Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		t Identification Information							
For calend	lar plan year 2017 or f	fiscal plan year beginning 01/01/2	<u>2017</u>	and ending 1	2/31/2017				
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac					
		a one-participant plan	a foreign plan						
b This ret	urn/report is	the first return/report	the final return/repo						
_		an amended return/report	a short plan year ref	urn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC program				
5 4 11	I	special extension (enter descr	. ,						
Part II		ormation—enter all requested inf	formation		41				
1a Name	•	E DI AN			1b Three-digit plan number				
J. TECH SA	LES CASH BALANCE	E PLAN			(PN) ▶	002			
					1c Effective date of plan 01/01/2014				
		oyer, if for a single-employer plan)				entification Number			
		om, apt., suite no. and street, or P.C ace, country, and ZIP or foreign post		structions)		5-0793889			
J. TECH SA			2c Sponsor's te 561-	lephone number 995-0070					
		_			2d Business code (see instructions)				
6531 PARK SUITE 170	OF COMMERCE BLV		42	24600					
	ON, FL 33487								
3a Plan a	administrator's name a	and address X Same as Plan Spor	nsor.		3b Administrator	r's EIN			
		_			20 Administration	de televilene en en en en en			
					3C Administrator	r's telephone number			
4 If the	name and/or FIN of th	ne plan sponsor or the plan name ha	as changed since the las	t return/report filed for	4b EIN				
		onsor's name, EIN, the plan name a							
•	sor's name				4d PN				
C Plan N	Name								
5a Total	number of participants	s at the beginning of the plan year			. 5a	25			
b Total	number of participants	s at the end of the plan year			. 5b	28			
C Numb	per of participants with	account balances as of the end of	the plan year (only defin	ed contribution plans	5c				
d(1) Tot	tal number of active pa	articipants at the beginning of the plant	an year		5d(1)	24			
` '	•	articipants at the end of the plan yea			5d(2)	26			
		o terminated employment during the			5e	1			
Caution: /	A penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable ca					
SB or Sch		other penalties set forth in the instruction and signed by an enrolled actuary, a nolete.							
SIGN		d/valid electronic signature.	05/23/2018	BARRY TANNENBAL	JM				
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator			
SIGN	Filed with authorized	d/valid electronic signature.	05/23/2018	BARRY TANNENBAL	JM				

Date

Signature of employer/plan sponsor

HERE

Enter name of individual signing as employer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligib	la accate?	(See instructions)				X Yes □ I	No		
	Are you claiming a waiver of the annual examination and report of	an indepei	ndent qualified public a	ccount	ant (IC	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a						⊔	No		
_	If you answered "No" to either line 6a or line 6b, the plan cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from th		- '			_	. – –			
	If Yes is checked, enter the My PAA confirmation number from th	е РВСС р	remium filing for this pi	an yea	ſ		4065441. (See instructions	3.)		
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year			
а	Total plan assets	7a	126	55072			1833891			
b	Total plan liabilities	7b		0			0			
С	Net plan assets (subtract line 7b from line 7a)	126	55072		1833891					
8	Income, Expenses, and Transfers for this Plan Year	(a) Amoun	t			(b) Total				
а	Contributions received or receivable from: (1) Employers									
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b		819						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				568819				
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		0						
	Certain deemed and/or corrective distributions (see instructions)	8e		0	\dashv					
	Administrative service providers (salaries, fees, commissions)	8f 8g		0						
	Other expenses	-								
	Total expenses (add lines 8d, 8e, 8f, and 8g)		0							
	Net income (loss) (subtract line 8h from line 8c)	8i					568819			
	Transfers to (from) the plan (see instructions)	8j		0						
_	t IV Plan Characteristics		1 (1 1: (17)	01		0				
9a	If the plan provides pension benefits, enter the applicable pension 1B 1C	reature co	odes from the List of Pia	an Cna	racteri	Stic Co	odes in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plar	n Chara	acteris	tic Cod	des in the instructions:			
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	' '' '									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-	-	10a		X				
b	5 ,			Tou				_		
	reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X		183389			
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 som the plan? (See instructions.)		10e		X					
f	, , , , , , , , , , , , , , , , , , ,		10f		X					
g				10g		X				
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR							
	2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
	oxecoptions to providing the hotion applied under 25 of IV 2520.10			101	L	L				

