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.

0010

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Part I A | Annual Report | Identification Information | | | | | |
|-------------------------------|--|--|--|-------------------------------|---------------------------------------|--|--|
| For calendar p | olan year 2016 or fis | scal plan year beginning 01/01/20 | 017 and ending 10 | 0/02/2017 | | | |
| A This return | n/report is for: | a single-employer plan a one-participant plan | a multiple-employer plan (not multiemployer) (list of participating employer information in ac a foreign plan | , | | | |
| B This return/ | report is | the first return/report an amended return/report | the final return/report a short plan year return/report (less than 12 m | nonths) | | | |
| | if filing under: | Form 5558 special extension (enter descri | · / | DFVC progra | am | | |
| | | rmation—enter all requested infe | ormation | | | | |
| 1a Name of p CYPRESS REA | | LLC CASH BALANCE PLAN | | 1b Three-dig plan numl (PN) ▶ | | | |
| | | | | 1c Effective | date of plan 01/01/2012 | | |
| Mailing ad | ddress (include roor | yer, if for a single-employer plan) m, apt., suite no. and street, or P.O | | 2b Employer (EIN) | Identification Number 74-2970186 | | |
| • | wn, state or province LTY OF FLORIDA, | al code (if foreign, see instructions) | 2c Sponsor's telephone number 561-768-9288 | | | | |
| 1907 COMMER JUPITER, FL 33 | CE LN, STE 103 8458-5516 | | | 2d Business | code (see instructions) 237210 | | |
| 3a Plan adm | inistrator's name an | nd address 🏻 Same as Plan Spon | nsor. | 3b Administra 3c Administra | ator's EIN ator's telephone number | | |
| | N, and the plan nur | e plan sponsor has changed since to mber from the last return/report. | the last return/report filed for this plan, enter the | 4b EIN 4c PN | | | |
| | | at the heginning of the plan year | | 5a | | | |
| | | | | 5b | (| | |
| C Number of | of participants with a | account balances as of the end of t | the plan year (only defined contribution plans | 5c | | | |
| | , | | an year | 5d(1) | - : | | |
| | · | | ar | 5d(2) | | | |
| e Number | of participants that | terminated employment during the | plan year with accrued benefits that were less | 5e | | | |
| Caution: A pe | enalty for the late of | or incomplete filing of this return | n/report will be assessed unless reasonable ca | | | | |
| i Inder nenaltid | as at nariliry and ath | nor nonaltice eat torth in the inetric | TIONS I declare that I have evamined this return/re | anort including if | anniicania a Schadula | | |

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.

| <u>belief, it is t</u> | true, correct, and complete. | | | | | | |
|------------------------|--|---------------------|--|-----------------------------------|--|--|--|
| SIGN | Filed with authorized/valid electronic signature. | 12/11/2017 | NADER SALOUR | | | | |
| HERE | Signature of plan administrator | Date | Enter name of individu | ual signing as plan administrator | | | |
| SIGN | | | | | | | |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor | | | | |
| Preparer's | name (including firm name, if applicable) and address (include i | oom or suite number | r) | Preparer's telephone number | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Form 5500-SF 2016 Page **2**

| under 20 CRR 2520,1014-d87 (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)? | 6a Were all of the plan's assets during the plan year invested in el | • | , | | | | | | X Yes | No |
|--|--|--|-------------------------|----------|----------|---------|----------|------------|-----------|--------|
| C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | | | | | | | | | X Yes | No |
| Part III Financial Information (a) Beginning of Year (b) End of Year (c) End of Year (d) End of Year (d) End of Year (e) E | , | , | , | | | | | | | |
| 7 Plan Assets and Liabilities | c If the plan is a defined benefit plan, is it covered under the PBG | C insurance pr | ogram (see ERISA se | ection 4 | 021)? | X | Yes | No | Not deter | rmined |
| a Total plan assets | Part III Financial Information | | | | | | | | | |
| b Total plan liabilities | 7 Plan Assets and Liabilities | | (a) Beginning | of Year | | | | (b) End c | of Year | |
| C Net plan assets (subtract line 7b from line 7a) | a Total plan assets | 7a | | 941359 | I | | | | 0 | |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers) | b Total plan liabilities | 7b | | | | | | | | |
| a Contributions received or receivable from: (i) Employers (2) Participants | C Net plan assets (subtract line 7b from line 7a) | 7с | | 941359 | ı | | | | 0 | |
| (2) Participants | 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amour | nt | | | | (b) To | otal | |
| (2) Participants | | 0-(4) | | 0 | | | | | | |
| (3) Others (including rollovers) | | | | | | | | | | |
| b Other income (loss) | | | | | \dashv | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | | | 65535 | | | | | | |
| d Benefits paid (including direct rollowers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions). g Cher expenses | , | | | | | | | | 65535 | |
| to provide benefits) | | | | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | | | 1 | 002266 | | | | | | |
| ## Authinistrative service provides (sataries, less, continusuols) | e Certain deemed and/or corrective distributions (see instructions |). 8e | | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | f Administrative service providers (salaries, fees, commissions) | | 4628 | | | | | | | |
| Net income (loss) (subtract line 8h from line 8c) | g Other expenses | 8g | | | | | | | | |
| Transfers to (from) the plan (see instructions) | h Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | | 1006894 | | |
| 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: It the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V | i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | -941359 | |
| Figure 1 State S | j Transfers to (from) the plan (see instructions) | ··· 8j | | | | | | | | |
| Description | Part IV Plan Characteristics | | | | | | | | | |
| Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 9a If the plan provides pension benefits, enter the applicable pens | ion feature cod | les from the List of Pl | an Cha | racteri | stic Co | odes in | the instru | uctions: | |
| During the plan year: A Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). B Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | b If the plan provides welfare benefits, enter the applicable welfare | re feature code | es from the List of Pla | n Chara | acterist | tic Coc | des in t | he instru | ctions: | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | | | | | | | | | | |
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | | | | V | | NI/A | | | |
| described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) l If 10h was answered "Yes," check the box if you either provided the required notice or one of the | | ما بالدار و ما داد الدار | 41a a 41a a maniand | | Yes | No | N/A | | Amount | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | | | • | | | | | | | |
| reported on line 10a.) | Program) | | | 10a | | ^ | | | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | | | 10b | | X | | | | |
| by fraud or dishonesty? | C Was the plan covered by a fidelity bond? | | | 10c | Χ | | | | | 15000 |
| Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | | | | | | | | | | |
| f Has the plan failed to provide any benefit when due under the plan? | Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides services. | 100 | | X | | | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | | | | X | | | | | | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | | | | X | | | | | | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | h If this is an individual account plan, was there a blackout perio | h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR | | | | | | | | |
| | i If 10h was answered "Yes," check the box if you either provide | ed the required | notice or one of the | 10ii | | | | | | |

