## 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		t identification information	า							
For calend	dar plan year 2017 or f	iscal plan year beginning 01/01/	2017	and ending 1	2/31/2017					
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
		a one-participant plan	a foreign plan							
<b>B</b> This re	turn/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:	X Form 5558	automatic extension		DFVC program					
	T	special extension (enter desc								
Part II		ormation—enter all requested in	nformation		T	1				
1a Name	•	) PROFIT SHARING PLAN			<b>1b</b> Three-digit plan numbe (PN) ▶	r 002				
					1c Effective da	L				
Mailir	ng address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	,		2b Employer Id	entification Number 6-4842022				
-	or town, state or proving GEMENT, LLC	ce, country, and ZIP or foreign pos	stal code (if foreign, see ins	tructions)	2c Sponsor's to	elephone number -293-0325				
1000 AMER	RICAN SUPERIOR BL	√D.			2d Business code (see instructions) 541600					
WINTER HA	AVEN, FL 33880					41000				
3a Plan	administrator's name a	and address X Same as Plan Spo	onsor.		<b>3b</b> Administrato	or's EIN				
					<b>3c</b> Administrate	r's telephone number				
this p	olan, enter the plan spo	ne plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN					
<b>c</b> Plan	sor's name Name				4d PN					
<b>5a</b> Total	number of participants	s at the beginning of the plan year			5a					
		s at the end of the plan year			. 5b	2				
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)						0				
d(1) Total number of active participants at the beginning of the plan year					5d(1) 2					
d(2) Total number of active participants at the end of the plan year					5d(2)					
than	100% vested	o terminated employment during th			5e	0				
		or incomplete filing of this return ther penalties set forth in the instru								
SB or Sch		and signed by an enrolled actuary,								
SIGN	Filed with authorized	d/valid electronic signature.	08/14/2018	RANDY AULICK						
HERE	Signature of plan	administrator	Date	Enter name of individual signing as plan administrator						
SIGN	Filed with authorized	d/valid electronic signature.	08/14/2018	RANDY AULICK						

Date

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 eligible assets? (See instructions.)							X Yes	No	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							X Yes	П No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r		<u> </u>	(See instruc	tions.)	
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	l of Year		
а	Total plan assets	7a		0				0		
b	Total plan liabilities	7b								
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		0			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b								
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i								
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Cod	les in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Code	s in the insti	ructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
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				Tou						
	reported on line 10a.)			10b		X				
				10c		Χ				
	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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 plan			10f	-	X				
g		-	•	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х				
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						

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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)	B	[] Y	′es X No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a							
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.)									
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r 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							
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?	. [	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?		Ye	s X N	0				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	Yes 🛚 No							
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)		<b>13c(3)</b> PN(s)					

