Form 5500-S		nual Return/Repo Benefit Plai	ort of Small Employe	ee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to b	be filed under sections 104 ar	nd 4065 of the Employee Retire		2016			
Department of Labor Employee Benefits Security Admini	stration	1974 (ERISA), and sections Revenue Code (the C	6057(b) and 6058(a) of the Inte ode).	Th	is Form is Open to Public Inspection			
Pension Benefit Guaranty Corpo	Complete all entrie		structions to the Form 5500-					
	port Identification Informa 6 or fiscal plan year beginning 01	tion /01/2016	and ending 12/31/	2016				
	a single-employer plan	a multiple-employe	r plan (not multiemployer) (Filer	s checking thi	s box must attach a			
A This return/report is for:	a one-participant plan		employer information in accord					
B This return/report is	the first return/report	the final return/report the final return/report	ort turn/report (less than 12 month	s)				
C Check box if filing unde		automatic extensio		FVC program	1			
		description) HURRICANE IR	MA					
	Information—enter all request	ed information						
1a Name of plan ZMS1 LLC CASH BALANCE	PLAN		10	 Three-digit plan numbe (PN) 	er 002			
			10	Effective da	te of plan 01/01/2014			
Mailing address (inclue	employer, if for a single-employer p de room, apt., suite no. and street, c	or P.O. Box)			lentification Number			
ZMS1 LLC	rovince, country, and ZIP or foreign	i postal code (if foreign, see i	nstructions) 2c		elephone number -240-5495			
			2d	Business co	ode (see instructions)			
P.O. BOX 702254 SAINT CLOUD, FL 34770				2	146110			
3a Plan administrator's na	ame and address X Same as Plan	Sponsor.	3b	Administrate	or's EIN			
			30	Administrate	or's telephone number			
4 If the name and/or EIN	I of the plan sponsor has changed s	since the last return/report file	ed for this plan, enter the 4b	EIN				
	an number from the last return/repo			PN				
	ipants at the beginning of the plan y	/ear		5a	10			
b Total number of partic	ipants at the end of the plan year			5b	10			
	s with account balances as of the er			5c				
d(1) Total number of act	ive participants at the beginning of t	the plan year		d(1)	10			
d(2) Total number of act	ive participants at the end of the pla	an year		d(2)	6			
e Number of participant	s that terminated employment durin	ng the plan year with accrued	benefits that were less	5e	C			
Caution: A penalty for the Under penalties of perjury	e late or incomplete filing of this t and other penalties set forth in the in eted and signed by an enrolled actu	return/report will be assess nstructions, I declare that I ha	ed unless reasonable cause in ave examined this return/report,	including, if a	pplicable, a Schedule			
	prized/valid electronic signature.	12/12/2017	SAMIR AMIN					
HERE	plan administrator	Date	Enter name of individual s	igning as plar	administrator			
SIGN				- ·				
	employer/plan sponsor	Date		of individual signing as employer or plan sponsor				
Preparer's name (including	firm name, if applicable) and addre	ess (include room or suite nur	nber) Pre	eparer's telepł	none number			
	t Notice, see the Instructions for Forn	5500.05			Form 5500-SF (2016)			

6a b c									
	rt III Financial Information	•							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	418524	430998					
b	Total plan liabilities	7b	0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	418524	430998					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	1081						
	(2) Participants	8a(2)	0						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	15267						

		84(8)		
b	Other income (loss)	8b	15267	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		16348
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	3874	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3874
i	Net income (loss) (subtract line 8h from line 8c)	8i		12474
j	Transfers to (from) the plan (see instructions)	8i	0	

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: 1A 1C 1I
	1A 1C 1I

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	
а	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		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c		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?	10d		Х		
е	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		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
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 exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Page **3-** 1

Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and cons						X Ye	es 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				0
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				:		Υe	es 🗙 No
		A? 'es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			•••••				<u>~</u>
а	If a wa	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver.		ns, and	l enter t Day			letter ear	ruling
lf	<u> </u>	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			_ Duy			<u></u>	
		the minimum required contribution for this plan year			12b				
					12c				
		the amount contributed by the employer to the plan for this plan year			120				
u		act 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 th	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	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	
	lf "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?					Υe	s X	No
с		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif			to				
		assets or liabilities were transferred. (See instructions.)	.,	p.a(0)					
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		1	3c(3)	PN(s)
Part	VIII	Trust Information							
		Trust Information of trust			14b ⁻	Frust's I	EIN		
	Name				14d 1	Frust's F Frustee' telepho	s or cu		ın's
14a	Name Name	of trust			14d 1	Trustee'	s or cu		ın's
14a 14c Par	Name Name t IX	of trust of trustee or custodian IRS Compliance Questions		Yes	14d 1	Frustee' telepho	s or cu ne nun		ın's
14a 14c Par	Name Name t IX	of trust of trustee or custodian			14d	「rustee' telepho	s or cu ne nun	iber	
14a 14c Par 15a 15b	Name Name t IX Is the How d	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b			14d	「rustee' telepho	s or cu ne nun	or yea	ın's
14a 14c Par 15a 15b	Name Name t IX Is the How d	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		Desigi safe h	14d	Trustee' telepho	s or cu ne num	or yea	
14a 14c Part 15a 15b	Name Name t IX Is the How d 401(k)	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Design safe h "Curre ADP to Ratio	n-based arbor ent year est	Frustee' telepho	s or cu ne num	or yea	ar" ADP
14a 14c Part 15a 15b	Name Name t IX Is the How d 401(k)	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		Desigi safe h "Curre ADP to	n-based arbor ent year est	Trustee' telepho	is or cu ne nun	or yea	
14a 14c Par 15a 15b 16a 16b	Name Name Is the How d 401(k) What the year? Did the	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: e 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?		Design safe h "Curre ADP to Ratio perce test Yes	n-based arbor ent year est	Frustee' telepho	s or cu ne num No "Pri test N/A verage enefit t	or yea	ar" ADP
14a 14c Par 15a 15b 16a 16b	Name Name Is the How d 401(k) What the year? Did the	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: e 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? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of		Design safe h "Curre ADP to Ratio perce test Yes	n-based arbor ent year est	Frustee' telepho	s or cu ne num No "Pri test N/A verage enefit t	or yea	ar" ADP
14a 14c Par 15a 15b 16a 16b 17a	Name Name Is the How d 401(k) What the year? Did the for the the left	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: e 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? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of	opinio	Design safe h "Curre ADP to Ratio perce test Yes n letter	14d n-based arbor ent year est entage or advi	Trustee' telepho	s or cu ne num No "Pri test N/A verage enefit t	or yea	ar" ADP
14a 14c Par 15a 15b 16a 16b 17a 17b	Name Name Name Is the How d 401(k) What the year? Did the for the If the p the let If the p letter Define Were a	of trust of trust of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: e 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? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of tter and the serial number		Design safe h "Curre ADP to Ratio perce test Yes n letter e date o	14d T n-based arbor ent year est entage or advi	Frustee' telepho	s or cu ne num No "Pri test N/A verage enefit t	or yea	ar" ADP
14a 14c Par 15a 15b 16a 16b 17a 17b 18	Name Name Name Is the How d 401(k) What t year? Did the for the for the letter Define Were a service	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b id the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: e 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? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of ter and the serial number plan is an individually-designed plan that received a favorable determination letter from the IRS, en 	opinio	Design safe h "Curre ADP to Ratio perce test Yes n letter e date o	14d arbor ent year est or advi of the m	Frustee' telepho	s or cu ne num	or yea	ar" ADP