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Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)		В	X	es No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			0					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Y	es X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year	12b								
С	Enter the amount contributed by the employer to the plan for this plan year	12c								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	\Box	Yes	No	N/A					
Part '	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s X No)					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a								
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No					
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to								
1	3c(1) Name of plan(s): 13c(2) EIN(s)	•	13c(3)	PN(s)					

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

C For active participants	• 1	calendar plan year 2017 or fiscal plan year beginning 01/01/2017	and endin	g 12/3	31/2017				
A Name of plan J. TECH SALES CASH BALANCE PLAN B Three-digit plan number (PN) 002 C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF J. TECH SALES, LLC E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2017 2 Assets: a Market value 2a 1265891 b Actuarial value 2b 1265891 3 Funding target/participant count breakdown (1) Number of participants Target a For retired participants and beneficiaries receiving payment 0 0 D For terminated vested participants 114964 1496 C For active participants 126 1298001 130836 d Total. 27 1312965 13233 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 126 1298 140 140 140 140 140 140 140 140 140 140	, .	Round off amounts to nearest dollar.				-			
D Employer Identification Number (EIN) D Employer Identification Number (EIN)	<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reaso	nable cause is established	d.					
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF J. TECH SALES, LLC E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2017 2 Assets: a Market value 2a 1265891 b Actuarial value 2b 1265891 3 Funding target/participant count breakdown (1) Number of participants and beneficiaries receiving payment 0 0 0 b For terminated vested participants (2) Vested Funding Target C For active participants 1 1 14964 1496 C For active participants 26 1298001 130836 d Total 27 1312965 13233 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4a b Funding target disregarding prescribed at-risk assumptions. 4a b Funding target reflecting at-risk assumptions, but disregarding loading factor 4b			B Three-di	B Three-digit					
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2017 2 Assets: a Market value 2a 1265891 b Actuarial value 2b 1265891 3 Funding target/participant count breakdown (1) Number of participants and beneficiaries receiving payment 0 0 b For terminated vested participants and beneficiaries receiving payment 14964 1496 c For active participants 1296 1298001 130833 d Total	J.	. TECH SALES CASH BALANCE PLAN	plan num	plan number (PN) 002					
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2017 2 Assets: a Market value 2a 1265891 b Actuarial value 2b 1265891 3 Funding target/participant count breakdown (1) Number of participants and beneficiaries receiving payment 0 0 b For terminated vested participants and beneficiaries receiving payment 14964 1496 c For active participants 1296 1298001 130833 d Total									
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2017 2 Assets: a Market value 2a 1265891 b Actuarial value 2b 1265891 3 Funding target/participant count breakdown (1) Number of participants and beneficiaries receiving payment 0 0 b For terminated vested participants and beneficiaries receiving payment 14964 1496 c For active participants 1296 1298001 130833 d Total	C P	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identific	ation Number (E	EIN)			
Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2017 2 Assets: a Market value		·			`	,			
Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2017 2 Assets: a Market value									
1 Enter the valuation date: Month 12 Day 31 Year 2017 2 Assets: a Market value 2a 1265891 b Actuarial value 2b 1265891 3 Funding target/participant count breakdown (1) Number of participants (2) Vested Funding Target (3) Total Funding Target (2) Vested Funding Target (3) Total Funding Target (4) For terminated vested participants and beneficiaries receiving payment (2) Vested Funding Target (3) Total Funding Target (4) For active participants (2) Vested Funding Target (3) Total Funding Target (4) Target (4) Target (5) Target (6) Target (7)	ET	ype of plan: X Single Multiple-A Multiple-B	an size: X 100 or fewer	101-	500 More th	an 500			
1 Enter the valuation date: Month 12 Day 31 Year 2017 2 Assets: a Market value 2a 1265891 b Actuarial value 2b 1265891 3 Funding target/participant count breakdown (1) Number of participants (2) Vested Funding Target (3) Total Funding Target (2) Vested Funding Target (3) Total Funding Target (4) For terminated vested participants and beneficiaries receiving payment (2) Vested Funding Target (3) Total Funding Target (4) For active participants (2) Vested Funding Target (3) Total Funding Target (4) Target (4) Target (5) Target (6) Target (7)	Pi	art I Basic Information							
a Market value	1	Enter the valuation date: Month 12 Day 31 Year 2	017						
b Actuarial value	2	Assets:							
Funding target/participant count breakdown a For retired participants and beneficiaries receiving payment b For terminated vested participants c For active participants d Total. a Funding target disregarding prescribed at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor (1) Number of participants (2) Vested Funding Target 1 14964 14964 14966 1298001 130836 130836 130836 140 150 160 160 160 160 160 160 16		a Market value		. 2a		1265891			
a For retired participants and beneficiaries receiving payment 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		b Actuarial value		2b		1265891			
b For terminated vested participants	3	Funding target/participant count breakdown	` '						
C For active participants		a For retired participants and beneficiaries receiving payment	. 0		0	0			
d Total		b For terminated vested participants	. 1		14964	14964			
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		C For active participants	. 26		1298001	1308353			
a Funding target disregarding prescribed at-risk assumptions		d Total	. 27		1312965	1323317			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4	If the plan is in at-risk status, check the box and complete lines (a) and (b)							
at-risk status for fewer than five consecutive years and disregarding loading factor		a Funding target disregarding prescribed at-risk assumptions		4a					
				4b					
5 Effective interest rate	5	Effective interest rate		_					
6 Target normal cost	6	Target normal cost		6		438036			
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, combination, offer my best estimate of anticipated experience under the plan.	а	accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into ac							
SIGN	Ş	BIGN							
HERE 05/23/2018	Н	IERE			05/23/201	8			
Signature of actuary Date		Signature of actuary			Date				
ROBERT I. BOSTIAN, JR. 17-01255	R	OBERT I. BOSTIAN, JR.			17-01255	5			
Type or print name of actuary Most recent enrollment number		Type or print name of actuary		Most	recent enrollme	nt number			
THE PENSION STUDIO 866-497-5501	T	HE PENSION STUDIO			866-497-55	01			
Firm name Telephone number (including area code) 1226 OMAR ROAD	45		Te	lephone	number (includ	ing area code)			
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		Address of the firm							

