#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information				
For calend	dar plan year 2017 or f	iscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017	
<b>A</b> This re	eturn/report is for:	X a single-employer plan		olan (not multiemployer) ( employer information in ac		
		a one-participant plan	a foreign plan	, ,		,
<b>B</b> This ref	turn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC prog	ıram
	T = 1 = 1 1 1	special extension (enter desc				
Part II		ormation—enter all requested in	formation			T
1a Name	•	BALANCE PENSION PLAN			<b>1b</b> Three-d plan nu (PN) ▶	
					1c Effective	e date of plan 01/01/2014
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	) Box)			er Identification Number
City o	r town, state or provinc	ce, country, and ZIP or foreign pos		structions)	(EIN)  2c Sponso	r's telephone number
NNR MANA	GEMENT, LLC		863-293-0325			
1000 AMER	RICAN SUPERIOR BL\		20 Busines	s code (see instructions)		
	AVEN, FL 33880					541600
3a Plan a	administrator's name a	nd address X Same as Plan Spo	nsor.		<b>3b</b> Adminis	trator's EIN
					<b>3c</b> Adminis	trator's telephone number
		e plan sponsor or the plan name h			<b>4b</b> EIN	
	plan, enter the plan spo sor's name	onsor's name, EIN, the plan name	and the plan number from	the last return/report.	4d PN	
C Plan					10 110	
					<b>F</b> -	
		s at the beginning of the plan year.			5a 5b	2
		s at the end of the plan yearaccount balances as of the end of				
comp	olete this item)				5c	
	·	articipants at the beginning of the p	•		5d(1) 5d(2)	2
` '	·	articipants at the end of the plan ye o terminated employment during th				2
than	100% vested				5e	0
Under per SB or Sch	nalties of perjury and o	or incomplete filing of this retur ther penalties set forth in the instru and signed by an enrolled actuary, inclete.	ctions, I declare that I hav	e examined this return/re	port, including	if applicable, a Schedule
SIGN		d/valid electronic signature.	08/14/2018	RANDY AULICK		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as	plan administrator
SIGN	Filed with authorized	d/valid electronic signature.	08/14/2018	RANDY AULICK		
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individu	ual signing as	employer or plan sponsor

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6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		•						Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility								Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and mus	t inste	ad use	Form	5500.	_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in		-			L			lot determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r			(Se	e instructions.)
Pa	rt III Financial Information	_							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b)	End of Ye	ear
a	Total plan assets	. 7a	39	95450				56	63799
b	Total plan liabilities	. 7b							
c	Net plan assets (subtract line 7b from line 7a)		56	63799					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(	(b) Total	
a	Contributions received or receivable from: (1) Employers	. 8a(1)	1;	30000					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	. 8b		42700					
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						17	72700
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f		4351					
g	Other expenses	. 8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							4351
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						16	68349
j	Transfers to (from) the plan (see instructions)	- 8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension ${\color{red} {\rm 1C}}$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the	instructio	ons:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acteris	tic Cod	des in the i	nstruction	is:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amou	ınt
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V								
	Program)	•	•	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c		Χ			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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	Has the plan failed to provide any benefit when due under the pla	X		_					
9	Did the plan have any participant loans? (If "Yes," enter amount a	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)		10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					
					•	•	•		

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (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.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter t Day		of the letter Year	ruling				
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							
C Enter the amount contributed by the employer to the plan for this plan year									
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A				
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	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	<b>3c(1)</b> 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