	SCH	EDULE SB	Single-E	mploy	yer Define	d Ber	nefit Plan		OMB N	lo. 1210-0110
	(Fe	orm 5500)			rial Inform				-	2016
		ment of the Treasury al Revenue Service							4	2010
	Dep	partment of Labor	This schedule is Retirement Incom						This Form i	s Open to Public
		efits Security Administration			Revenue Code (th					spection
_					chment to Form	5500 or				
		an year 2016 or fiscal pla amounts to nearest doll		01/01/201	16		and ending	12/3	1/2016	
		penalty of \$1,000 will be		of this rep	ort unless reasor	nable cau	ise is established			
-	Name of pla						B Three-dig			
	ZMS1 LLC	CASH BALANCE PLAN					plan num)	002
С	Plan sponso	or's name as shown on lin	e 2a of Form 5500 or 5	500-SF			D Employer	dentifica	ation Number (E	EIN)
	ZMS1 LLC							45-084		,
E	Type of plan	: X Single Multiple-	A Multiple-B		F Prior year pla	an size: 🔉	X 100 or fewer	101-	500 More th	nan 500
F	Part I	Basic Information								
1	Enter the	valuation date:	Month <u>12</u>	Day <u>3</u>	1 Year _2	016				
2	Assets:									
	-	value						2a		429898
		al value				(1)	Number of	2b	tod Euroding	429898
3	Funding	arget/participant count bre	eakdown			· · /	Number of articipants		sted Funding Target	(3) Total Funding Target
	a For ret	red participants and bene	ficiaries receiving payn	nent			0		0	0
	b For ter	minated vested participan	ts				4		2990	2990
	C For act	ive participants					6		272408	272408
	d Total						10		275398	275398
4	If the plai	n is in at-risk status, check	the box and complete	lines (a) a	and (b)	[
	a Fundin	g target disregarding pres	cribed at-risk assumpti	ons				4a		
		g target reflecting at-risk a for fewer than five consection								
5		interest rate								6.06%
6	Target no	ormal cost						6		32623
Sta	tement by	Enrolled Actuary							_	
	accordance wit	ny knowledge, the information sup h applicable law and regulations. I ffer my best estimate of anticipated	n my opinion, each other assu							
	SIGN HERE								11/27/201	7
		S	ignature of actuary						Date	
E	ELAINE A. E	ARRITT							17-04234	1
		Туре с	or print name of actuar	ý			_	Most r	ecent enrollme	nt number
F	PENSION IN	IVESTORS CORP OF OR	RLANDO						407-875-33	332
		RAL PARKWAY, SUITE 3 E SPRINGS, FL 32701	Firm name 3040				Tel	ephone	number (includ	ling area code)
			Address of the firm				_			
	e actuary ha ructions	is not fully reflected any re	egulation or ruling prom	ulgated un	nder the statute in	o complet	ing this schedule	, check	the box and see	e 🗌
Fo	r Paperwor	k Reduction Act Notice,	see the Instructions	for Form 5	5500 or 5500-SF.				Schedule S	B (Form 5500) 2016 v. 160205

P	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	lances	-						
_							(a) Carryover balan	се	(b) F	Prefundi	ng bala	ance
7					able adjustments (line 13 fror				0				0
8				,	nding requirement (line 35 fro	•			0				0
9	Amount	remainin	g (line 7 minus line	8)					0				0
10	Interest	on line 9	using prior year's a	actual retu	rn of <u>-3.80</u> %				0				0
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:								
	a Prese	nt value c	of excess contribut	ions (line 3	38a from prior year)							159	9667
					a over line 38b from prior yea e interest rate of 6.25 %								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											15	9667
	d Portion of (c) to be added to prefunding balance												0
12					or deemed elections				0				0
					line 10 + line 11d – line 12)				0				0
					1110 + 1110 + 1110 - 1110 + 12).		•		•				<u> </u>
	Part III		ding Percenta	-							14	1	56.10%
					······							39.92%	
					of determining whether carryc					luce current			
	•		• • •	•		•	-	•			16	1	27.59%
17	If the cu	rrent valu	e of the assets of	he plan is	less than 70 percent of the fu	unding tar	get, enter			17		%	
P	Part IV	Con	tributions and	d Liquid	ity Shortfalls								
18					ar by employer(s) and emplo								
((a) Dat MM-DD-Y		(b) Amount p employer(-	(c) Amount paid by employees	• • •	Date D-YYYY)	(b) Amoun employ		(0	Amou (: emple	int paic oyees	Iby
(9/14/201	6		1081	0								
						Totals ►	► 18(k	<u>م</u>	100	31 18(c)			0
19	Discours	tod omple	wer contributions	soo instr	uctions for small plan with a v				108 No voar:		<u> </u>		0
13			-						19a				0
	a Contributions allocated toward unpaid minimum required contributions from prior years											0	
	 C Contributions allocated toward minimum required contribution for current year adjusted to valuation date 								. 19c				1100
20			itions and liquidity		contaisation for ourion, you								
_•		•			e prior year?						П	Yes	X No
			-		installments for the current ye							Yes	
	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) 1s	t		(2) 2nd		(3) 3rd			(4) 4th	1	