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Pa	art II	Begir	ning of Year	Carryov	er and Prefunding B	alances							
	•	_						(a) C	arryover balance)	(b) F	refundir	ng balance
7		Ū	0 , ,		able adjustments (line 13 fro	•				0			0
8				•	nding requirement (line 35 f					0			0
9	, ,									0			0
10	Interest of	on line 9	using prior year's	actual retu	rn of <u>0.00</u> %					0			0
11	Prior yea	ır's exces	s contributions to	be added	to prefunding balance:								
	a Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)								27644
					over line 38b from prior ye interest rate of 5.99								0
	` '		•	•	dule SB, using prior year's								0
					ar to add to prefunding baland								27644
	d Portion	n of (c) to	be added to prefe	unding bala	ance								0
									0				
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)									0				
	art III		ding Percenta	•			1				1		
	14 Funding target attainment percentage												
15 Adjusted funding target attainment percentage									15	103.65%			
	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.												
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
Р	Part IV Contributions and Liquidity Shortfalls												
18					ar by employer(s) and empl								
(1)	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) (MM-DI	Date D-YY		(b) Amount p employer				
0	4/02/2018	3		568000	0								
						Totals ▶	•	18(b)		56800)() 18(c)		0
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation d	late a	fter the	beginning of the	year:			
	a Contri	butions a	llocated toward ur	paid minin	num required contributions	from prior y	ears.			19a			0
	b Contri	butions m	nade to avoid restr	ictions adj	usted to valuation date					19b			0
	C Contril	outions all	ocated toward min	mum requi	red contribution for current ye	ar adjusted	to val	uation d	ate	19c			549227
20			tions and liquidity										
	a Did th	e plan ha	ve a "funding sho	tfall" for th	e prior year?							X	Yes No
	b If line	20a is "Y	es," were required	quarterly	installments for the current	year made i	in a ti	mely ma	anner?				Yes X No
	C If line	20a is "Y	es," see instruction	ns and con	nplete the following table as								
		(1) 1s	<u> </u>		Liquidity shortfall as of en (2) 2nd	d of quarter	of th	'	/ear 3rd			(4) 4th	
		(1) 18	.		(2) 2nd			(3)	Jiu			(+) 4 (f)	