Fo	or calendar p	olan year 201	7 or fiscal plan y	ear beginning 01	/01/2017			and endin	g 12/3	31/201	17	
			nearest dollar.									
•	Caution:	penalty of \$	1,000 will be ass	sessed for late filing of	this repo	rt unless reasonable c	ause i	s establishe	d.		-	
Α	Name of pla						В	Three-di	git			
	NNR MANA	GEMENT, LI	LC CASH BALA	NCE PENSION PLAN				plan num	nber (PN	1)	•	001
С	Plan spons	or's name as	shown on line 2	a of Form 5500 or 5500	0-SF		D	Employer	Identific	ation I	Number (E	EIN)
		GEMENT, LI						,,	46-48		`	,
									40 40	72022		
Ε	Type of plan	: X Single	Multiple-A	Multiple-B		F Prior year plan size:	X 10	00 or fewer	101-	-500	More th	an 500
I	Part I	Basic Info	rmation									
1		valuation da	te: I	Month Da	ay <u>31</u>	Year <u>2017</u>				1		
2	Assets:											
	<b>a</b> Market	value							. 2a			433799
	<b>b</b> Actuar	al value							. 2b			433799
3	Funding	target/particip	ant count break	down	I) Num partici	nber of pants		sted F Targe	unding t	(3) Total Funding Target		
	<b>a</b> For ret	ired participa	nts and beneficia	aries receiving paymen	nt			0			0	C
	<b>b</b> For ter	minated vest	ed participants					0			0	C
	<b>C</b> For act	ive participan	ts					2			288962	288962
	<b>d</b> Total							2			288962	288962
4	If the pla	n is in at-risk	status, check the	e box and complete line	es (a) and	d (b)						
	<b>a</b> Fundir	g target disre	garding prescrib	ed at-risk assumptions	s				4a			
				umptions, but disregard secutive years and disi					4b			
5	Effective	interest rate .							5			5.36 %
6	Target no	ormal cost							6			93489
Sta	atement by	Enrolled Act	uary									
	accordance wi	th applicable law a	and regulations. In my	d in this schedule and accompa or opinion, each other assumpti perience under the plan.								
	SIGN											
	HERE										08/08/201	8
			Signa	ature of actuary							Date	
	THOMAS C	HOLMAN									17-07119	)
			Type or p	rint name of actuary					Most	recent	enrollmer	nt number
	HOLMANFA	RMER, INC.								6	78-493-46	60
	204 I VNDU	IDST CIDCI		Firm name				Te	elephone	numb	oer (includ	ing area code)
		JRST CIRCL A 30115-640										
			Ado	dress of the firm								
						landa atati t	l - C	0.11 1.1				
	e actuary ha	as not fully ref	riected any regul	ation or ruling promulg	gated und	er the statute in comp	leting	this schedul	e, check	the b	ox and see	

Page	2 -	ľ
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P	art II	Begin	ning of Year	Carryov	er and Prefunding B	alances								
					<u> </u>			(a) C	arryover balance		(b) P	refundir	ng balance	
7		•	0 , ,		able adjustments (line 13 fro				C	)			0	
8			•	•	nding requirement (line 35 f				C	)			0	
9	Amount i	remaining	g (line 7 minus line	8)					C	)			0	
10	Interest of	on line 9 ເ	using prior year's	actual retu	rn of <u>4.69</u> %				C	)			0	
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:									
	<b>a</b> Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)								128002	
					a over line 38b from prior year interest rate of								0	
	<b>b(2)</b> Inte	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's	actual								
					ar to add to prefunding balanc	L							0	
			0 0			=							128002	
	<b>d</b> Portion	n of (c) to	be added to prefu	unding bala	ance								0	
12	Other red	ductions i	n balances due to	elections	or deemed elections						0			
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)				C	)			0	
Part III Funding Percentages														
14 Funding target attainment percentage											14	150.12%		
15	15 Adjusted funding target attainment percentage											15	146.96%	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										16	141.03%			
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the	funding targ	et, ente	er suc	ch percentage			17	%	
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18	Contribut	tions mad	de to the plan for t	he plan ye	ar by employer(s) and empl	oyees:								
(1)	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	<b>(a)</b> [ (MM-DE)	Date D-YYYY	)	( <b>b)</b> Amount pa employer(		(с	Amour emplo	nt paid by byees	
C	4/05/2018	3		130000	0	-								
												1		
						Totals ►	18	(b)		130000	18(c)		0	
19		•			uctions for small plan with a									
					num required contributions t					19a			0	
	<b>b</b> Contrib	outions m	ade to avoid restr	ictions adj	usted to valuation date					19b			0	
				<u>.</u>	red contribution for current ye	ar adjusted t	o valua	tion d	ate	19c			128245	
20	-		tions and liquidity										V V N	
			_		e prior year?								Yes X No	
					installments for the current		n a time	ely ma	anner?			······∐	Yes No	
	C If line	20a is "Y	es," see instruction	ns and con	nplete the following table as		-£ (1)-1	ale:						
		(1) 1st	<u> </u>		Liquidity shortfall as of en	a of quarter			year 3rd			(4) 4th		
		(., 10	=		(-)			(-)	-:-			(1)		
				1										