| Form | 5500 | 0-SF | 2016 |
|------|------|------|------|
| | | | |

| Page 3- | 1 |
|---------|---|
|---------|---|

| Part | VI | Pension Funding Compliance | | | | | | | |
|----------|---------------|---|-----------|------------------------|-------------------|-----------|----------------------|----------------|-----------|
| 11 | | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below) | | | | | X | Yes | No |
| | Ente | er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | | 11a | | _ | | 0 |
| 12 | | nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Co | | | | f | | Yes | X No |
| | (If " | SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| а | | vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiver. | | is, and | d enter t Day | | of the let | | ing —— |
| If | you c | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | 13. | | 1 | • | | | |
| 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 | | | | |
| | Subt | rract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lative amount) | eft of a | | 12d | | | | |
| <u>e</u> | Will | the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | No | | V/A |
| Part | VII | Plan Terminations and Transfers of Assets | | | | | | | |
| 13a | Has | a resolution to terminate the plan been adopted in any plan year? | | | | X Yes | S | No | |
| | If "Y | es," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | 0 |
| b | | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC? | | | | | X Yes | N | 0 |
| С | | uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify assets or liabilities were transferred. (See instructions.) | ify the p | olan(s) |) to | | | | |
| 1 | 3c(1) | Name of plan(s): | • | 13c(2) | EIN(s) | | 13c | (3) PN | l(s) |
| <u> </u> | | | | | | | | | |
| Part | VIII | Trust Information | | | | | | | |
| 14a | Name | of trust | | | 14b ⁻ | Trust's E | ΞIN | | |
| 14c | Name | e of trustee or custodian | | | | | s or custone numbe | | 3 |
| Part | : IX | IRS Compliance Questions | | | | | | | |
| 15a | Is the | plan a 401(k) plan? If "No," skip b | | Yes | | | No | | |
| | | did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply: | IШ | safe h | n-based narbor | Ĺ | ☐ "Prior test | year" | ADP |
| | | | | ADP t | | ." | N/A | | |
| 16a | | testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply: | | Ratio perce test | entage | | verage enefit tes | t | N/A |
| 16b | | he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules? | Yes | | | No | | | |
| | If the | plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS etter/ and the serial number | opinior | | | | | | |
| 17b | If the letter | plan is an individually-designed plan that received a favorable determination letter from the IRS, en | nter the | date | of the n | nost rec | ent deteri | minatio | on |
| | Were | ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepace? | | rom | Ye | s [| No | | |
| 19 | Was | any plan participant a 5% owner who had attained at least age 70 $1/2$ during the prior plan year? | | | Ye | s | No | | |

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

| Fo | or calendar plan year 2016 or fiscal plan year beginning 01/01/2017 | | and ending | g 10/ | 02/2017 | |
|-------|---|-------------------|-----------------------|--------------------|--------------------------|-----------------------------|
| | Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless | s reasonable cau | use is established | | | |
| | Name of plan CYPRESS REALTY OF FLORIDA, LLC CASH BALANCE PLAN | | B Three-dig | git | J) • | 002 |
| С | Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CYPRESS REALTY OF FLORIDA, LLC | | D Employer | Identific 74-29 | ation Number (E 70186 | EIN) |
| Е | Type of plan: X Single Multiple-A Multiple-B F Prior | year plan size: | X 100 or fewer | 101 | -500 More th | an 500 |
| F | Part I Basic Information | <u> </u> | | | <u>—</u> | |
| 1 | Enter the valuation date: Month 01 Day 01 | Year <u>2017</u> | | | | |
| 2 | Assets: | | | | | |
| | a Market value | | | 2a | | 941359 |
| | b Actuarial value | | | 2b | | 941359 |
| 3 | Funding target/participant count breakdown | \ / | Number of articipants | . , | sted Funding Target | (3) Total Funding Target |
| | a For retired participants and beneficiaries receiving payment | | 0 | | 0 | 0 |
| | b For terminated vested participants | | 0 | | 0 | 0 |
| | C For active participants | | 2 | | 801457 | 801457 |
| | d Total | | 2 | | 801457 | 801457 |
| 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 status for fewer than five consecutive years and disregarding loading factor | | | | | |
| 5 | Effective interest rate | | | 5 | | 4.19% |
| 6 | Target normal cost | | | 6 | | 0 |
| Sta | atement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, stat 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 | | | | 10/26/201 | 7 |
| | Signature of actuary | | | | Date | |
| | KATHRYN J. KILDAHL | | _ | | 17-03559 |) |
| | Type or print name of actuary | | | Most | recent enrollmer | nt number |
| | THE PENSION STUDIO | | | | 866-497-55 | |
| | 1226 OMAR ROAD WEST PALM BEACH, FL 33405 | | Te | lephone | number (includ | ing area code) |
| | Address of the firm | | <u> </u> | | | |
| If th | ne actuary has not fully reflected any regulation or ruling promulgated under the s | tatute in complet | ting this schedule | e, check | the box and see | e [] |