P	art V	Assumpti	ons Used to Determine	Funding Target and Targ	get Normal Cost							
21	Discount	rate:										
	a Segme	ent rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48 %		N/A, full yield curve used					
	b Applica	able month (er	iter code)			21b	3					
22	Weighted	average retire	ement age			22	63					
23	Mortality	table(s) (see i	nstructions) X Pres	cribed - combined Preso	cribed - separate	Substitu	ite					
Pa	art VI	Miscellane	ous Items									
24		•	•	arial assumptions for the current p	· · · · · · · · · · · · · · · · · · ·		· ·					
25	Has a me	thod change b	peen made for the current plar	n year? If "Yes," see instructions r	egarding required attach	nment	Yes X No					
26	Is the pla	n required to p	provide a Schedule of Active P	articipants? If "Yes," see instruction	ons regarding required a	attachmen	tX Yes No					
27				r applicable code and see instructi		27						
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years	<u>l</u>						
			•	ears		28	0					
29	Discounte	ed employer co	ontributions allocated toward u	unpaid minimum required contribut	ions from prior years	29	0					
30	Remainin	g amount of u	npaid minimum required conti		30	0						
Pa	Part VIII Minimum Required Contribution For Current Year											
31												
	a Target r	normal cost (li	ne 6)			31a	438036					
	b Excess assets, if applicable, but not greater than line 31a											
32	Amortizat	ion installmen	ts:		Outstanding Bala	nce	Installment					
	a Net sho	ortfall amortiza	tion installment			57426	9559					
	b Waiver	amortization i	nstallment			0	0					
33	If a waive (Month _	r has been ap	proved for this plan year, ente ay Year	er the date of the ruling letter granti) and the waived amount	ng the approval	33						
34	Total fund	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	447595					
				Carryover balance	Prefunding balar	nce	Total balance					
35			e to offset funding	0		0	0					
36	-				I	36	447595					
37	Contribut	ions allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37	549227					
38			s contributions for current year			l l						
			•			38a	101632					
	,	•	· · · · · · · · · · · · · · · · · · ·	efunding and funding standard car		38b	0					
39	Unpaid m	inimum requir	ed contribution for current yea	ar (excess, if any, of line 36 over lin	ne 37)	39	0					
40	Unpaid m	inimum requir	ed contributions for all years			40	0					
Pa	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions	s)						
41	If an elect	ion was made	to use PRA 2010 funding reli	ef for this plan:								
	a Schedu	le elected				Г	2 plus 7 years 15 years					
	b Eligible	plan year(s) f	or which the election in line 41	la was made			' 					
42						42						
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43						

Schedule of Active Participant Data Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 12/31/2017

