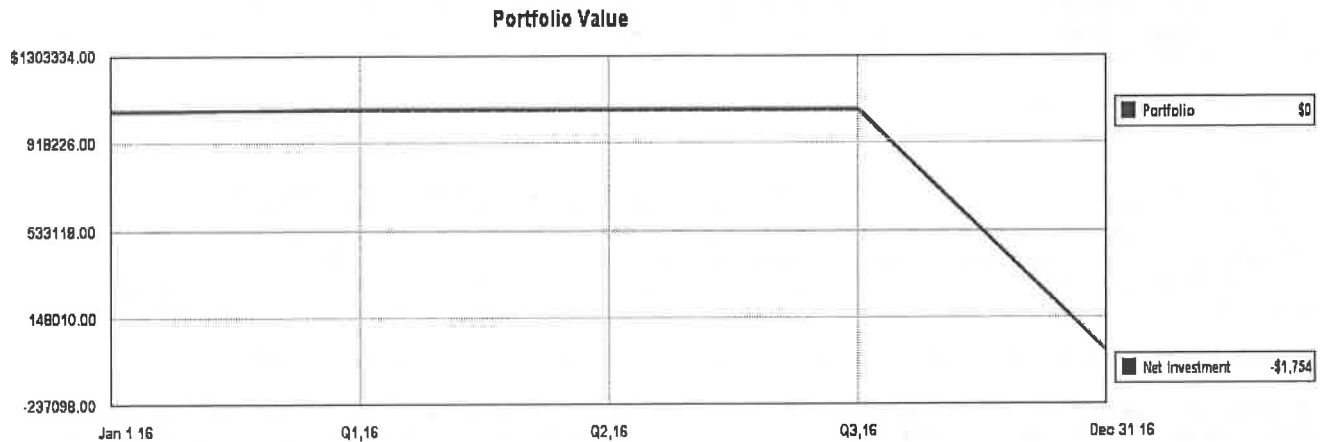
Arthur Farr
Arthur Farr Financial Services
4151 Ashford Dunwoody Rd Ste 225
Atlanta, GA 30319
(770) 879-8007 204

Combined Account Portfolio
Period: 01/01/2016-12/31/2016
Created: 01/11/2017

Portfolio Value and Benchmark

Portfolio and Benchmark

Selected Period: 01/01/2016-12/31/2016



Net Investment: BEGINNING VALUE + INVESTMENTS

Portfolio Performance

Period	Starting Value(\$)	Net Contribution(\$)	Ending Value(\$)	Portfolio(%)
01/01/2016 - 12/31/2016	\$1,061,913.20	-\$1,063,667.42	\$0.00	0.17% ⁶

2017

Deborah Arnstein
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Sugar Hill, GA 30518

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Disclosure:

Securities offered through NEXT Financial Group, Inc. Member FINRA/SIPC. NEXT Financial Group, Inc and Arthur Farr Financial Services are affiliated companies.

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Values are as of 12/31/2016. We believe the sources to be reliable, however, the accuracy and completeness of the information is not guaranteed. In the event of a discrepancy, the sponsors valuation shall prevail.

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Performance data quoted represents past performance and does not guarantee future results. The investment return and principal of an investment will fluctuate so that an investor's shares when redeemed may be worth more or less than original cost. The values represented in this report may not reflect the true original cost of your initial investment.

Cost basis information may be incomplete or may not accurately reflect the methodology used by a particular client. Clients should consult with their tax advisor.

For fee-based accounts only : The data may or may not reflect the deduction of investment advisory fees. If the investment is being managed through a fee-based account or agreement, the returns may be reduced by those applicable advisory fees. The information contained in these reports is collected from sources believed to be reliable. However, you should always rely on the official statements received directly from the custodians. If you have any questions regarding this report, please call your representative.

The source data for the following accounts was provided by TD Ameritrade:
964023512

The values, where indicated, of Direct Participation Programs (DPPs) and Real Estate Investment Trusts (REITs), including Limited Partnerships, have been provided by the DPPs or REITs, generally through an intermediary, and purport to reflect an estimate of the interest in the DPP or REIT represented by the units or shares described above. DPP and REIT securities are generally illiquid, and the value stated may not be realized when you seek to liquidate the security. Where no value is indicated, please note that 1) DPP or REIT securities are generally illiquid; 2) the value of the security will be different from its purchase price; and 3) accurate valuation information is not available. Subject to errors and omissions, information is not guaranteed.