| age | 2 | - | 1 |
|-----|---|---|---|
| | | | |

Schedule SB (Form 5500) 2016

| Pa | art II | Begin | ning of Year | Carryov | er and Prefunding B | alances | | | | | | | | |
|--|--|-------------|---------------------------------|--------------|--------------------------------|----------------|-----------------|------------|--------------------------|-----|------------------------------|----------|--------------------|--|
| | • | | | - | | | | (a) C | arryover balance | ! | (b) F | refundir | ng balance | |
| 7 | | - | • | | able adjustments (line 13 fro | | | | | 0 | | | 0 | |
| 8 | | | • | - | nding requirement (line 35 f | | | | | 0 | | | 0 | |
| 9 | Amount | remaining | g (line 7 minus line | 8) | | | | | | 0 | | | 0 | |
| 10 | Interest | on line 9 ı | using prior year's | actual retu | rn of% | | | | | 0 | | | 0 | |
| 11 | Prior yea | ar's exces | s contributions to | be added | to prefunding balance: | | | | | | | | | |
| | | | | | 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% | | | | | | | | | | | | 0 | |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | | | | | | | | | | | 0 | |
| | C Total a | vailable a | t beginning of curre | ent plan yea | ar to add to prefunding baland | e | | | | | | | 0 | |
| | d Portio | n of (c) to | be added to pref | unding bala | ance | | | | | | | | 0 | |
| 12 | Other re | ductions i | n 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 | | |
| Р | Part III Funding Percentages | | | | | | | | | | | | | |
| 14 | 4 Funding target attainment percentage | | | | | | | | | | | | | |
| | | | | | | | | | | | 117.45% | | | |
| | 6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | | | | | | | | | | | | | |
| 17 | 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | | | | | | | | | | | | | |
| Р | art IV | Con | tributions an | d Liquid | ity Shortfalls | | | | | | | | | |
| 18 | Contribu | tions mad | de to the plan for t | he plan ye | ar by employer(s) and empl | oyees: | | | | | | | | |
| | (a) Dat //M-DD-Y | | (b) Amount p employer | | (c) Amount paid by employees | (a) (MM-DI) | | | (b) Amount p employer | - | (c) Amount paid by employees | | | |
| | וייםם-וויוי | 111) | employer | (3) | employees | (IVIIVI-DE | J- I | 111) | employer | (3) | | empic | <i>yees</i> | |
| - | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 1 | | |
| | | | | | | Totals ► | , | 18(b) | | 0 | 18(c) | | 0 | |
| 19 | | | | | uctions for small plan with a | | | | | | | | | |
| | _ | | | • | num required contributions | | | | _ | 19a | | | 0 | |
| b Contributions made to avoid restrictions adjusted to valuation date | | | | | | | | | | | 0 | | | |
| 20 | C Contributions allocated toward minimum required contribution for current year adjusted to valuation date | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | |
| | | | | | installments for the current | | | | | | | □ | Yes X No Yes No | |
| | | | • | | nplete the following table as | | | iciy iili | amici (| | | | Yes No | |
| | • II IIII le | 20a 15 11 | co, occ monucilo | iis and cor | Liquidity shortfall as of en | | | nis plan v | /ear | | | | | |
| | | (1) 1s | t | | (2) 2nd | 1: 2:3: | (3) 3rd (4) 4th | | | | | | | |
| | | | | | | | | | | | | | | |

| F | Part V | Assumpti | ons Used to Determin | e Funding Target and Targ | get Normal Cost | | | | | | |
|----|--|------------------|---------------------------------------|---|---------------------------|------------------|----------------------------|--|--|--|--|
| 21 | Discount | rate: | | | | | | | | | |
| | a Segm | ent rates: | 1st segment: 4.16% | 2nd segment: 5.72 % | 3rd segment: 6.48 % | ı | N/A, full yield curve used | | | | |
| | b Applic | able month (er | nter code) | | | 21b | 3 | | | | |
| 22 | Weighted | d average retir | ement age | | | 22 | 62 | | | | |
| 23 | Mortality | table(s) (see | instructions) X Pres | scribed - combined Pres | cribed - separate | Substitu | ute | | | | |
| Pa | art VI | Miscellane | ous Items | | | | | | | | |
| | | | | arial assumptions for the current p | lan vear? If "Yes " see i | nstruction | s regarding required | | | | |
| | | - | • | | - | | | | | | |
| 25 | 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment | | | | | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| 26 | Is the pla | in required to p | provide a Schedule of Active F | Participants? If "Yes," see instructi | ons regarding required a | attachmen | tX Yes No | | | | |
| 27 | | | | r applicable code and see instructi | | 27 | | | | | |
| D | art VII | | | um Required Contribution | | | | | | | |
| | | | | ears | | 28 | 0 | | | | |
| 29 | | | | unpaid minimum required contribu | | | 0 | | | | |
| | | | | , , | 29 | 0 | | | | | |
| 30 | Remainir | ng amount of υ | unpaid minimum required cont | | 30 | 0 | | | | | |
| Pa | Part VIII Minimum Required Contribution For Current Year | | | | | | | | | | |
| 31 | Target n | ormal cost and | d excess assets (see instruction | ons): | | | | | | | |
| | a Target | normal cost (li | ne 6) | | | 31a | 0 | | | | |
| | | | | ne 31a | | 31b | 0 | | | | |
| 32 | Amortiza | tion installmer | nts: | | Outstanding Bala | ance Installment | | | | | |
| | a Net sh | ortfall amortiza | ation installment | | | 0 | 0 | | | | |
| | b Waive | r amortization | installment | | | ī | | | | | |
| 33 | | | | er the date of the ruling letter grant) and the waived amount | | 33 | | | | | |
| 34 | Total fun | ding requireme | ent before reflecting carryover | /prefunding balances (lines 31a - 3 | 31b + 32a + 32b - 33) | 34 | 0 | | | | |
| | | | | Carryover balance | Prefunding balar | nce | Total balance | | | | |
| 35 | Balances | s elected for us | se to offset funding | | | | | | | | |
| | | | | | | | 0 | | | | |
| 36 | Additiona | al cash require | ement (line 34 minus line 35) | | | 36 | 0 | | | | |
| 37 | | | | ntribution for current year adjusted | | 37 | 0 | | | | |
| 38 | Present v | alue of exces | s contributions for current yea | r (see instructions) | | | | | | | |
| | a Total (e | excess, if any, | of line 37 over line 36) | | | 38a | 0 | | | | |
| | b Portion | included in lir | ne 38a attributable to use of p | refunding and funding standard ca | ryover balances | 38b | | | | | |
| 39 | Unpaid n | ninimum requi | red contribution for current yea | ar (excess, if any, of line 36 over line | ne 37) | 39 | 0 | | | | |
| 40 | 40 Unpaid minimum required contributions for all years | | | | | | | | | | |
| Pa | rt IX | Pension | Funding Relief Under I | Pension Relief Act of 2010 | (See Instructions | s) | | | | | |
| 41 | 41 If an election was made to use PRA 2010 funding relief for this plan: | | | | | | | | | | |
| | a Schedule elected | | | | | | | | | | |
| | b Eligible | e plan year(s) f | for which the election in line 4 | 1a was made | | 20 | 08 2009 2010 2011 | | | | |
| 42 | | | | | | 42 | | | | | |
| | | | | over to future plan years | | 43 | | | | | |

Schedule of Active Participant Data Short Plan Year: 1/1/2017 to 3/31/2017 Valuation Date: 1/1/2017

| Svc/ Age | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ | Total |
|-------------|----|-----|-----|-------|-------|-------|-------|-------|-------|-----|-------|
| <25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30-34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35-39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40-44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45-49 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 50-54 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 55-59 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 60-64 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 65-69 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70+ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |

^{*} Employees who have not met the minimum eligibility requirements are excluded