P	art V	Assumpti	ons Used to Determine	Funding Target and Targ	get Normal Cost							
21	Discount	rate:										
	<b>a</b> Segme	ent rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48 %		N/A, full yield curve used					
	<b>b</b> Applica	able month (er	iter code)			21b	1					
22	Weighted	average retire	ement age			22	65					
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	ment	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	ıttachmen	tYes X No					
27				r applicable code and see instructi		27						
P	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years											
			ed contributions for all prior ye		28	0						
29	Discounte	ed employer co	ontributions allocated toward u	unpaid minimum required contribut	ions from prior years	29	0					
30	, ,			ibutions (line 28 minus line 29)		30	0					
Pa	art VIII	Minimum	Required Contribution	For Current Year		<u> </u>						
31			excess assets (see instruction									
	<b>a</b> Target r	normal cost (lii	ne 6)			31a	93489					
	<b>b</b> Excess	assets, if app	licable, but not greater than lir	ne 31a		31b	93489					
32	Amortizat	ion installmen	ts:		Outstanding Bala	nce	Installment					
	a Net sho	ortfall amortiza	tion installment			0	0					
	<b>b</b> Waiver	amortization i	nstallment			0	0					
33	If a waive (Month _	r has been ap	proved for this plan year, ente ay Year	r the date of the ruling letter grant) and the waived amount	ing the approval	33						
34	Total fund	ding requireme	ent before reflecting carryover	prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0					
				Carryover balance	Prefunding balar	ice	Total balance					
35			e to offset funding	0		0	0					
36	-					36	0					
37	Contribut	ions allocated	toward minimum required cor	stribution for current year adjusted	to valuation date (line	37	128245					
38			s contributions for current year									
			•	(000 11011001010)		38a	128245					
	,	•	· · · · · · · · · · · · · · · · · · ·	efunding and funding standard ca		38b	0					
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						0					
40 Unpaid minimum required contributions for all years							0					
Pai	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)											
41	If an elect	ion was made	to use PRA 2010 funding reli	ef for this plan:								
	<b>a</b> Schedu	le elected					2 plus 7 years 15 years					
	<b>b</b> Eligible	plan year(s) f	or which the election in line 41	a was made			<u> </u>					
42						42						
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43						

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

	Part I Annual Repor	t Identification Informatio	accordance with the insi	ructions to the Form 550	0-SF.	#ISPSCHOR				
	r calendar plan year 2017 or fi	iscal plan year beginning	01/01/2017	and andles	45/44	3.6				
	This return/report is for:	x a single-employer plan	a multiple-employe	and ending r plan (not multiemployer)	12/31, (Filers checki	ng this how must attach				
В	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/repo			ith the form instructions.)				
		an amended return/report	a short plan year re	turn/report (less than 12 m	onths)					
С	Check box if filing under:	x Form 5558 special extension (enter desc	automatic extension	1	DF	/C program				
P	art II Basic Plan Info									
	Name of plan	ormation enter ঝা requested	l information							
	NNR Management, LL	C Cash Balance Pension	Plan		1ib Three- plan n (PN) ≱	umber				
2a	Plan aportanta nassa /		entaria.		1c Effecti 01/0:	ve date of plan 1/2014				
*****	Malling Address (include roc City or town, state or province	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos	O. Box) tal code (if foreign, see in:	structions)	2b Emplo	yer Identification Number 46-4842022				
	NNR Management, LLC	3		2c Spons (863)	or's telephone number 293-0325					
	1000 American Super	cior Blvd.		2d Business code (see instructions) 541600						
Зa	US Winter Haven FL 33880			· 						
W. 44	, an administrator s traine ar	nd address 💹 Same as Plan Sp	onsor	1	3b Administrator's EIN  3c Administrator's telephone number					
4	If the name on the FIN state.					oversor o totopriorio manage				
•	this plan, enter the plan spon	e plan sponsor or the plan name ha sor's name, EIN, the plan name a	as changed since the last and the plant in	return/report filed for	4b ein					
	Sponsor's name Plan Name		on the place reduced from (	ne idat return/report.	4d PN					
5a	Total number of participants	at the state of th								
b	Total number of participants a	at the beginning of the plan year	.ve={4#442+4525+462+462+4644+4644+4644+4644+464	**************	5a	2				
C	Trumper of participants with a	at the end of the plan year	ha alaa maa taaba dada	, , , , , , , , , , , , , , , , , , ,	5b	2				
q(.	anishing the Holli	icipants at the beginning of the pla	\$4440155E10194959195919446E146E14E2826965669690		5c					
		icipants at the end of the plan year	,	<del> </del>	5d(1)	2				
6	Number of participants who to less than 100% vested	erminated employment during the	plan year with accrued be	nefits that were	5d(2)	2				
Cat	ition: A penalty for the late c	or incomplete filing of this return	Luniess reasonable cour	5e	O					
SB	ioi donames di deritri and am	ier penalties set forth in the instruc- id skined by an enrolled actuary a								
Sid	7 7	:UND	8/14/18	Randy Aulick						
<del></del>	RE Signature of plan admin	histrator /	Date.	Enter name of individual	signing as pla	ın administrator				
SIC	HE Signature of employer/	nlan sponsor	<u>                                      </u>	Randy Aulick	· · · · · · · · · · · · · · · · · · ·					
P-1	Tagara or addioday	Sign abousor	Dáte	Enter name of individual:	signing as em	ployer or plan sponsor				