Page 3

F	Part V	Assumpti										
21	Discount	rate:										
	a Segm	ent rates:	1st segment: 4.43%	2nd segment: 5.91%		3rd segment: 6.65 %		N/A, full yield curve used				
	b Applic	able month (er	nter code)				21b	0				
22	Weightee	d average retire	ement age				22	62				
23	Mortality	table(s) (see	instructions) X Pres	scribed - combined	Presc	ibed - separate	Substitu	ute				
Pa	art VI	Miscellane	ous Items									
24		-	de in the non-prescribed actu									
25	Has a me	ethod change l	been made for the current pla	n year? If "Yes," see instru	ctions re	garding required attach	ment	Yes 🛛 No				
26	Is the pla	an required to p	provide a Schedule of Active F	Participants? If "Yes," see i	nstructio	ns regarding required a	ttachmen	tYes 🔀 No				
27	•	•	alternative funding rules, ente		instructio	ns regarding	27					
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contrik	outions	s For Prior Years						
28	Unpaid n	ninimum requir	ed contributions for all prior y	ears			28	0				
29			ontributions allocated toward				29	0				
30	Remainir	ng amount of u	inpaid minimum required cont	ributions (line 28 minus line	9 29)		30	0				
Pa	art VIII	Minimum	Required Contribution	n For Current Year								
31			d excess assets (see instruction									
	a Target	normal cost (li	ne 6)				31a	32623				
	b Excess	s assets, if app	licable, but not greater than li	ne 31a			31b	32623				
32	Amortiza	tion installmen	its:		-	Outstanding Bala		Installment				
			ation installment		-		0	0				
			installment				0	0				
33			proved for this plan year, ente ay Year				33	0				
34	Total fun	ding requireme	ent before reflecting carryover	/prefunding balances (lines	31a - 3′	b + 32a + 32b - 33)	34	0				
				Carryover balance		Prefunding balan	ce	Total balance				
35			se to offset funding		0		0	0				
36	Additiona	al cash require	ment (line 34 minus line 35)	·			36	0				
37		tions allocated	toward minimum required co	ntribution for current year a	•	,	37	1100				
38	Present	value of excess	s contributions for current yea	r (see instructions)								
	a Total (e	excess, if any,	of line 37 over line 36)				38a	1100				
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						38b	0				
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						39	0				
40							40	0				
Pa	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instru					(See Instructions)					
41	41 If an election was made to use PRA 2010 funding relief for this plan:											
	a Schedu	ule elected						2 plus 7 years 15 years				
	b Eligible	e plan year(s) f	or which the election in line 4	1a was made			20	08 2009 2010 2011				
42	42 Amount of acceleration adjustment							42				
43	Excess ir	nstallment acce	eleration amount to be carried	over to future plan years			43					

						4	
	Form 5500-SF	Short Form Annual R	eturn/Repor Senefit Plan	t of Small Emplo	yee		OMB Nos. 1210-0 1210-00
	Informal Revenue Service	This form is required to be file				ه. هـ	2016
Ē	Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		al Revenue Code (t	he Code).			is Open to Public spection
	and the data and	Complete all entries in accord intification Information	dance with the ins	ructions to the Form 5	00-SF.		
<u></u>	or calendar plan year 2016 or fisce		01/01/2016	and ending	12	/31/2016	
A	This refurn/report is for:	a single-employer plan	a list of participatin	r plan (not multiemployer g employer information fr			
в	This return/report is:	a one-participant plan	a foreign plan the final return/repo				
		an amended retum/report	a short plan year re	turn/report (less than 12	months)		
С	Check box if filing under:	d Form 5558	automátic extensio n)	1 .	Ĺ	DFVC progra	m
٩.	art II Basic Plan Inform	nation enter all requested infor	mation		·····		······
1a	Name of plan ZMS1 LLC Cash Balance				ļ	Ihree-digit lan number PN) ►	002
					1c I	ffective date of 1/01/2014	plan
2a	Mailing Address (Include room.	r, if for a single-employer plan) apt., suite no. and street, or P.O. Bo country, and ZIP or foreign postal co)))de (ifforeign see in	rtructions)	2b H	T	fication Number
	ZMŞ1 LLC	Soundy, and zin of foldigit postal of	ao (intoroigh) ago in	ouuunaj	1	ponsor's telept 321) 240-5	5495
	P.O. Box 702254					usiness code (46110	see instructions)
-	US Saint Cloud FL 34770	·		and the state of the		dministrator's E	
3a		address 🛣 Same as Plan Sponsor					elephone number
4	name, EIN, and the plan numbe	an sponsor has changed since the la r from the last return/report.	ast return/report filed	for this plan, enter the	4b E	·····	
******	Sponsor's name	1 t t t t t				N	10
ba b		he beginning of the plan year he end of the plan year			5a 5b		10
õ	Number of participarits with acco	ount balances as of the end of the pla	an year (only define	d contribution plans	50		
d(′		ants at the beginning of the plan yea		***************************************	5d(1)	10
d(;	2) Total number of active particip	ants at the end of the plan year	**********	8382\${\$\$\$\$\$\$	5d(2		6
ē		inated employment during the plan y			5e		0
Cai	ution: A penalty for the late or l	ncomplete filing of this return/rep	ort will be assesse	d unless reasonable ca	use is e	stablished.	
SB	ter penalties of perjury and other or Schedule MB completed and s ef, it is true, correct, and complet	penalties set forth in the instructions signed by an enrolled actuary, as we e.	, I declare that I hav Il as the electronic v	e examined this return/repo ersion of this return/repo	eport, Ind rt, and to	luding, if applic the best of my	able, a Schedule knowledge and
SI	A AMILI	N _	TIBLIS	Samir Amin			
6 t - 16	RE Signature of the care war	tor	Date	Enter name of individu	al signin	r as plan admin	istrator
SI			1/10/18	Samir Amin			-
2. A. C.	RE Signature of employer/pla		Date	Enter name of Individu			the second s
Piej Ski	parer's name (including firm name ip this question	e, if applicable) and address (include	Hoom of suite num	Jei }		er's telephone n this questic	