Average Age: 57.0

Average Service: 5

Summary of Actuarial Assumptions and Method Short Plan Year: 1/1/2017 to 3/31/2017 Valuation Date: 1/1/2017

| | For Funding <u>Min</u> <u>Max</u> | For 417(e) | For Actuarial Equiv. | | | | | |
|---------------------------|---|---|--|--|--|--|--|--|
| Interest Rates | Seg 1: 4.16% 1.52% | Seg 1: 1.47% | Pre-Retirement: 5.00% | | | | | |
| | Seg 2: 5.72% 3.78% | Seg 2: 3.34% | Post-Retirement: 5.00% | | | | | |
| | Seg 3: 6.48% 4.76% | Seg 3: 4.30% | | | | | | |
| Pre-Retirement | | | | | | | | |
| Turnover | None | None | None | | | | | |
| Mortality | None | None | None | | | | | |
| Assumed Ret Age | Normal retirement age 62 a 5 years of participation | ınd | Normal retirement age 62 and 5 years of participation | | | | | |
| Post-Retirement | | | | | | | | |
| Mortality | Male-modified RP2000 combined healthy male projected 32 & 24 years Female-modified RP2000 combined healthy female projected 32 & 24 years | 2017 Applicable Mortality Table from Notice 2016-50 | GAR 94 without loads projected to 2002 with scale AA 50%M/50%F | | | | | |
| Assumed Benefit Form | For Funding | Lump Sum | | | | | | |
| Calculated Effective Inte | erest Rate | 4.19% | | | | | | |
| Cash Balance Projected | Interest Crediting Rate | 5.00% | 5.00% | | | | | |
| Actuarial Cost Method | | prescribed by the Pension Promethod sets the funding targe value of accrued benefits, and | The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year. | | | | | |

Maximum Deduction Limit

Loading factor for plans eligible to use the special rule under IRC 404(o)(2)(B):

Percent Load: 4.00% \$ per Partic Load \$700.00

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

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. Part I Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

| For calend | dar plan year 2016 o | r fiscal plan year beginning 01/01/2 | 017 | and ending 10/ | 02/2017 | | | |
|--|--|---|--|--|--|---|--|--|
| A This re | eturn/report is for: | X a single-employer plan | 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 plan | | | | | |
| B This ret | turn/report is | the first return/report | X the final return/report | | | | | |
| | | an amended return/report | X a short plan year retu | urn/report (less than 12 m | nonths) | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | DFVC program | | | |
| Part II | Pacia Dian In | special extension (enter des | | | | | | |
| 1a Name | | formation—enter all requested i | information | | 4h T | | | |
| | alty of Florida, LLC | Cash Balance Plan | | | 1b Three-digit plan number (PN) | 002 | | |
| | | | | | 1c Effective date 01/01/2012 | of plan | | |
| Mailin | g address (include re | ployer, if for a single-employer plan com, apt., suite no. and street, or P | .O. Box) | | 2b Employer Iden (EIN) 74-2970 | | | |
| | alty of Florida, LLC | nce, country, and ZIP or foreign po | stal code (if foreign, see ins | tructions) | 2c Sponsor's tele (561) | phone number 768-9288 | | |
| 1907 Comm | erce Ln, Ste 103 | | | | 2d Business code 237210 | (see instructions) | | |
| Jupiter, FL 3 | 23459 5516 | | | | | | | |
| | | and address X Same as Plan Spo | oneor | | 3b Administrator's | FIN | | |
| | | [] came as man op | | | Administrator s | LIIV | | |
| | | | | | | | | |
| | | | | | 3c Administrator's | telephone number | | |
| | | | | | 3c Administrator's | telephone number | | |
| | | | | | 3c Administrator's | telephone number | | |
| | | | | | 3c Administrator's | telephone number | | |
| 4 If the i | name and/or EIN of t , EIN, and the plan r | the plan sponsor has changed since number from the last return/report. | e the last return/report filed | for this plan, enter the | 3c Administrator's 4b EIN | telephone number | | |
| name | name and/or EIN of t , EIN, and the plan r or's name | the plan sponsor has changed since number from the last return/report. | e the last return/report filed | for this plan, enter the | | telephone number | | |
| a Spons | , EIN, and the plan r or's name | number from the last return/report. | | | 4b EIN 4c PN | | | |
| a Spons 5a Total | , EIN, and the plan r or's name number of participan | number from the last return/report. ts at the beginning of the plan year | | | 4b EIN 4c PN | telephone number | | |
| a Spons 5a Total i b Total i c Numb | , EIN, and the plan r or's name number of participan number of participan er of participants wit | ts at the beginning of the plan year ts at the end of the plan year | f the plan year (only defined | d contribution plans | 4b EIN 4c PN 5a | 2 | | |
| a Spons 5a Total o b Total o c Numb | , EIN, and the plan r or's name number of participan number of participan er of participants wit lete this item) | ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of | f the plan year (only defined | d contribution plans | 4b EIN 4c PN 5a 5b | 2 | | |
| a Spons 5a Total a b Total a c Numb compl d(1) Total | , EIN, and the plan roor's name number of participan number of participan er of participants wit lete this item) | ts at the beginning of the plan year ts at the end of the plan year | of the plan year (only defined | d contribution plans | 4b EIN 4c PN 5a 5b 5c 5d(1) | 2 0 | | |
| b Total of C Numb completed (1) Total of C (2) Total of C (2) Total of C (3) Total of C (4) Tota | , EIN, and the plan roor's name number of participan number of participan er of participants wit lete this item) | ts at the beginning of the plan year ts at the end of the plan year | of the plan year (only defined plan yearear | d contribution plans | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e | 2 0 | | |
| b Total of Complete Number of Courtion: A Courtion: A Courtion of Courtion of Courtion of Courtion: A | , EIN, and the plan ror's name number of participan number of participants wit lete this item) | ts at the beginning of the plan year ts at the end of the plan year | of the plan year (only defined plan yeareareareaplan year with accrued be | d contribution plans enefits that were less | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. | 2 0 | | |