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1 OHH	<b>しししし</b>	or	28J I	-

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rade	"

6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (	See înstructions.)	*****	******	*******	*********	*******	X Yes	∏No
b	Are you claiming a waiver of the annual examination and report of a	n indepen	lent qualified public acc		-L //Or	181			125	t
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condition	ns.)	********	*******	*******	.64514188741		XYes	No
¢	If you answered "No" to either line 6a or line 6b, the plan cannot fithe plan is a defined benefit plan is it covered under the PROC in	ot use For	n 5500-SF and must in	stead	use f	orm	5500.	Pin-ma		
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see EHISA secti	ion 40	21)?	******	.[_]Ye	es X No	Not d	eterminec
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	mlum filing for this year			***************************************	·		(See înstru	ctions.)
P	art III Financial Information			***************************************					······································	
_ <u>/_</u>	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	***************************************
b	Total plan assets	. 7a		395,	450		***************************************		563,	799
c	Total plan liabilities	7b			·					
8	Income, Expenses, and Transfers for this Plan Year	7c		395,	450			····	563,	799
a	Contributions received or receivable from:		(a) Amour	rt			······	(b)	ľotal	***
***************************************	(1) Employers	8a(1)	1	30,	000					
***************************************	(2) Participants	8a(2)		***************************************	***********		<u> </u>	- 1		•
	(3) Others (Including rollovers)	8a(3)		*************	***************************************	1				
b	Other Income (loss)	8b		42,	700	1	-			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			***************************************	·   · · · ·	·····	**************************************	172,	700
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		<del></del>		*****************	<u> </u>		<del></del>	1/2,	700
8	Certain deemed and/or corrective distributions (see instructions)		The state of the s	*************						
f	Administrative service providers (salaries, fees, commissions)	8e								
g	Other expenses	8f		4,3	351					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g	· · · · · · · · · · · · · · · · · · ·	<del></del>				7		
i	Not income (local) (quintyout line of the control of the	8h			<del></del>	1			4,	351
i	Transfers to (from) the plan (see instructions)	- 8i			·			<del></del>	168,	349
p,	irt IV Plan Characteristics	8		*****************					*******************	***************************************
				***********					***	
"	If the plan provides pension benefits, enter the applicable pension fe	ature codes	from the List of Plan C	harac	teristic	Code	es in th	e Instructi	ons:	
b	If the pier regulded waters have the	**************************************	· · · · · · · · · · · · · · · · · · ·	***************************************	***************************************	***************************************	······································		······································	***
~	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Cha	aracte	eristic (	Codes	in the	instruction	าย:	
Pe	rt V Compliance Questions	<del></del>	White the second and indepted to the second and an arrangement of the second and are second as a secon			······································		<del>, , , , , , , , , , , , , , , , , , , </del>	y	
10	During the plan year:					***				******************
a	Control of the Contro	ons within t	he time period	7	Yes	No	N/A		Amount	California de la calenda d
	described in 29 GFR 2510.3-102? (See instructions and DOL's Vol	untarv Fidu	ciary Correction							
×	Program)	**********		10a		ж				
b	were there any nonexempt transactions with any party-in-interest?	(Do not inc	hida transastiana	1		<del></del>				<del></del>
C	12001 (ad Oil life 10a.) 478491444-44414444444444444444444444444444	**********		10b		X				
ď	Was the plan covered by a fidelity bond?	******	**********************	10c		х				
<u>u</u>	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	********		100		x				*
е	Were any fees or commissions paid to any brokers agents or other	r nareona k	t on longuage			***************************************				
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of the	hannfita i maar		j					
Ŧ	Has the plan falled to provide any benefit when due under the plan	***************************	10e		Х		***************************************			
g	Did the plan have any participant loans? (If "Yes," enter amount as		10f		X		<del></del>	······································		
h	If this is an individual account plan, was there a blackout period? (S	.) ************************************	10g		X				<del></del>	
	2520.101-3.)	ee instructi	ons and 29 CFR	10h				¥		
ì	If 10h was answered "Yes." check the box if you either provided the	required a	otice or one of the	- 3,1					<u>n na Steri</u> V nasea	1 22 22 2
	exceptions to providing the notice applied under 29 CFR 2520.101-	3		101	-					
			1-77	·····	L	***************************************	·			