IRON MTN INC NEW COM

The "Portfolio Value and Benchmark" report graphs your actual core portfolio value over time, but does not include Manually Entered Assets. The starting point on the graph will always use that day's beginning balance. For fair comparison purposes, buy and sell transactions that occurred in your core portfolio during the period will be applied to any included Benchmarks. The Net Contribution column in the underlying legend includes all cash flows in and out of the core portfolio, including but not limited to buys, sells, dividends, interest and fees. If your core portfolio's Net Contribution contains dividend, interest and fees, it will not represent the same cash flow adjustment that is applied to the benchmarks for fair comparison purposes. Additionally, interest and dividends will cause increased rate of returns in the legend without a corresponding effect on the graph.

*Represent partial period related to other periods on this report.

Pie chart slices labeled as "other" may include securities classified as "other" by the provider of asset classification data, as well as securities that did not fit in the other slices displayed.

2017

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Combined Account Portfolio
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⁶ The return for this holding represents a partial period relative to the report period requested on the report. At some time during the reporting period, the holding was not in the portfolio. The partial period asset will affect the total account's rate of return.

⁷ Cash and Cash Equivalents rate of return is not displayed as a line item; however, they are calculated in the overall rate of return performance.

Performance calculations are performed using the Internal Rate of Return (IRR) Calculation method

The Internal Rate of Return (IRR) is used to calculate the true, money-weighted rate of return. Like the Modified Dietz calculation, the portfolio or asset is valued at the starting and ending points of the period. And, cash flows are included based on their timing.

The IRR is related to the time-value of money or present value formula. It calculates the discount rate which will take the starting value and all cash flows to result in the ending market value.

Performance returns for time periods longer than 365 days have been annualized.

Any benchmark return calculations included on this report were performed using a cash flow adjusted calculation.

Actuarial Assumptions and Methods

Schedule L summarizes the actuarial assumptions and cost methods used for the valuation.

I. Actuarial Assumptions

Interest

Funding Target Liability: IRC 430(h) Funding Segment Rates of 4.43%/5.91%/6.65%

Salary Increases

3.5% per annum, compounded annually.

Mortality

RP2000 for small plans set forward as required by law.

Withdrawal

None assumed.

Retirement

Age 63.

Spouses

80% are assumed to be married with wives assumed to be 3 years younger than husbands.

Expenses

None assumed payable from trust.

Form of Payment

Life Annuity.

Asset Valuation Method

The actuarial value of assets is equal to the market value of assets.

Increases in Maximum Benefit and Annual Compensation Limitations

0% per year for determining the plan's funding requirements; 3.5% per year for determining the plan sponsor's accounting requirements.

II. Actuarial Cost Methods

For funding purposes, the Unit Credit Actuarial Cost Method was used to determine the actuarial present value of accumulated plan benefits (both vested and nonvested) as of the valuation date.

Benefits related to nonvested terminated participants were not valued even though benefits may be reinstated if any such participants were rehired.

III. Changes in Actuarial Assumptions and Methods Since Prior Valuation

The interest and mortality assumptions for funding target liability under PPA were changed in order to comply with government regulations.

I. Summary of Plan Provisions as of January 1, 2016

1. Type of Plan

The Plan is a non-contributory, defined benefit plan.

2. Effective Date

January 1, 1988

3. Eligibility for Participation

All employees will become participants on their date of hire. Plan entry has been frozen effective January 1, 2010.

4. Definitions

Plan Year: A Plan Year is a 12-month period beginning on January 1 and ending on December 31.

Month of Service: Any calendar month in which a plan participant complete one hour of service.

Year of Service: 12 Months of Service.

Compensation: Annual W-2 earnings.

Average Compensation: The annual average of the highest 60 consecutive months of Compensation prior to retirement or termination.

5. Retirement Benefits

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following the participant's 65th birthday.

Normal Retirement Benefit: 1.2% of Average Compensation multiplied by Years of Service. Service will include employment with Container Corporation of America.

Early Retirement

Early Retirement Date: The first day of any month after the participant has both attained age 55 and completed at least 5 Years of Service.

Early Retirement Benefit: An immediate benefit equal to the normal retirement benefit accrued to date of early retirement, reduced by 0.5% for each month that the start of payment precedes age 62. No reduction applies to benefits commencing on or after age 62.

A participant may also choose to defer commencement of benefits to their normal retirement date in which case the benefit would be equal to the normal retirement benefit in #5 above accrued to date of early retirement.

Postponed Retirement

Postponed Retirement Date: The first day of any month after the participant's Normal Retirement Date.

Postponed Retirement Benefit: A benefit calculated as if the participant had retired on his normal retirement date, but calculated as of the date of actual retirement.

6. Termination Benefit

Eligibility: Termination of employment after 5 years of Continuous Service.

Termination Benefit: A benefit deferred to normal retirement date and equal to the participant's normal retirement benefit accrued to date of termination.

A participant may elect to receive his benefit beginning on the first day of any month after the attainment of eligibility for early retirement, but prior to normal retirement date, which is equal to the benefit calculated above, but reduced as for early retirement.