| a Spons 5a Total of C Numb completed (1) Total of C Numb completed (2) Total of C Numb completed (2) Total of C Numb completed (3) Total of C Numb completed (4) Total of C Numb complete | p. EIN, and the plan roor's name number of participant participant of participants with lete this item) | ts at the beginning of the plan year ts at the end of the plan year that account balances as of the end of the plan year to participants at the beginning of the plan year terminated employment during the properties of the plan year terminated employment during the properties of the plan year terminated employment during the properties of the position of the plan year to the | of the plan year (only defined plan year | d contribution plans enefits that were less I unless reasonable cau | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. | 2 0 2 0 0 | | |
| b Total of Complete Number of Courtion: A Under pena SB or Schebelief, it is t | penalty for the late adding to group, and the plan roor's name number of participant and participant of participants with lete this item) | ts at the beginning of the plan year ts at the end of the plan year | of the plan year (only defined plan year | d contribution plans enefits that were less I unless reasonable cau | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. | 2 0 2 0 0 | | |
| b Total of C Numb compiled (1) Total of C Numb compiled (2) Total of C Numb compiled (2) Total of Caution: A Under pena SB or Schebelief, it is to | p. EIN, and the plan roor's name number of participant participant of participants with lete this item) | ts at the beginning of the plan year ts at the end of the plan year | of the plan year (only defined plan year | d contribution plans enefits that were less I unless reasonable cau e examined this return/re ersion of this return/repor | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applit, and to the best of m | 2 0 0 0 cable, a Schedule y knowledge and | | |
| b Total of Complete Court of C | penalty for the late adding to group, and the plan roor's name number of participant and participant of participants with lete this item) | ts at the beginning of the plan year ts at the end of the plan year | plan year (only defined plan year | d contribution plans enefits that were less I unless reasonable cau e examined this return/reportion of this return/report | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applit, and to the best of m | 2 0 0 0 cable, a Schedule y knowledge and | | |
| b Total of C Numb compiled (1) Total of C Numb compiled (2) Total of C Numb than than than than than than than than | penalty for the late of periury and solution of participant of participant of participant of participant of participant of participants with the penalty of active participants the penalty for the late of periury and of penalty of periury and of the penalty of penalty of penalty of penalty of penalty and of penalty of penalty and control of penalty of penalty and control of penalty of penalty and control of penalty of penalty of penalty and control of penalty | ts at the beginning of the plan year ts at the end of the plan year | plan year (only defined plan year | d contribution plans enefits that were less I unless reasonable cau e examined this return/reportion of this return/report | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applit, and to the best of m ual signing as plan additional and a signing a sig | 2 0 2 0 0 cable, a Schedule y knowledge and | | |
| b Total of C Numb completed (1) Total of C Numb completed (2) Total of C Numb completed (3) Total of Caution: A Under pena SB or Schebellef, it is to SIGN HERE | p. EIN, and the plan roor's name number of participant participants with letter this item) | ts at the beginning of the plan year ts at the end of the plan year | plan year (only defined plan year | enefits that were less unless reasonable cau examined this return/report Nader Salour Enter name of individu | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applit, and to the best of m ual signing as plan additional and a signing a sig | 2 0 0 cable, a Schedule y knowledge and | | |
| b Total of C Numb complete (1) Total of C Numb complete (2) Total of C Numb complete (3) Total of C Numb complete (4) Total of C Numb complete (4) Total of C Numb complete (5) Total of C Num | p. EIN, and the plan roor's name number of participant participants with letter this item) | ts at the beginning of the plan year ts at the end of the plan year | plan year (only defined plan year | enefits that were less unless reasonable cau examined this return/report Nader Salour Enter name of individu | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applit, and to the best of m ual signing as plan ad ual signing as employed | 2 0 0 cable, a Schedule y knowledge and | | |
| b Total of C Numb complete (1) Total of C Numb complete (2) Total of C Numb complete (3) Total of C Numb complete (4) Total of C Numb complete (4) Total of C Numb complete (5) Total of C Num | p. EIN, and the plan roor's name number of participant participants with letter this item) | ts at the beginning of the plan year ts at the end of the plan year | plan year (only defined plan year | enefits that were less unless reasonable cau examined this return/report Nader Salour Enter name of individu | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applit, and to the best of m ual signing as plan ad ual signing as employed | 2 0 0 cable, a Schedule y knowledge and | | |
| b Total of C Numb complete (1) Total of C Numb complete (2) Total of C Numb complete (3) Total of C Numb complete (4) Total of C Numb complete (4) Total of C Numb complete (5) Total of C Num | p. EIN, and the plan roor's name number of participant participants with letter this item) | ts at the beginning of the plan year ts at the end of the plan year | plan year (only defined plan year | enefits that were less unless reasonable cau examined this return/report Nader Salour Enter name of individu | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applit, and to the best of m ual signing as plan ad ual signing as employed | 2 0 0 cable, a Schedule y knowledge and | | |