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
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	0	6	0	0	0	0	0	0	0	0	6
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
30-34	0	1	0	0	0	0	0	0	0	0	1
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
35-39	0	2	0	0	0	0	0	0	0	0	2
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40-44	0	2	0	0	0	0	0	0	0	0	2
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
45-49	0	6	0	0	0	0	0	0	0	0	6
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
50-54	0	3	0	0	0	0	0	0	0	0	3
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
55-59	0	3	0	0	0	0	0	0	0	0	3
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
60-64	0	2	0	0	0	0	0	0	0	0	2
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65-69	0	1	0	0	0	0	0	0	0	0	1
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70+	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	0	26	0	0	0	0	0	0	0	0	26
Avg Mo Comp	n/a	7755	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	7755

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

Average Age: 44.2

Average Service: 3

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 12/31/2017

	For Fu							
	Min	<u>Max</u>	<u>For 417</u>	<u>(e)</u>	For Actuarial Equiv.			
Interest Rates	Seg 1: 4.16%	1.75%	Seg 1:	1.47%	Pre-Retirement: 5.00%			
	Seg 2: 5.72%	3.76%	Seg 2:	3.34%	Post-Retirement: 5.00%			
	Seg 3: 6.48%	4.66%	Seg 3:	4.30%				
Applicable Date	09/2017 0	9/2017	0	9/2016				
Pre-Retirement								
Turnover	None		None		None			
Mortality	None		None		None			
Assumed Ret Age	Normal retireme 5 years of partic				Normal retirement age 62 and 5 years of participation			
Post-Retirement								
Mortality	Mortality Male-modified RP2000 combined healthy male projected 32 & 24 years Female-modified RP2000 combined healthy female projected 32 & 24 years			oplicable Mortality om Notice 2016-50	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F			
Assumed Benefit Form	For Funding		Lump S	um				
Assumed Spouse's Age	Wives assumed age as husbands	to be the same			Wives assumed to be the same age as husbands			
	Participant is ass married to currer retirement if spo birth is known	nt spouse at			Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			
Calculated Effective Inte	erest Rate		5.81%					
Cash Balance Projected	Interest Creditin	g Rate	5.00%					
Actuarial Cost Method				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.				

Attachment to 2017 Schedule SB, Part V - EIN: 65-0793889 PN: 002

J. Tech Sales Cash Balance Plan

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 12/31/2017

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

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

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information and ending 12/31/2017 For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a X a single-employer plan list of participating employer information in accordance with the form instructions.) A This return/report is for: a foreign plan a one-participant plan B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number J. Tech Sales Cash Balance Plan 002 (PN) ▶ 1c Effective date of plan 01/01/2014 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 65-0793889 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number J. Tech Sales, LLC (561) 995-0070 2d Business code (see instructions) 424600 6531 Park of Commerce Blvd. Suite 170 Boca Raton, FL 33487 3b Administrator's EIN 3a Plan administrator's name and address |X| Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. **4d** PN a Sponsor's name C Plan Name 5a 25 5a Total number of participants at the beginning of the plan year 5b 28 Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item). 5d(1) 24 d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 26 d(2) Total number of active participants at the end of the plan year..... Number of participants who terminated employment during the plan year with accrued benefits that were less 1 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed 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 5/23/2018 Barry Tannenbaum SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator

5/23/2018

Date

Barry Tannenbaum

SIGN

			_						
	Form 5500-SF 2017		Page 2			_			
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannul if the plan is a defined benefit plan, is it covered under the PBGC in if "Yes" is checked, enter the My PAA confirmation number from the	an indepe and condit ot use Fo nsurance p	ndent qualified public a cions.)	t instea	ant (IQ 	PA) Form	5500. Yes \[\] No	X Yes X Yes Not dete	
Pa	rt III Financial Information		_						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
а	Total plan assets	7a		126507	2			183389)1
b	Total plan liabilities	7b			0				0
C	Net plan assets (subtract line 7b from line 7a)	7c		126507	2			183389)1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	,	56800	0				
	(2) Participants	8a(2)			0	9. I		TOTAL CONTRACTOR	
	(3) Others (including rollovers)	8a(3)			0		1900		
b	Other income (loss)	8b		81	9				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			gwer Ejgy			56881	9
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			0				140
g	Other expenses	8g			0	FW	10.00		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
i	Net income (loss) (subtract line 8h from line 8c)	8i						5688°	19
j	Transfers to (from) the plan (see instructions)	8j			0			2	
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1B 1C	feature co	odes from the List of Pl	an Chai	racteri	stic Co	des in the ins	tructions:	·
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	cterist	tic Cod	es in the instr	uctions:	
Pai	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	/oluntary F	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		Х			