7. Death Benefits

Pre-retirement Spouse's Benefit

Eligibility: The surviving spouse of any vested participant or vested former participant who dies before benefit payments have commenced.

Spouse's Benefit: 50% of the Early Retirement Benefit on an ERISA actuarially-reduced 50% contingent annuity basis; payable at the participant's earliest possible retirement age had he not died.

Post-retirement Spouse's Benefit

None, except as provided by the election of an optional form of payment.

8. Disability Benefit

Eligibility: Date of hire.

Disability Benefit: Same as the Normal Retirement Benefit accrued to and payable at date of disability without reduction.

9. Normal Form of Benefit Payment

If a participant is married at the time of retirement, the benefit will be paid in the form of an actuarially reduced joint and survivor monthly annuity with payments of 50% of the participant's benefit continuing to the spouse for life, if surviving at the participant's death.

If a participant is unmarried at the time of retirement, the benefit will be paid in the form of a single life annuity, with payments to be made in equal monthly installments until the participant's death.

II. Changes in Plan Provisions Since the Prior Valuation

There have been no changes in the principal plan provisions since the prior valuation, excluding any legally mandated revisions.

AKERLUND & RAUSING NORTH AMERICA, INC.

EIN: 22-2781794 PN: 002

Age and Benefit Profile of Active Participants January 1, 2016

Males - Full Years of Service to January 1, 2016

Age	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30+	Total
Under 20	-	-	-	-	-	-	-	-
20 - 24	-	-	-	-	-	-	-	-
25 - 29	-	-	-	-	-	-	-	-
30 - 34	-	-	-	-	-	-	-	-
35 - 39	-	-	-	-	-	-	-	-
40 - 44	-	-	-	-	-	-	-	-
45 - 49	-	-	-	-	-	-	-	-
50 - 54	-	-	-	-	-	-	-	-
55 - 59	-	-	-	-	-	-	-	-
60 - 64	-	-	-	-	-	-	-	-
65 & over	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-
Average Age						0 years		
Average Service						0 years		

Females - Full Years of Service to January 1, 2016

Age	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30+	Total
Under 20	-	-	-	-	-	-	-	-
20 - 24	-	-	-	-	-	-	-	-
25 - 29	-	-	-	-	-	-	-	-
30 - 34	-	-	-	-	-	-	-	-
35 - 39	-	-	-	-	-	-	-	-
40 - 44	-	-	-	-	-	-	-	-
45 - 49	-	-	-	-	-	-	-	-
50 - 54	-	-	-	-	-	-	-	-
55 - 59	-	-	-	-	-	-	-	-
60 - 64	-	-	-	1	-	-	-	1
65 & over	-	-	-	-	-	-	-	-
Total	-	-	-	1	-	-	-	1
Average Age						61 years		
Average Service						18 years		

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

- **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>AKERLUND & RAUSING NORTH AMERICA</u>	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AKERLUND&RAUSING NORTH AMERICA, INC</u>	D Employer Identification Number (EIN) <u>22-2781794</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>		
2	Assets:		
	a Market value	2a	1061913
	b Actuarial value	2b	1061913
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	8	780742
	b For terminated vested participants	7	236059
	c For active participants	1	148020
	d Total	16	1164821
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	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	6.11 %
6	Target normal cost	6	5118

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary <u>JASON FINE</u> Type or print name of actuary <u>KORN FERRY HAY GROUP</u> Firm name <u>1650 ARCH STREET</u> <u>PHILADELPHIA, PA 19107</u> Address of the firm	<u>07/25/2017</u> Date <u>17-06680</u> Most recent enrollment number <u>215-861-2000</u> Telephone number (including area code)
------------------	---	--

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>1.10%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.07%</u>		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	91.16%
15	Adjusted funding target attainment percentage	15	91.16%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.64%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/01/2016	1054281				
			Totals ►	18(b)	1054281
				18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 998496
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	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 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	5118										
b Excess assets, if applicable, but not greater than line 31a	31b											
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>102908</td> <td>17003</td> </tr> <tr> <td>b Waiver amortization installment</td> <td></td> <td></td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	102908	17003	b Waiver amortization installment		
	Outstanding Balance	Installment										
a Net shortfall amortization installment	102908	17003										
b Waiver amortization 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	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	22121										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement			0									
36 Additional cash requirement (line 34 minus line 35)	36	22121										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	998496										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	976375										
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:			
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		
43 Excess installment acceleration amount to be carried over to future plan years	43		

		disc factor	OB	AMORTZ
1	4.43	1	2016	102098
2	4.43	0.9576		17003
3	4.43	0.9170		
4	4.43	0.8781		
5	4.43	0.8408		
6	5.91	0.7504		
7	5.91	0.7086		
			102098	17003
	7 yr	6.0524		