| Form 5500-SF 2016 Page Z | Form 5500-SF 2016 | Page 2 |
|---------------------------------|-------------------|---------------|
|---------------------------------|-------------------|---------------|

| b Ary you claiming a water of the annual examination and report of an independent qualified public accountant (ICPA) which region is a water eligibility and controllions. We water eligibility and controllions. We water eligibility and controllions of the part of the par | 6a | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | | | | |
|--|----------|---|--------------|--------------------------|----------|----------|---------|----------|-----------|----------|--------|
| H you answerd "No" to other line 6s or line 6b, the plan cannot use Form 5500-\$F 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)? | b | | | | | | | | | | |
| Part III | | | | | | | | | | | |
| 7 Plan Assets and Liabilities | С | If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance p | orogram (see ERISA se | ection 4 | 021)? | X | Yes | No | Not dete | rmined |
| a Total plan assets. 7a 941359 0 b Total plan liabilities. 7b 7b 0 c Net plan assets (subtract line 7b from line 7a). 7c 941359 0 c Net plan assets (subtract line 7b from line 7a). 7c 941359 0 c Net plan assets (subtract line 7b from line 7a). 7c 941359 0 c Net plan assets (subtract line 7b from line 7a). 7c 941359 0 c Northudions received or receivable from: (b) Total (c) | Pai | t III Financial Information | | | | | | | | | |
| b Total plan siabilities | 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | | | | (b) End | of Year | |
| C Net plan assets (subtract line 7b from line 7a) | a | Total plan assets | . 7a | | 9413 | 59 | | | | | 0 |
| 8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Do Other income (loss) (5) Others (including rollovers) (6) Do Other income (loss) (7) Others (including rollovers) (8) Bb (65535) (8) Others (including rollovers) (8) Bb (65535) (8) Others (including rollovers) (8) Bb (65535) (8) Others (including direct rollovers and insurance premiums to provide benefits paid (including direct rollovers and insurance premiums to provide benefits) (8) Other expenses (and incest and or corrective distributions (see instructions) (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits) (8) Other expenses (and lines 8d, 8e, 8f, and 8g) (9) Other expenses (8) Go Other expenses (and lines 8d, 8e, 8f, and 8g) (9) Other expenses (and lines 8d, 8e, 8f, and 8g) (9) Bh Total expenses (and lines 8d, 8e, 8f, and 8g) (9) Transfers to (from) the plan (see instructions) (10) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (10) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (10) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (10) During the plan year: (11) V Compliance Questions (12) Compliance Questions (13) Others are a failure to transmit to the plan any participant contributions within the time period described in 29 OFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) (10) During the plan year: (10) Other expenses of one of the plan any participant on the rolloude transactions plan and the plan any participant on the plan any p | b | Total plan liabilities | 7b | | | | | | | | |
| a Contributions received or receivable from: (1) Employees (2) Participants (3) Others (including or lovers). (3) Others (including or lovers). (4) Experiments (5) Other Income (add lines 8a(1), 8a(2), 8a(3), and 8b). (5) Other Income (add lines 8a(1), 8a(2), 8a(3), and 8b). (6) Other Income (add lines 8a(1), 8a(2), 8a(3), and 8b). (7) Other Income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Other Income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Other Income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Other Income (add lines 8a(1), 8a(2), 8a(3), and 8b). (9) Other Income (add lines 8a(1), 8a(2), 8a(3), and 8b). (1) Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). (1) Other expenses (add lines 8d, 8e, 8f, and 8g). (1) Other expenses (add lines 8d, 8e, 8f, and 8g). (2) Other expenses (add lines 8d, 8e, 8f, and 8g). (3) Other expenses (add lines 8d, 8e, 8f, and 8g). (3) Other expenses (add lines 8d, 8e, 8f, and 8g). (4) Other expenses (add lines 8d, 8e, 8f, and 8g). (5) Other expenses (add lines 8d, 8e, 8f, and 8g). (6) Other expenses (add lines 8d, 8e, 8f, and 8g). (7) Other expenses (add lines 8d, 8e, 8f, and 8g). (8) Other expenses (add lines 8d, 8e, 8f, and 8g). (8) Other expenses (add lines 8d, 8e, 8f, and 8g). (9) Other expenses (add lines 8d, 8e, 8f, and 8g). (9) Other expenses (add lines 8d, 8e, 8f, and 8g). (9) Other expenses (add lines 8d, 8e, 8f, and 8g). (9) Other expenses (add lines 8d, 8e, 8f, and 8g). (9) Other expenses (add lines 8d, 8e, 8f, and 8g). (9) Other expenses (add lines 8d, 8e, 8f, and 8g). (9) Other expenses (add lines 8d, 8e, 8f, and 8g). (9) Other expenses (add lines 8d, 8e, 8f, and 8g). (9) Other expenses (add lines 8d, 8e, 8f, and 8g). (9) Other part expenses (add lines 8d, 8e, 8f, and 8g). (9) Other part expenses (add lines 8d, 8e, 8f, and 8g). (9) Other part expenses (add lines 8d, 8e, 8f, and 8g). (9) Other part expenses (add lines 8d, 8e, 8f, and 8g). (1) Other part expenses (add lines 8d, 8e, 8f, and 8g). (1) Other part expenses (add lines 8d, 8e, 8f, and 8g). (1) Ot | C | Net plan assets (subtract line 7b from line 7a) | 7c | | 9413 | 59 | | | | | 0 |
| (2) Participants | 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | | (b) To | otal | |
| (2) Participants | а | | 92/1\ | | | 0 | | | | | |
| (3) Other (including rollovers) | | | | | | | | | | | |
| b Other income (loss) | | • | 1 | | | | | | | | |
| C Total income (add lines Ba(1), Ba(2), Ba(3), and 8b) | b | , | | | 6553 | 35 | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | | | | | | | | | | 6553 | 5 |
| e Certain deemed and/or corrective distributions (see instructions) g Cher expenses g Other expenses g Other expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | | • | 8d | | 100226 | 66 | | | | | |
| g Other expenses | <u>e</u> | | . 8e | | 400 | 20 | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1006894 i Net income (loss) (subtract line 8h from line 8c) 8i -941359 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: 1C 1H 11 3B 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: 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 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b C Was the plan covered by a fidelity bond? 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c 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) 10c f Has the plan failed to provide any benefit when due under the plan? 10f A 15000 10 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3) 10f If 10h was answered "Yes," check the box if you either provided the required notice or one of the | f | Administrative service providers (salaries, fees, commissions) | | | 462 | 28 | | | | | |
| i Net income (loss) (subtract line 8h from line 8c) | | · | | | | | | | | | |
| Transfers to (from) the plan (see instructions) | <u>h</u> | | | | | | | | | | |
| Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1C 1H 11 3B 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: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10a | <u></u> | | . 8i | | -941 | | | | -94135 | 59 | |
| Part V Compliance Questions | | | 8j | | | | | | | | |
| 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: 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) | | | | | | | | | | | |
| Part V Compliance Questions 10 During the plan year: A Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 9a | | feature co | odes from the List of Pl | an Cha | racteri | stic Co | des in | the instr | uctions: | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 | b | If the plan provides welfare benefits, enter the applicable welfare f | eature cod | les from the List of Pla | n Chara | acterist | tic Coc | les in t | he instru | ctions: | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 | Par | t V Compliance Questions | | | | | | | | | |
| 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) | | | | | | Yes | No | N/A | | Amount | |
| described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond? | | | utions withi | n the time period | | | | | | 7 0 1 | |
| reported on line 10a.) | | | - | - | 10a | | Х | | | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.) • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the | b | | | | 10b | | Х | | | | |
| by fraud or dishonesty? | С | C Was the plan covered by a fidelity bond? | | | | | | | | | 150000 |
| 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.) | d | | | | | | Х | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | е | 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 | | | | | | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | f | f Has the plan failed to provide any benefit when due under the plan? | | | | | | | | | |
| 2520.101-3.) | g | | | | | | | | | | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | h | | | | 10h | | | | | | |
| | i | If 10h was answered "Yes," check the box if you either provided to | he require | d notice or one of the | 10i | | | | | | |