-	Form 5500-SF 2017 Page 3 -							
(A			***************************************					
Par		······································					~	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions at (Form 5500 and line 11a below)		hedule	SB	x	Yes [	] No	0
11a	terner the oripaid familiation required contributions for all years from Schedule SR (Form 5500) line 4/	n	444	areastaria.		***************************************	***************************************	0
1.4	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	e Code or secti	*********	*********		Yes [		
a	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the walver	A dougith		the date	of the Ye		ling	-
b	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ie 13.	T					
	Enter the minimum required contribution for this plan year.	*********	12b					
Ç	Enter the amount contributed by the employer to the plan for the plan year	444	12c		***************	***************************************		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	he left of a	12d			The state of the s	44,44,44	
0	Will the minimum funding amount reported on line 12d be met by the funding deadline?	**********	П	Yes	l No		/A	
Part	VII Plan Terminations and Transfers of Assets	<del></del>		- America		harmed "		n
13a	Has a resolution to terminate the plan been adopted in any plan year?	P4 P24++++++++++++++++++++++++++++++++++	T.	Yes	x	No		***************************************
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	*4**********	13a					
***************************************	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC?		- 1		es	X No	•	
***************************************	<ul> <li>ii, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide</li> <li>which assets or liabilities were transferred. (See instructions.)</li> </ul>	entily the plan(s	) to			***************************************		
13	c(1) Name of plan(s):	13c(2) El	N(s)		126	:(3) PN	e)	
					, (1)	- (wy 1 14)	<u>.</u>	<del></del>

## 2017 Schedule SB, Part V – SUMMARY OF PLAN PROVISIONS

NNR Management, LLC Cash Balance Pension Plan

EIN: 46-4842022 PN: 001

#### 1. Monthly Accrued Benefit

- Amount Actuarial Equivalent value of participant's Account Balance
- Account Balance Sum of the Annual Retirement Credits and Annual Interest Credits

#### • Annual Retirement Credit

Each Participant will receive an Annual Retirement Credit as of the last day of each Plan Year in which the participant earns a year of Credited Service. The applicable Annual Retirement Credits are as follows:

- Group A (Owners) \$65,000
- Annual Interest Credit Interest Credit Percentage multiplied by the total Account Balance as of the first day of the Plan Year (Interest Credit is earned as of the last day of the plan year)
- Interest Credit Percentage 5.00% per annum

#### 2. Normal Retirement Date and Benefit

- Age and Date First of month coincident with or following age 65
- Amount Monthly Accrued Benefit
- **Normal Form of Payment** Life annuity (unmarried participants) and actuarially reduced 50% J&S annuity (married participants); optional lump sum

#### 3. Late Retirement Age and Benefit

Greater of Monthly Accrued Benefit or Monthly Accrued Benefit at Normal Retirement Age actuarially increased to account for the delayed payment of the benefit

#### 4. Early Retirement Age and Benefit

No early retirement benefits, other than those payable upon termination of employment, are provided.

#### 5. Deferred Vested Retirement Benefit

Vested interest in the Actuarial Equivalent of the Accrued Benefit

#### 6. Disability Retirement Benefit

No disability benefits, other than those payable upon termination of employment, are provided.

#### 7. Pre-Retirement Death Benefits

Upon death prior to termination of employment, the benefit payable from the Plan will be a qualified pre-retirement survivor annuity plus an amount equal to 100% of the Actuarial Equivalent of the Accrued Benefit less the actuarial equivalent value of the qualified pre-retirement survivor annuity.

## 2017 Schedule SB, Part V – SUMMARY OF PLAN PROVISIONS

NNR Management, LLC Cash Balance Pension Plan

EIN: 46-4842022 PN: 001

#### 8. Compensation

Compensation is equal to the total salary, wages, and other amounts which are includible in the participant's income for purposes of income taxes that are paid during the Plan Year (W-2) including amounts otherwise excluded by reason of IRC §125, 402(g)(3) or 402(h); compensation used for any purpose under the plan cannot exceed \$265,000 (as adjusted annually pursuant to IRC §401(a)(17)(B)).

#### 9. Vesting Schedule

Years of Service	Vested Percentage
Less than three years	0%
Three years or more	100%

10. Year of Service

Method: 1,000 hours of service during computation period Computation Period: 12 month period beginning January 1 (Plan Year)

Excluded Periods: None

11. Credited Service

Method: 1,000 hours of service during computation period Computation Period: 12 month period beginning January 1 (Plan Year)

Excluded Periods: Prior to plan participation

12. Plan Year

12-month period beginning January 1st and ending December 31st

13. Participation

Eligible Employees All employees; except Union Employees and Non-resident

aliens

Eligibility Requirements: Completion of a Year of Service and attainment of age 21
Effective Date of Participation: January 1 or July 1 coincident with or next following the date

the eligibility requirements were satisfied; Eligible Employees employed on March 1, 2014 become Participants

as of such date.