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Form 5500-SF 2016

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Page **2**

6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)				******		x	Yes	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	ind conditi	ons.)	*******	*****					Yes 🗌]No
	If you answered "No" to either line 6a or line 6b, the plan canno										
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA secti	ion 40	21)?	•••••	🗌 Ye	s XI	No 🗌 I	Not deter	rmined
P	art III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning o	of Yea	ar			(b) En	d of Ye	ar	
а	Total plan assets	7a	4	18,5	524					430,99	8
b	Total plan liabilities	7b			0						0
С	Net plan assets (subtract line 7b from line 7a)	7c	4	18,5	524					430,99	8
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total		
а	Contributions received or receivable from:	0-(4)		1 0	01						
	(1) Employers	8a(1)		1,0							
	(2) Participants	8a(2)	1		0						
h	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b		15,2	:67						
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				551416,244			any conversions	16,34	8
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		-	-			
f	Administrative service providers (salaries, fees, commissions)	8f		3,8	74						
g	Other expenses	8g			0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								3,87	4
Ĭ	Net income (loss) (subtract line 8h from line 8c)	8i								12,47	4
i	Transfers to (from) the plan (see instructions)	8j			0						
Pa	art IV Plan Characteristics	•	3			1 2004 (1404					
1000000000	If the plan provides pension benefits, enter the applicable pension fe	afure cod	es from the List of Plan C	harar	toricti	- Cor	tee in t	ha inetri	uctions:		
	1A 1C 1I			mara	201101	0.000	203 11 6		101101103.		
b	If the plan provides welfare benefits, enter the applicable welfare fea	tura aada	a from the List of Dian Ch		aniatia	0		. In stars			
	in ore plan provides wenare benefits, enter the applicable wenare lea	iture code	s nom the List of Plan Ch	aract	eristic	Code	s in the	e instruc	tions:		
P	Int V Compliance Questions										
10	During the plan year:				Yes	No	NI/A		A		
<u>i v</u> a		ions within	the time period		res	NO	N/A		Αmoι	Int	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo										
	Program)	-	-	10a		x					
b	Were there any nonexempt transactions with any party-in-interest?			100							
	reported on line 10a.)			10b		х					
С	Was the plan covered by a fidelity bond?			10c		х					
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	•	-	10d		x					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some							-			
	the plan? (See instructions.)			10e		х					
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 e	nd.)	10g		x					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i							

Form 5500-SF 2016

Page 3 -

Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500 and line 11a below)	nd comp	lete Sch	edule	SB	x	Yes [
	LEnter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4	0	1	11a					0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th ERISA?	e Code o	or sectio	n 302	of		Yes [x No	_
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						163 [,
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see		ons, and					uling	
	granting the waiver			Da	у	Ye	ar	·····	
b	Enter the minimum required contribution for this plan year		1	2b				<u> </u>	
 d	Enter the amount contributed by the employer to the plan for the plan year			2c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)			2d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	****			Yes] No		I/A	
Par	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?			X	Yes		No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	*****	1	3a					0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br control of the PBGC?					res	X N	o	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)								
1;	3c(1) Name of plan(s):	130	c(2) EIN((s)		13	13c(3) PN(s)		
D									
despite in contrasts	VIII Trust Information - Skip These Questions								
14a	Name of trust			14b T	rust's El	N			
14c	Name of trustee or custodian		,		rustee o elephone				
Part	IX IRS Compliance Questions - Skip These 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:			gn-ba harbo		······	"Prior y test	ear" Al	JP
			Cur ADP	rent y test	ear"		N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the pla year? Check all that apply:		Ratio	o entage	e 🗌	Avera benef	-		√/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	⁴⁾ [C] Yes				No		
•	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable if the letter/ and serial number								:
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS letter//	, enter ti	ne date o	of the	most rec	ent de	termina	tion	
	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 s service?	eparateo	d from] Yes		No		
	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		*****	• 🗆] Yes		No		