| Part | | Pension Funding Compliance | | | | | | | |
|---|---|--|----|--------------------------|--|-----------|----------------|-----------------|------|
| 11 | 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) | | | | | | | | No |
| _11a | Ente | r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | | | 0 | |
| 12 | | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co | | | | ; | Ιп | Yes | X No |
| | | A?/es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | <u>'</u> | | ш |
| а | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver | | | | | | | | |
| lf | you co | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1 | 3. | | | | | | |
| b | Enter | the minimum required contribution for this plan year | | | 12b | | | | |
| С | Enter | the amount contributed by the employer to the plan for this plan year | | | 12c | | | | |
| d | | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount) | | | 12d | | | | |
| е | Will t | he minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | No | 1 | N/A |
| Part | VII | Plan Terminations and Transfers of Assets | | | | | | | |
| 13a | Has a | a resolution to terminate the plan been adopted in any plan year? | | | | X Ye | s | No | |
| | If "Ye | es," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | 0 |
| b | | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough ol of the PBGC? | | | | | X Yes | N | 0 |
| С | If, du | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify hassets or liabilities were transferred. (See instructions.) | | | | | | | |
| 1 | 13c(1) | Name of plan(s): | | 13c(2) | EIN(s) | | 13c | (3) PN | l(s) |
| | | | | | | | | | |
| Part | VIII | Trust Information | | | | | | | |
| 14a | Name | of trust | | | 14b ⊺ | Γrust's Ι | EIN | | |
| 14c | Name | of trustee or custodian | | | 14d Trustee's or custodian's telephone number | | | | |
| Par | t IX | IRS Compliance Questions | | | | | | | |
| 15a | Is the | plan a 401(k) plan? If "No," skip b | | Yes | | | No | | |
| | | did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: | | Design-based safe harbor | | | "Prior test | year" . | ADP |
| | | | | "Curre | ent year 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: | | | | | | | N/A | | |
| 16b | 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? | | | | | | | | |
| 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 | 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 | Were | ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separ se? | | from | Yes | s [| No | | |
| 19 | 19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? | | | | | | | | |

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 2016

This Form is Open to Public

Inspection

OMB No. 1210-0110

Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2016 or fiscal plan year beginning 01/01/2017 10/02/2017 and ending 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 002 Cypress Realty of Florida, LLC Cash Balance Plan plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN) Cypress Realty of Florida, LLC 74-2970186 F Prior year plan size: E Type of plan: x Single Multiple-A Multiple-B 100 or fewer 101-500 More than 500 Part I **Basic Information** Year 2017 Month 01 Day 01 Enter the valuation date: 2 Assets: 2a a Market value 941359 2b **b** Actuarial value..... 941359 (1) Number of (2) Vested Funding (3) Total Funding Funding target/participant count breakdown participants Target Target a For retired participants and beneficiaries receiving payment..... 0 0 0 b For terminated vested participants..... 0 0 0 C For active participants..... 2 801457 801457 2 801457 801457 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 ... b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk 4b status for fewer than five consecutive years and disregarding loading factor 5 Effective interest rate 5 4.19 % 6 Target normal cost 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 10/26/2017 gnature of actuary Date Kathryn J. Kildahl 17-03559 Type or print name of actuary Most recent enrollment number The Pension Studio (866) 497-5501 Firm name Telephone number (including area code) 1226 Omar Road West Palm Beach, FL 33405 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

| Page | 2 | -1 | |
|------|---|----|--|
|------|---|----|--|

| Pa | art II | Begir | ning of Year | Carryov | er and Prefunding B | alances | | | | | | | |
|--|--|-------------|--------------------------|-------------|---|-------------|--|------------------|-----|----------------|------------------------------|------------|--------------|
| | | | | | | | (a) C | arryover balance | | (b) F | Prefundir | ng balance | |
| 7 | | • | 0 , , | | able adjustments (line 13 fro | • | | | 0 | | | | 0 |
| • | , | | | | | | | | | | | | Ť |
| 8 | | | • | - | nding requirement (line 35 f | | | | 0 | | | | 0 |
| 9 | Amount | remaining | g (line 7 minus line | 8) | | | | | 0 | | | | 0 |
| 10 | Interest | on line 9 | using prior year's | actual retu | rn of% | | | | 0 | | | | 0 |
| 11 | Prior yea | ır's exces | s contributions to | be added | to prefunding balance: | | | | | | | | |
| a Present value of excess contributions (line 38a from prior year) | | | | | | | | | | | | | 0 |
| | | | | | a over line 38b from prior ye | | | | | | | | |
| | | | | | e interest rate ofedule SB, using prior year's | = | • | | | | | | 0 |
| | ` ' | | • | - | edule SB, using prior years | | | | | | | | 0 |
| | | | | | ar to add to prefunding baland | | | | | | | | 0 |
| | d Portio | n of (c) to | be added to pref | unding bala | ance | | | | | | | | 0 |
| 12 | Othor ro | ductions i | in halancos duo to | oloctions | or deemed elections | | | | 0 | | | | 0 |
| | | | | | line 10 + line 11d – line 12) | | | | 0 | | | | 0 |
| | art III | | ding Percenta | | mile 10 1 mile 11a mile 12) | | 1 | | | | | | - |
| | | | | | | | | | | | 14 | 117.45 % | |
| | | | | |) | | | | | | 15 | 117.45 % | |
| | | | <u> </u> | | | | inding balances may be used to reduce curren | | | | | | _ |
| | year's fu | nding red | uirement | | | | | - | | | 16 | 144.19 % | 6 |
| 17 | If the cui | rent valu | e of the assets of | the plan is | less than 70 percent of the | funding tar | get, enter suc | ch percentage | | | 17 | 9 | % |
| Р | art IV | Con | tributions an | d Liquid | ity Shortfalls | | | | | | | | |
| 18 | | | | | ar by employer(s) and empl | | | | | | | | |
| (1) | (a) Dat //M-DD-Y | | (b) Amount p employer | - | (c) Amount paid by employees | | (b) Amount paid by employer(s) | | | | (c) Amount paid by employees | | |
| , | | , | . , | , | 1 , | , | , | . , | . / | | 1 | , | _ |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | Totals I | 18(b) | | | 0 18(c) | | | 0 |
| 19 | | | | | uctions for small plan with a | | | | - | | | | _ |
| | _ | | | • | num required contributions | | | | 19a | | | | 0 |
| | | | | - | usted to valuation date | | | | 19b | | | | 0 |
| 20 | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | | | | | | | | | | | | |
| 20 | | | | | e prior year? | | | | L | | П | Yes X No | |
| | | • | • | | • | | | | | | □ | | |
| | | | | | installments for the current | | | aıııltı (| Γ | | Ц | Yes No | |
| | U II III IE | 20a 15 Y | es, see msnuctio | ns and con | nplete the following table as Liquidity shortfall as of en | | | year | | | | | |
| | | (1) 1s | t | | (2) 2nd | | | 3rd | | | (4) 4th | | _ |
| | | | | | | | | | | | | | |