14. Plan Actuarial Equivalence

• Interest Rate

Pre-retirement: IRC §417(e) Segment Rates assumed to be 5.00% per annum Post-retirement: IRC §417(e) Segment Rates assumed to be 5.00% per annum

Mortality Table

Pre-retirement: None

Post-retirement: IRC §417(e) Applicable Mortality Table

• IRC §417(e)

Stability Period: One month

Look-back Period: 1<sup>st</sup> calendar month

15. Initial Plan Effective Date

January 1, 2014

## 2017 Schedule SB, Part V – SUMMARY OF ACTUARIAL ASSUMPTIONS/METHODS

NNR Management, LLC Cash Balance Pension Plan

EIN: 46-4842022 PN: 001

#### 1. Actuarial Cost Method

IRC §430 unit credit cost method

#### 2. Valuation Date

December 31<sup>st</sup> (last day of plan year)

#### 3. Decrements and Mortality

#### • Pre-Retirement Mortality

None

#### • Post-Retirement Mortality

IRC §430(h)(3)(A) – Optional Combined Table

#### Disability

None

#### • Permanent Withdrawal from Active Status

None

#### • Retirement

100% at Normal Retirement Age or the end of the next plan year, if later

#### 4. Funding Yield Curve Segmented Rates

Applicable Month: Month containing valuation date

First Segment: 4.16% per annum for IRC §430; 1.77% per annum for IRC §404 Second Segment: 5.72% per annum for IRC §430; 3.73% per annum for IRC §404 6.48% per annum for IRC §430; 4.60% per annum for IRC §404

#### 5. Future Compensation

Future Annual Compensation is assumed to be equal to the amount for the current plan year

#### 6. Assumed Optional Forms of Payment

100% of terminated participants elect lump sum distribution. Lump sum distribution is equal to the Participant's account balance.

#### 7. Employees Included

All employees who met participation requirements by the valuation date are included.

#### 8. Assets

Actuarial value of assets is equal to the market value of assets.

#### 9. Plan-Related Expense

Plan-related expenses are not paid from plan assets.

# 2017 Schedule SB, line 32 - Schedule of Amortization Bases

NNR Management, LLC Cash Balance Pension Plan EIN: 46-4842022 PN: 001

	Original	Present Value of Shortfall Base	Amortization Charge	Amortization Period		
Description	Amount	12/31/2017	12/31/2017	12/31/2017		
12/31/17 Shortfall	\$0	\$0	\$0	N/A		
Total		\$0	<u>\$0</u>			

# 2017 Schedule SB Line 22 – Description of Weighted Average Retirement Age

NNR Management, LLC Cash Balance Pension Plan

EIN: 46-4842022 PN: 001

All participants are assumed to retire at Normal Retirement Age (later of age 65 or 5<sup>th</sup> anniversary of plan participation)

100% of participants are assumed to retire at age 65.

# 2017 Schedule SB Line 19 - Discounted Employer Contributions

NNR Management, LLC Cash Balance Pension Plan

EIN: 46-4842022 PN: 001

Valuation Date: 12/31/2017 Effective Discount Rate: 5.36%

Days since

Plan Beginning Discounted Year of Plan Year Contribution <u>Date</u> <u>Amount</u> **Discount** 4/5/2018 2017 0.986502 128,245 130,000 95 130,000 128,245

## **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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017	and endin	g	12/31/20	17
Round off amounts to nearest dollar.				
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas	onable cause is establishe	d		
A Name of plan	<b>B</b> Three-di	git		
NNR MANAGEMENT, LLC CASH BALANCE PENSION PLAN	plan nun	nber (PN)	<b>&gt;</b>	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	<b>D</b> Employer	Identificat	ion Number (E	IN)
NNR MANAGEMENT, LLC	46-484202	2		
E Type of plan: X Single Multiple-A Multiple-B F Prior year	plan size: X 100 or fewer	101-50	00 More th	an 500
Part   Basic Information				
1 Enter the valuation date: Month 12 Day 31 Year	2017			
2 Assets:				
a Market value		. 2a		433,799
<b>b</b> Actuarial value	***************************************	. 2b		433,799
3 Funding target/participant count breakdown	(1) Number of participants	` '	ed Funding arget	(3) Total Funding Target
a For retired participants and beneficiarles receiving payment	0		0	0
<b>b</b> For terminated vested participants			0	0
C For active participants	2		288,962	288,962
<b>d</b> Total	2	, ,	288,962	288,962
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	<b>—</b>	4a		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for status for fewer than five consecutive years and disregarding loading factor	olans that have been in at-r	isk Ah		
5 Effective interest rate		5		5.36%
6 Target normal cost		6		93,489
Statement by Enrolled Actuary				
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a combination, offer my best estimate of anticipated experience under the plan.	and attachments, if any, is complet account the experience of the plan a	e and accurat nd reasonable	e. Each prescribed e expectations) and	assumption was applied in such other assumptions, in
SIGN 1CH			08/08/20	18
Signature of actuary			Date	
THOMAS C. HOLMAN			1707119	
Type or print name of actuary		Most re	cent enrollmer	t number
HolmanFarmer, Inc.		6	78-493-4	660
Firm name	Te	lephone r	umber (includi	ng area code)
604 LYNDHURST CIRCLE				
Canton GA 30115-6403	·			
Address of the firm				
If the actuary has not fully reflected any regulation or ruling promulgated under the statute	in completing this schedul	e check th	ne box and see	Π