SCHEDULE SB	Single-Employe	nefit Plan	_	OM	B No. 1210-0110			
(Form 5500)	Actuarial Information					0040		
Department of the Treasury			2016					
Internal Revenue Service	This schedule is required to be t	filed under section 104	of the Employee			····		
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security Act Internal Reve	•	This For	n is Open to Public Inspection				
For orlender plan ware 2040 or finant	File as an attachm			. 10.	01 1001 0			
For calendar plan year 2016 or fiscal p Round off amounts to nearest do		/2016	and ending	12/	31/2016			
Caution: A penalty of \$1,000 will be		unless reasonable or	use is established	ŧ				
A Name of plan			B Three-digit					
ZMS1 LLC Cash Balance Plan			pian numb		•	002		
			-					
C Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF		D Employer Ide	entificati	on Number	(EIN)		
ZMS1 LLC			45	-0841	.829			
E Type of plan: X Single Multiple	-A Multiple-B	Prior year plan size:		7101-50		re than 500		
		Thoryear plan size.		1101-04				
Part I Basic Information								
1 Enter the valuation date:	<u>Month 12 Day 31</u>	<u> </u>						
2 Assets:			Г	2a		429,891		
				2a 2b		429,898		
3 Funding target/participant count b		(1) Number of	(2) Vested			(3) Total Funding		
	Caruowii.	participants	(2) Vested Targ		4	(5) Total Funding Target		
a For retired participants and bene	eficiaries receiving payment	0			0			
	01 5	4		2	, 990	2,990		
b For terminated vested participar		6	2'		,408	272,408		
C For active participants d Total			, 398	275,398				
	k the box and complete lines (a) and	(b)			,			
	scribed at-risk assumptions			4a				
	assumptions, but disregarding transit					· · · · · · · · · · · · · · · · · · ·		
	ve consecutive years and disregardin			4b				
5 Effective interest-rate				5		6.06 %		
6 Target normal cost				6		32,623		
Statement by Enrolled Actuary To the best of my knowledge, the information supp accordance with applicable law and regulations in combination, offer my best estimate of anticipated of	(inv opinion, each other assumption is reasonable	s, statements and attachmen a (taking into account the exp	ts, if any, is complete ar erience of the plan and	id accurati reasonabl	e. Each presrib e expectations)	ed assumption was applied in and such other assumptions, in		
SIGN HERE		A			11/27/20	17		
Si	ignature of actuary				Date			
Elaine A. Barrit	17-04234							
Туре о	Most recent enrolment number							
Pension Investors Corp of Orlando			(407) 875-3332					
220 E Central Pa	Firm name rkway, Suite 3040		Tele	phone i	number (inc	luding area code)		
US Altamonte Spring								
	Address of the firm	<u></u>						
f the actuary has not fully reflected any r nstructions	egulation or ruling promulgated unde	r the statute in comple	eting this schedule	e, check	the box an	d see		
For Paperwork Reduction Act Notice, s	see the instructions for Form 5500	or 5500-SF.	· · · · ·		Schedu	ale SB (Form 5500) 2016 v. 160205		