10	During the plan year:	Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contr butions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х		
b	· · · · · · · · · · · · · · · · · · ·	10b		х		
C	Was the plan covered by a fidelity bond?	10c	Х		183389	
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		х		
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				

Form	5500.	-SE	2017

Page	3-	1

Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)		edule S	В	N	Yes	No
11a Enter the unpaid minimum required contr butions for all years from Schedule SB (Form 5500) line 40	,	11a				0 -
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver. N		l enter t Day		of the let Yea		ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b Enter the minimum required contribution for this plan year		12b				
C Enter the amount contributed by the employer to the plan for this plan year		12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the linegative amount)		12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N	l/A
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	X	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	••••••	13a				
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?				Yes	X No)
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	ify the plan(s)	to	· ·			
13c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) PN	(s)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2017

e Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

F	or calendar plan year 2017 or fiscal plan year beginning 01/01/2017		and endin	g 12/	31/2017	
	Round off amounts to nearest dollar.					
)	Caution: A penalty of \$1,000 will be assessed for late filing of this report un	less reasonable caus	e is establishe	d.		
A	Name of plan		B Three-digit			002
	J. Tech Sales Çash Balance Plan		plan num	ber (PN) •	
C	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Identifica	ation Number (EIN)
	J. Tech Sales, LLC		65-0793889			
			 			
E	Type of plan: Single Multiple-A Multiple-B	rior year plan size: 🛛	100 or fewer	101-	500 🔲 More t	han 500
	Part I Basic Information				•	
1	Enter the valuation date: Month 12 Day 31	Year 2017				
2	Assets:					
	a Market value			2a		1265891
	b Actuarial value		************	2b		1265891
3		(1) N	lumber of ticipants		sted Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		a		0	0
	b For terminated vested participants	***********	1		14964	14964
	C For active participants		26		1298001	1308353
	d Total	************	27		1312965	1323317
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 at-risk status for fewer than five consecutive years and disregarding loa-	rule for plans that ha	ive been in	4b		
5	•	*	4	5		5.81 %
6	Target normal cost		**********************	6		438036
St	atement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules accordance with applicable law and regulations. In my opinion, each other assumption is reasonable combination, offer my best estimate of anticipated experience under the plan.	, statements and attachmen (taking into account the exp	ts, if any, is complet arience of the plan a	e and accu and reasons	rate. Each prescribe able expectations) a	ed assumption was applied in nd such other assumptions, in
	HERE Probert & Buttery f			5	123/20	016
	Signature of actuary				Date	
	Robert I. Bostian, Jr.				17-01256	5
	Type or print name of actuary			Most	recent enrollme	ent number
	The Pension Studio		. <u>-</u>		(866) 497-59	501
	Firm name 1226 Omar Road		T€	elephone	number (inclu	ding area code)
	West Palm Beach, FL 33405 Address of the firm	<u></u>	_			
					· · · · · · · · · · · · · · · · · · ·	
if th	ne actuary has not fully reflected any regulation or ruling promulgated under the	ne statute in completi	ng this schedul	e, check	the box and se	ee []