	Sche <u>d</u>	ule SB (F	orm 5500) 2017			Pi	age <b>2</b> -							
P	art II	Begir	ning of Year (	Carryov	er and Prefunding B	alances								
7		•	. ,		able adjustments (line 13 fro	•	(a	) Carryover bala	ance	0	<b>(b)</b> P	refundi	ng bala	nce
8	, ,	Portion elected for use to offset prior year's funding requirement (line 35 from prior						-						
										0				0
9										0				0
									U				0	
11	Prior year's excess contributions to be added to prefunding balance:											1.0	8,002	
	<b>a</b> Present value of excess contributions (line 38a from prior year)										12	.6,002		
					edule SB, using prior year's									0
	ret	urn												0
	C Total a	vailable a	t beginning of curre	nt plan yea	ar to add to prefunding balanc	e							12	8,002
	<b>d</b> Portion	of (c) to	be added to prefu	nding bal	ance						0			
12	Other red	ductions i	n balances due to	elections	or deemed elections					0				0
13	Balance	at beginr	ing of current year	(line 9 +	line 10 + line 11d – line 12).					0				0
F	Part III	Fun	ding Percenta	ges										
14	Funding	target att	ainment percentag	e								14	150	.12%
15	Adjusted	funding	target attainment p	ercentage	e							15	146	.96%
	year's fu	nding req	uirement		of determining whether carry			······································				16	141	.03%
_17	If the cur	rent valu	e of the assets of the	ne plan is	less than 70 percent of the	funding targ	get, enter	such percentage	e			17		%
P	Part IV	Con	tributions and	l Liquid	lity Shortfalls									
18					ear by employer(s) and empl						ı			
(1	(a) Date MM-DD-Y`		(b) Amount pa employer(s		(c) Amount paid by employees		Date D-YYYY)	(b) Amou	unt paid oyer(s)	by	(c) Amount paid by employees			
	4/05/2			30,000		· ·			, ,		employees			
						Totals ▶	- 18(k	))	120	000	18(c)	Ι		0
											10(0)	<u> </u>		U
19					ructions for small plan with a									
					mum required contributions									0
	b Contributions made to avoid restrictions adjusted to valuation date						_	<u>_</u>			0 045			
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date								12	8,245					
20	-		-										V	57 NI-
		•	· ·		ne prior year?							<u> </u>		X No
			•		installments for the current		-	manner?				······ <u>L</u>	Yes	No
	C It line	∠∪a ıs "Y	es," see instruction	s and cor	mplete the following table as Liquidity shortfall as of en			an vear						
		(1) 1s	t		(2) 2nd	- Or quarter	(3	•			(	(4) 4tl	<b>1</b>	
		_				_				_				