Page 2	
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Pa	t II Beć	jinning of Yea	r Carryov	er and Prefunding Ba	lances	(a)	Carryover balance	ł	(b)	Prefunc	ling 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)							0				0
9	Amount rema	uining (line 7 minus	0				0					
10	Interest on lir	e 9 using prior yea	r's actual re	turn of <u>-3.80</u> %				0				0
11	Prior year's e	xcess contributions	to be adde	d to prefunding balance:								
	a Present va	alue of excess cont	ributions (lin	e 38a from prior year)							159,	667
	b(1) Interest	t on the excess, if a	iny, of line 3	8a over line 38b from prior ye	ear							
	Schedu	ile SB, using prior	/ear's effecti	ve interest rate of 6.2	5 %							0
	b(2) Interest	t on line 38b from p	rior year Sc	hedule SB, using prior year's	actual					·····		
	return		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • •							0
	c Total avail	able at beginning o	f current pla	n year to add to prefunding b	alance .						159,	667
	d Portion of	(c) to be added to p	prefunding b	alance			Standberts an an		*****	0		
12	Other reducti	ons in balances du	e to election	s or deemed elections				0				0
13	Balance at be	ginning of current	/ear (line 9 -	+ line 10 + line 11d - line 12)				0			· · · ·	0
Pa	t III Fu	Inding Percent	tages			L						
14										14	156.10	%
**********				je						15	139.92	
				of determining whether carr			******			16		
	current year's	funding requireme	<u>nt</u>								127.59	%
17	If the current	value of the assets	of the plan	s less than 70 percent of the	funding t	arget, enter	r such percentage		•••••	17		%
Pa	t IV C	ontributions a	nd Liquid	ity Shortfalls								
18				ear by employer(s) and emp	loyees:		1					
(MN	(a) Date I-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees) Date D-YYYY)	(b) Amount employe				ount paid by loyees	
	14/2016		1,081	0				.(0)		onip	10,000	
							1				P-P-2	
									<u> </u>		*****	
											Andria	
					Totals	► 18(b)		1 01	31 18(c)			
19	Discounted or	nnlover centributio		tructions for small plan with a	2010		the heatening of the		31 IO(0)			0
							r—	19a				0
				imum required contributions	-	-		19a 19b				00
				djusted to valuation date				190 19c				100
		ributions and liquid		equired contribution for curre	nt year ad	justed to va		196			<u> </u>	TOO
	•	•	•								<u>ן איט א</u>	
		-		he prior year?					******	····· L		
				r installments for the current	-		y manner?	••••••	••••••	•••• [_ Yes _ N	C C
(If line 20a is	s "Yes," see instruc	tions and co	mplete the following table as								
	(1)	1st		Liquidity shortfall as of end (2) 2nd		or this pla (3)	n year 3rd	1		(4) 41	h	
		**********				. ,		1				

P	art V Assumptio	ons Used To Determine	Funding Target and Targ	jet Normal Cost				
21	Discount rate:							
	a Segment rates:	t rates: 1st segment: 2nd segment: 3rd segme 4.43 % 5.91 % 6.65			6	N/A, full yield curve used		
	b Applicable month	21b	0					
22	Weighted average re	tirement age			22	62		
-	Mortality table(s) (see			scribed - separate] Substitu	ite		
Pa	rt VI Miscellane	eous items		· · · · · · · · · · · · · · · · · · ·				
24	Has a change been r	nade in the non-prescribed ac	tuarial assumptions for the current	t plan year? If "Yes," see	e instructio	ns regarding required		
						Yes 🗶 No		
25	Has a method chang	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment .	Yes 🗶 No		
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	l attachme	nt Yes 🕱 No		
27			ter applicable code and see instru		27			
Pa			m Required Contribution					
28	Unpaid minimum req	uired contributions for all prior	years		28	0		
29	Discounted employer	contributions allocated toward	l unpaid minimum required contrit	outions from prior years	29	0		
30			ntributions (line 28 minus line 29)		30	0		
132333		Required Contribution						
Restorations		nd excess assets (see instruct						
			, , , , , , , , , , , , , , , , , , , ,		31a	32,623		
			line 31a		31b	32,623		
	Amortization installm			Outstanding Bala		Installment		
					0	-		
					0	0		
			· · · · · · · · · · · · · · · · · · ·		U	0		
<u> </u>			ter the date of the ruling letter gra) and the waived amount .		33	0		
34	Total funding requirem	nent before reflecting carryover/	prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0		
			Carryover balance	Prefunding Bala	ince	Total balance		
35	Balances elected for requirement	use to offset funding	0		0	0		
36		······		Į	36	0		
37	Contributions allocate	ed toward minimum required co	ontribution for current year adjuste	ed to valuation date	37			
<u></u>			••••••••••••••••••••••••••••••••••••••			1,100		
		ess contributions for current ye			38a			
						1,100		
		•	prefunding and funding standard o	,	38b	0		
39			ear (excess, if any, of line 36 over		39	0		
40 Par	300000000000000000000000000000000000000		ension Relief Act of 2010		40	0		
COMORAN .		e to use PRA 2010 funding rel	And					
					[2 pius 7 years 15 years		
	b Eligible plan year(s)	for which the election in line 4	1a was made		. 🗌 200	8 2009 2010 2011		
	Amount of acceleration adjustment							
			l over to future plan years		43			