| P | Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | | | | | |
|------|--|------------------|-----------------------------------|---|------------------------------|-----------|-------------------|--|
| 21 | Discount | rate: | | | | | | |
| | a Segme | ent rates: | N/A, full yield curve use | | | | | |
| | b Applica | able month (er | nter code) | | | 21b | 3 | |
| 22 | Weighted | average retire | ement age | | | 22 | 62 | |
| 23 | Mortality | table(s) (see i | instructions) X Pres | cribed - combined P | rescribed - separate | Substitu | ite | |
| Pa | Part VI Miscellaneous Items | | | | | | | |
| 24 | 4 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment | | | | | | | |
| 25 | Has a me | thod change b | been made for the current plar | year? If "Yes," see instruction | ns regarding required attach | nment | X Yes No | |
| 26 | Is the pla | n required to p | provide a Schedule of Active P | articipants? If "Yes," see instru | uctions regarding required a | attachmen | tX Yes No | |
| 27 | • | • | _ | r applicable code and see instr | | 27 | | |
| P | art VII | Reconcilia | ation of Unpaid Minimu | ım Required Contribut | ons For Prior Years | ' | | |
| 28 | Unpaid m | inimum requir | ed contributions for all prior ye | ears | | 28 | 0 | |
| 29 | | | | unpaid minimum required contr | | 29 | 0 | |
| 30 | | | | ibutions (line 28 minus line 29) | | 30 | 0 | |
| Pa | art VIII | Minimum | Required Contribution | For Current Year | | | | |
| 31 | Target no | ormal cost and | d excess assets (see instruction | ns): | | | | |
| | a Target r | normal cost (li | ne 6) | | | 31a | 0 | |
| | b Excess | assets, if app | licable, but not greater than lir | ne 31a | | 31b | 0 | |
| 32 | Amortizat | ion installmen | its: | | Outstanding Bala | nce | Installment | |
| | a Net sho | ortfall amortiza | tion installment | | | 0 | 0 | |
| | | | | | | I | | |
| 33 | | | | r the date of the ruling letter gr) and the waived amount | | 33 | | |
| 34 | Total fund | ding requireme | ent before reflecting carryover | prefunding balances (lines 31a | ı - 31b + 32a + 32b - 33) | 34 | 0 | |
| | | | | Carryover balance | Prefunding balar | nce | Total balance | |
| 35 | | | se to offset funding | | | | 0 | |
| 36 | · · · | | | | | 36 | 0 | |
| 37 | Contribut | ions allocated | toward minimum required cor | tribution for current year adjus | ted to valuation date (line | 37 | 0 | |
| 38 | | | s contributions for current year | (saa instructions) | | | 0 | |
| - 30 | | | | , | | 38a | 0 | |
| | a Total (excess, if any, of line 37 over line 36) | | | | | | | |
| 39 | | | | | | | | |
| 40 | | | | | | | | |
| Pa | 40 Unpaid minimum required contributions for all years | | | | | | | |
| 41 | 41 If an election was made to use PRA 2010 funding relief for this plan: | | | | | | | |
| | a Schedule elected | | | | | | | |
| | b Eligible | plan year(s) f | for which the election in line 41 | a was made | | 20 | 08 2009 2010 2011 | |
| 42 | Amount o | f acceleration | adjustment | | | 42 | <u> </u> | |
| 43 | Excess in | stallment acce | eleration amount to be carried | over to future plan vears | | 43 | | |

EIN: 74-2970186 PN: 002

2017 Schedule SB Attachment Optional Forms of Benefit

The plan's normal form of payment is a Life Only annuity, payable for the life of the participant.

For married participants, the actuarial equivalence of this benefit will be paid in the form of a Joint and 50% Survivor annuity unless the participant elects a different form of payment and the spouse consents in writing. This benefit is payable for the life of the participant, with 50% payable to the surviving spouse for his/her lifetime. Payments cease on the death of the participant and spouse.

The following forms of payment are also available:

Joint and 100% Survivor Payable for the life of the participant and his/her beneficiary. Payments

cease on the death of both.

Joint and 75% Survivor

Payable for the life of the participant. If the participant dies before his/her

beneficiary, 75% of the benefit will continue for the life of the beneficiary.

Joint and 50% Survivor Payable for the life of the participant. If the participant dies before his/her

beneficiary, 50% of the benefit will continue for the life of the beneficiary.

Single Lump Sum

This is a one-time payment of the lump sum equivalent of the plan's normal

form of benefit.

Attachment to 2017 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 74-2970186 PN: 002

Cypress Realty of Florida, LLC Cash Balance Plan

Weighted Average Retirement Age Short Plan Year: 1/1/2017 to 3/31/2017 Valuation Date: 1/1/2017

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 62 Completion of 5 years of participation from beginning of entry year

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 62

Summary of Plan Provisions Short Plan Year: 1/1/2017 to 3/31/2017 Valuation Date: 1/1/2017

Plan Effective Date January 1, 2012

Short Plan Year From January 1, 2017 to March 31, 2017

Eligibility All employees not excluded by class are eligible to enter on the

beginning of the month coincident with or following the

completion of the following requirements:

Minimum age 21

Exclude Collectively Bargained Employees & Non-resident Aliens

Normal Retirement Age All participants are eligible to retire with their full retirement

benefit on the later of the following:

Attainment of age 62

Completion of 5 years of participation from beginning of entry

year

Cash Balance Contribution Credit The plan provides the following cash balance contribution

credits to participants based on their group classification:

The accrued benefit as of March 31, 2017.

The maximum monthly benefit is the lesser of \$17,916.66 and 100% of the highest 3-year average salary, subject to service requirements.

Salary based contribution credits are applied to current

compensation.

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based

on salary and/or service on the calculation date, and payable on

the normal retirement date.

Credited years are plan years from the first day of the plan year

containing date of entry excluding the following:

Years after March 31, 2017 Years with less than 1,000 hours

Termination Benefit Upon termination for any reason other than death or retirement

a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the

following vesting schedule:

| Credited Years | Vested Percent |
|-----------------------|-----------------------|
| 1 | 0 |
| 2 | 0 |
| 3 | 100 |

Summary of Plan Provisions Short Plan Year: 1/1/2017 to 3/31/2017 Valuation Date: 1/1/2017

Credited years are plan years from date of hire excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit Top-heavy minimum benefits are provided under another plan

of the employer

Top-Heavy Status A plan is top-heavy if over 60% of the value of all accrued

benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of

the company. This plan is currently top-heavy.

Death Benefit Actuarial Equivalent of the accrued benefit earned to date of

death

Cash Balance The Interest Crediting Rate for this plan year is 5.00%

Change in Actuarial Method Plan Year: 1/1/2017 to 3/31/2017 Valuation Date: 1/1/2017

The valuation date was changed to January 1, 2017. Prior to 2017, the valuation date was the last day of the plan year. The plan terminated effective March 31, 2017. Because the plan's termination date was before the date that would otherwise have been the valuation date for the plan year, the valuation date for the plan year has been changed to fall within the short plan year pursuant to Regulation $\S1.430(g)-1(b)(2)(i)$.

This change is automatically approved under Regulation §1.430(g)-1(b)(2)(iv).