21 Discount rate: a Segment rates: 4 , 1.6 % 5, 7.2 % 6, 4.8 % NA, full yield curve used b Applicable month (enter code). 5, 7.2 % 6, 4.8 % NA, full yield curve used b Applicable month (enter code). 22 Weighted average referement age. 22 65 23 Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute  Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes." see instructions regarding required attachment.  Pyes  No 25 Has a method change been made for the current plan year? If "Yes." see instructions regarding required attachment.  No prescribed a Schedule of Active Participants? If "Yes." see instructions regarding required attachment.  No prescribed a Schedule of Active Participants? If "Yes." see instructions regarding required attachment. No prescribed a Schedule of Active Participants? If "Yes." see instructions regarding required attachment. No prescribed attachment. No prescribed as Schedule of Active Participants? If "Yes." see instructions regarding required attachment. No prescribed as Schedule of Active Participants? If "Yes." see instructions regarding required attachment. No prescribed attachment. No prescribed as Schedule of Active Participants? If "Yes." see instructions regarding required attachment. No prescribed attachment no prescribed no pr	P	art V	Assumpti	ons Used to Determine	Funding Target and Targ	get Normal Cost		
A 1.16 %   5.72 %   6.48 %       NA full yield curve used   D Applicable month (enter code)	21	Discount	rate:					
22   65		<b>a</b> Segm						N/A, full yield curve used
Prescribed - combined   Prescribed - separate   Substitute		<b>b</b> Applica	able month (er	nter code)			21b	1
Part VI Miscellaneous Items  24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	22	Weighted	d average retir	ement age			22	65
Part VI Miscellaneous Items  24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	23	Mortality	table(s) (see	instructions) X Pres	cribed - combined Pres	cribed - separate	Substitu	te
attachment	Pa	art VI	Miscellane				<u> </u>	
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	24		•	·	·	•		· · · — —
27   If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	25	Has a me	ethod change	been made for the current plan	n year? If "Yes," see instructions i	regarding required attach	ment	
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years  28 Unpaid minimum required contributions for all prior years	26	Is the pla	n required to	provide a Schedule of Active F	articipants? If "Yes," see instructi	ons regarding required a	ittachment	Yes X No
28 Unpaid minimum required contributions for all prior years.  29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).  30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).  30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).  30 OPART VIII Minimum Required Contribution For Current Year  31 Target normal cost and excess assets (see instructions):  a Target normal cost (line 6).  51 Target normal cost (line 6).  52 Amortization installments:  a Net shortfall amortization installments:  a Net shortfall amortization installment.  53 Discount of the prior of t	27						27	
28 Unpaid minimum required contributions for all prior years.  29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).  30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).  30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).  30 OPART VIII Minimum Required Contribution For Current Year  31 Target normal cost and excess assets (see instructions):  a Target normal cost (line 6).  51 Target normal cost (line 6).  52 Amortization installments:  a Net shortfall amortization installments:  a Net shortfall amortization installment.  53 Discount of the prior of t	P	art VII	Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years	•	
Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	28	Unpaid m		<u> </u>	<u> </u>		28	0
Part VIII   Minimum Required Contribution For Current Year  31 Target normal cost and excess assets (see instructions):  a Target normal cost (line 6)		Discount	ed employer c	ontributions allocated toward of	unpaid minimum required contribu	tions from prior years	29	0
31 Target normal cost and excess assets (see instructions):  a Target normal cost (line 6)	30	Remainir	ng amount of ι	unpaid minimum required conti	ributions (line 28 minus line 29)		30	0
31 Target normal cost and excess assets (see instructions):  a Target normal cost (line 6)	Pá	art VIII	Minimum	Required Contribution	For Current Year		•	
b Excess assets, if applicable, but not greater than line 31a	31	Target n		•				
b Excess assets, if applicable, but not greater than line 31a		<b>a</b> Target	normal cost (li	ne 6)			31a	93,489
a Net shortfall amortization installment							31b	
b Waiver amortization installment 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	32	Amortiza	tion installmer	nts:		Outstanding Bala	nce	Installment
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount.  34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 34  Carryover balance Prefunding balance  Total balance  35 Balances elected for use to offset funding requirement. 0 0 0  36 Additional cash requirement (line 34 minus line 35) 36 0  37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		a Net she	ortfall amortiza	ation installment			0	0
Month Day Year) and the waived amount		<b>b</b> Waiver	amortization	installment			0	0
Carryover balance Prefunding balance Total balance  35 Balances elected for use to offset funding requirement	33						33	
Carryover balance Prefunding balance Total balance  35 Balances elected for use to offset funding requirement	34	Total fun	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0
Balances elected for use to offset funding requirement				<u> </u>			nce	Total balance
requirement	35	Palanasa	alastad for us	so to offset funding	•			
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	33				(		0	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	36	Additiona	l cash require	ment (line 34 minus line 35)		1	36	0
38 Present value of excess contributions for current year (see instructions)a Total (excess, if any, of line 37 over line 36)38a128,245b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances38b128,24539 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)39040 Unpaid minimum required contributions for all years400Part IXPension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		Contribut	ions allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37	128,245
a Total (excess, if any, of line 37 over line 36)	38	Present v	alue of exces	s contributions for current year	r (see instructions)		L	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				•	· · · · · · · · · · · · · · · · · · ·		38a	128,245
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	-						38b	128,245
40 Unpaid minimum required contributions for all years	39							0
	40							0
41 If an election was made to use PRA 2010 funding relief for this plan:	Pa						5)	
· · · · · · · · · · · · · · · · · · ·						-	-	
<b>a</b> Schedule elected							Г	2 nlus 7 years
<b>b</b> Eligible plan year(s) for which the election in line 41a was made								
42 Amount of acceleration adjustment	12							Jo
43 Excess installment acceleration adjustment 42				•				