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

ZMS1 LLC Cash Balance Plan 45-0841829 / 002

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

Employer:	ZMS1 LLC						
Type of Entity -	Limited Liability Company (LLC) taxed as S Corp EIN: 45-0841829 TIN: 47-2646580 Plan #: 002 Plan Type: Cash Balance						
-							
<u>Dates:</u>	Effective - 01/01/2014 Year end - 12/31/2016 Valuation - 12/31/2016 Top Heavy Years - 2016						
Eligibility:	All employees excluding non-resident aliens and union						
	Minimum age - 21 Months of service - 12						
Hours Required for -	Eligibility - 1000 Benefit accrual - 0 Vesting - 1000						
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction						
	First of month coincident with or next following attainment of age 62 and completion of 5 years of participation Not provided						
Average Compensation:	Current compensation						
Top Heavy Minimum Benefit -	Highest 5 consecutive years of participation						
Plan Benefits: Retirement -	Frozen benefit formula						
Pay Credits -	txtPayCredits						
Interest Credit Rate -	Current Yr - 4% Projected Yrs - 4%						
Accrued Benefit -	Frozen accrued benefit as of 12/31/2016						
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality						
Early Retirement -	None						
Death Benefit -	Present Value of Vested Accrued Benefit						
Disability Benefit -							
Top Heavy Minimum:	Provided in another plan						
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$210,000 Maximum 401(a)(17) compensation - \$265,000						
Normal Form:	Life Annuity						
Optional Forms:	Lump Sum Joint with 50% or 75% Survivor Benefit						
Vesting Schedule:	100% vested in 3 years. Service is calculated using all years of service except years prior to plan effective date and age 18						
Present Value of Accrued Bene	fit: Based on the Hypothetical Account Balance.						
Actuarial Equivalence:							
Pre-Retirement -	Interest - 4%						
	Mortality Table - None						
Post-Retirement -	Interest - 4%						
	Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)						

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

ZMS1 LLC Cash Balance Plan

45-0841829 / 002

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

Valuation Date:	12/31/2016								
Funding Method:	As prescribed in IRC Section 430								
Age	Eligibility age at last birthday and other ages at last birthday								
Prospective Compensation	Current compensation								
Form of Payment	- Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the								
	nterest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates								
	will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality								
Interest Rates	permitted under IRC 430(h)(2)(C) permitted under IRC 430(h)(2)(C)(iv)(II) -								
	Segment # Year Rate % Segment # Year Rate %								
	Segment 1 0 - 5 1.55 Segment 1 0 - 5 4.43								
	Segment 2 6 - 20 3.76 Segment 2 6 - 20 5.91								
	Segment 3 > 20 4.73 Segment 3 > 20 6.65								
Pre-Retirement -	Mortality Table - None								
	Early Retirement Table - None								
	Turnover Table - None								
	Disability Table - None								
	Salary Scale - None								
	Interest Credit Rate - Current Yr - 4% Projected Yrs - 4%								
	Expense Load - None								
	Ancillary Ben Load - None								
Post-Retirement -	Nortality Table - 16C - 2016 Combined								
	Cost of Living - None								
Asset Valuation Method:	Fair market value of assets adjusted for contributions under IRC 430(g)(4)								
Discrimination Test Assumption	1S:								
HCE Determination -	Based on all employees								
Otherwise Excludable -	Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees								
410(b)/401(a)(4) Testing:									
Pre-Retirement -	Interest - 8.5% CB Projection Rate - 4%								
Post-Retirement -	Interest - 8.5%								
	Mortality Table - U84 - 1984 Unisex								
Permissively Aggregated Plans -	Not tested As Single Plan								
Compensation -	Use current compensation to calculate the benefit accrual rate (annual method)								
Testing Age -	Normal retirement age or attained age, if older								
	Separate benefiting service for DC and for DB for Accrued-to-Date Method								
-	Joint with 50% Survivor Benefits								

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

ZMS1 LLC Cash Balance Plan 45-0841829 / 002

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

401(a)(26) Testing:

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

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

Schedule SB, line 19 -Discounted Employer Contributions

ZMS1 LLC Cash Balance Plan 45-0841829 / 002 For the plan year 01/01/2016 through 12/31/2016 Valuation Date: 12/31/2016

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution Applied to Additional Contribution	09/14/2016 12/31/2016	\$1,081 1,081	1,100	0	0	6.06	0
Totals for Deposited Contribution		\$1,081	\$1,100	\$0	\$0		

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

ZMS1 LLC Cash Balance Plan 45-0841829 / 002 For the plan year 01/01/2016 through 12/31/2016

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