P	art II Begi	nning of Year Carryov	er and Prefunding B	alances					
-					(a) C	arryover balance	(b) l	² refundir	ig balance
7		ning of prior year after applica				0			0
8	Portion elected for	or use to offset prior year's fur	nding requirement (line 35 fo	om prior		0			. 0
9	Amount remainin	g (line 7 minus line 8)				6			0
10	Interest on line 9	using prior year's actual retur	n of0.00_%		,	0			0
11	Prior year's exce	ss contr butions to be added t							
	a Present value	of excess contributions (line 3	8a from prior year)						27644
		the excess, if any, of line 38a B, using prior year's effective		ar %					0
		line 38b from prior year Sche	· ·			· · · · · · · · · · · · · · · · · · ·			<u> </u>
		at beginning of current plan yea							0
		•							27644
	© Portion of (c) to	o be added to prefunding bala	ince						0
12	Other reductions	in balances due to elections	or deemed elections	***********					0
13	Balance at begin	ning of current year (line 9 + 1	ine 10 + line 11d – line 12) .			0			0
F	Part III Fur	nding Percentages					•		
14	Funding target at	tainment percentage	***************************************					14	95.66 %
15	Adjusted funding	target attainment percentage	************				***********	15	103.65 %
16		ng percentage for purposes o						16	99.19 %
17	If the current valu	e of the assets of the plan is	less than 70 percent of the	funding tar	get, enter suc	n percentage		17	%
P	art IV Co	ntributions and Liquid	ity Shortfalls						
18		de to the plan for the plan yea	ar by employer(s) and empl	oyees:					
	(a) Date MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		Date D-YYYY)	(b) Amount paid b employer(s)	у (emplo	nt paid by syees
(04-02-2018	568000	0						
									·····
	· .			 				.	
		<u> </u>		Totals >	18(b)		000 18(c)	,	
40	Discounts describ				1 -4.7				U
19		oyer contributions – see instru allocated toward unpaid minin	-			· · ·			
		made to avoid restrictions adj							0
		•							549227
20		llocated toward minimum requi	rea contribution for current ye	ar adjusted	to valuation di	te19c			549ZZ1
20		utions and liquidity shortfalls: ave a "funding shortfall" for th	a prior vane?				L	ᄗ	Von 🗆 No
٠								<u>N</u>	Yes No
		<pre>/es," were required quarterly: /es," see instructions and con</pre>		•		inner?		<u> </u>	Yes X No
	CILILIE ZUBIS	res, see instructions and con	Liquidity shortfall as of en			ear	<u> 1</u>		<u> 184 - 184 A.</u>
	(1) 1:	st	(2) 2nd	7.4.4.10	 	3rd		(4) 4th	
2*	63 247 () 1.17. 54 .17.44.65	7.							

F	art V Assumpti	ons Used to Determin	e Funding Target and Targ	jet Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %		N/A, full yield curve used
	b Applicable month (er	iter code)	***************************************		21b	3
22					22	63
23	Mortality table(s) (see i			or bed - separate	Substitu	ite
P	art VI Miscellane			· · · · · · · · · · · · · · · · · · ·		
24			arial assumptions for the current p	-		
25	Has a method change t	been made for the current plan	n year? If "Yes," see instructions r	egarding required attack	ment	Yes X No
26	Is the plan required to p	provide a Schedule of Active F	Participants? If "Yes," see instruction	ons regarding required a	attachmen	tX Yes ∏ No
27	If the plan is subject to attachment	alternative funding rules, ente	r applicable code and see instructi	ons regarding	27	
P			um Required Contribution			
28			ears		28	0
29			unpaid minimum required contribut		29	0
30	Remaining amount of u	npald minimum required cont	ributions (line 28 minus line 29)	***************************************	30	0
Pá	art VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost and	excess assets (see instruction	ons):			
	a Target normal cost (lin	ne 6)	***************************************		31a	438036
	b Excess assets, if app	licable, but not greater than li	ne 31a		31b	0
32	Amortization installmen	ts:		Outstanding Bala	nce	Installment
	a Net shortfall amortiza	ition installment	***************************************		57426	. 9559
	b Walver amortization i	installment			0	0
33			er the date of the ruling letter grant) and the waived amount		33	
34	Total funding requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	447595
			Carryover balance	Prefunding balar	nce	Total balance
35		e to offset funding	0		0	O
36	Additional cash require	ment (line 34 minus line 35)	1	1	36	447595
37	Contributions allocated	toward minimum required cor	ntr bution for current year adjusted	to valuation date (line	37	549227
38	***	s contributions for current year			!	
	a Total (excess, if any,	of line 37 over line 36)			38a	101632
			refunding and funding standard ca		38b	0
39			ar (excess, if any, of line 36 over li		39	0
40	Unpaid minimum requir	red contributions for all years.			40	0
Pa	rt IX Pension	Funding Relief Under	Pension Relief Act of 2010	(See Instructions	3)	
41	If an election was made	to use PRA 2010 funding rel	lef for this plan:			
	a Schedule elected				[2 plus 7 years 15 years
	b Elig ble plan year(s) f	for which the election in line 4	1a was made		20	08 2009 2010 2011
42	Amount of acceleration	adjustment	***************************************		42	
43	Excess installment acce	eleration amount to be carried	over to future plan years		43	

EIN: 65-0793889 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:

Life Only Payable for the life of the participant.

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: 65-0793889 PN: 002

J. Tech Sales Cash Balance Plan

Weighted Average Retirement Age Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 12/31/2017

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 63

J. Tech Sales Cash Balance Plan Employer ID# 65-0793889: Plan No. 002

Quarterly Installment Payment: \$100,709.00

Schedule SB, line 19 - Discounted Employer Contributions

Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 12/31/2017

<u>Date</u>	Amount	<u>Year</u>	Rate	Period	Adj Ctb
04-02-2018	100,709.00	2017	10.81% 5.81%	04-02-2018 to 04-15-2017 04-15-2017 to 12-31-2017	94,940.89
	100,709.00	2017	10.81% 5.81%	04-02-2018 to 07-15-2017 07-15-2017 to 12-31-2017	96,043.13
	100,709.00	2017	10.81% 5.81%	04-02-2018 to 10-15-2017 10-15-2017 to 12-31-2017	97,158.18
	100,709.00	2017	10.81% 5.81%	04-02-2018 to 01-15-2018 01-15-2018 to 12-31-2017	98,286.18
	165,164.00	2017	5.81%	04-02-2018 to 12-31-2017	162,799.04
Totals:	568,000.00				549,227.42

19	Discounted employer contributions see instructions for small plan with a valuation date after the begin	nning of the year	
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00

c

Contributions allocated toward minimum required contribution for current year, adjusted to valuation date 19c 549,227.42

Summary of Plan Provisions Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 12/31/2017

Plan Effective Date January 1, 2014

Plan Year From January 1, 2017 to December 31, 2017

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

January 1 or July 1 coincident with or following the completion

of the following requirements:

1 year of service Minimum age 21

Union, Non-Resident Alien, and HCE's other than Jeffery, Susan,

Barry, and Ricki Tannenbaum

Normal Retirement AgeAll 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:

Group 1:

\$200,641

Group 2:

\$150,000

Group 3:

\$50,000

Group 4:

\$5,000

Group 5:

5.5% of compensation

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.

Summary of Plan Provisions Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 12/31/2017

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years with less than 1,000 hours

Termination Benefit

Upon termination for any reason other than death, disability 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

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

Disability

Equal to present value of the accrued benefit

Cash Balance

The Interest Crediting Rate for this plan year is 5.00%

Shortfall Amortization Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 12/31/2017

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

Valuation Date	Amortization <u>Method</u>	Number of Future <u>Installments</u>	<u>Installment</u>	Value of Future <u>Installments</u>
12/31/2016	7-year	6	\$1,092	\$5,870
12/31/2017	7-year	7	<u>\$8,467</u>	<u>\$51,556</u>
Total	·		\$9,559	\$57,426