## 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 filled 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 Report	Identification Information	ordance with the ins	structions to the Form 550	0-SF.							
For calendar	r plan year 2017 or fi	scal plan year beginning	01/01/2017	and ending	401	Pd (Anders	,					
	rn/report Is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach									
<b>B</b> This retu	rn/report is:	a one-participant plan the first return/report	a foreign plan the final return/rep		n accordance with the form instructions.)							
<b>^</b> ~		an amended return/report	a short plan year r	eturn/report (less than 12 m	t (less than 12 months)							
C Check bo	x if filing under:	Form 5558  special extension (enter descript	automatic extensio	n.		DFVC progra	m					
Part II	Basic Plan Info	rmation enter all requested inf			***************************************	******************************	***************************************					
1a Name o	of plan	2-13-10-11 Ginter all reduested for	ormation	·····								
NNR M	anagement, LLC		1b Three-digit plan number (PN) ▶ 002									
2a Plan spe	Angor's name (orgales	St. E.			1c Elle	ective date of /01/2014						
City or t	own, state or provinc	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. E e, country, and ZIP or foreign postal o	3ox) code (il foreign, see in	istructions)	2b Employer Identification Number (EIN) 46-4842022							
NNR M	anagement, LLC	1			2c Sponsor's telephone number (863) 293-0325							
1000	American Super	ior Blvd.	·		2d Business code (see Instructions) 541600							
US Wint	er Haven FL 33880											
<b>3a</b> Planadr	milistrators name an	d address 💹 Same as Plan Spons	or		3b Adn	ninistrator's E	EIN					
\$ 17 at	4				3c Adn	ninistrator's te	elephone number					
	the transfer of the	plan sponsor or the plan name has cl sor's name, EIN, the plan name and ti	hanged since the last he plan number from	return/report filed for the last return/report.	4b ein							
<ul><li>a Sponsor</li><li>c Plan Nan</li></ul>	s name				4d PN							
a Total nun	ober of participants a	t the beginning of the plant			***************************************							
<b>b</b> Total nun	ber of participants a	t the beginning of the plan year t the end of the plan year	*************	************************	5a	Miles Sandania Maria and an and Ariana	2					
		ecount balances as of the end of the p			5b 5c		2.					
witi) iotai iit	armer or active partic	spants at the beginning of the plan ye			5d(1)	William william and the same of the same o	2					
n Number o	of participants who ter	ipants at the end of the plan year rminated employment during the plan	www	essaceramentareanessees	5d(2)		2					
***************		16 10429 17774 1404 1712 1724 1 11741 1402 241 141 141 141 141 141 141 141 141 14	***********************	P#####################################	5e		0					
3B or Schedu		r incomplete filing of this return/reper penalties set forth in the instruction d signed by an enrolled actuary, as we ete.					ole, a Schedule nowledge and					
SIGN	Jouly Ge	elule -	8/14/18	Randy Aulick								
SIGN SIGN	a) yre of plan admin	isjrator (Ulul)	Date	Enter name of individual s	igning as	plan adminis	strator					
	ature of employer/p	lan sponsor	Date	Enter name of individual s	ianina as	emulovor or	Distriction of the second					

	The state of the s	***************************************	Page 2						
6a	Were all of the plan's assets during the plan year invested in eligibit	la a						***************************************	
b	Are you claiming a walver of the annual examination and roper of a		. It is to be a second				*********	X Ye	s 🔲 No
	The state of the s	2011 / 0011111	hàna ì						
		at Heaten	tron 5500 OE and moved to the		. ***	A		X Yes	s ∐No
¢	in the plant is a defined benefit plant, is it covered under the PBGC in	isurance i	ornaram (con EDICA continu	40041	,	r1		P-1	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC n	remlum filipa forthia una	402T)	*****	•∐ Y	es		determina
P	art III Financial Information		controlling for this year				***************************************	(See instr	ructions.)
7	Plan Assets and Liabilities	1				···->-	·		
a	Total plan assets	<u> </u>	(a) Beginning of Y	ear			(b) En	d of Year	
b	Total plan liabilities	. 7a		0					0
C	Net plan specto (publicat line 70 to 10 mg		***************************************			***************************************	-		
8	Income, Expenses, and Transfers for this Plan Year	7c	Market and the second s	0		***************************************			0
а	Contributions received or receivable from:	-	(a) Amount	······································		··	d)	) Total	
	(1) Employers	. 8a(1)							
***************************************	(2) Participants	8a(2)				<del></del>	<del></del>		
	(3) Others (including rollovers)	82(3)		***************************************				-	
<u>b</u>	Other Income (loss)	Rh					-		-
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7	**************************************	<del></del>				<del></del>	
e	Certain deemed and/or corrective distributions (see instructions)	T	***************************************	***************************************			<u> </u>		
ť	Administrative service providers (salaries, fees, commissions)	8e		-					
g	Other expenses	8f							
heart to be a few of	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g							
1	Net income flore) (authorit the at the at	8h		<u> </u>					
1	Transfers to (from) the plan (see instructions)	81							
p	rt IV Plan Characteristics	<u>8j</u>			L				
*********		*******			*****				
	If the plan provides pension benefits, enter the applicable pension fee 2A 2E 2F 2G 2J 2K 2R 3D	ature code	es from the List of Plan Chara	cteris	ic Cod	les in th	ie instruc	tions:	***************************************
	THE RESERVE OF THE PROPERTY OF								
N)	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan Charac	teristic	Code	s in the	instructi	one.	
·····	rt V   Compliance Questions	territory to grant or the second of Management of Manageme		************				J. 10.	
10	During the plan year:	***************************************							
a				Ves	No	N/A		Amount	<del></del>
	and a second to the bight with Dathelbant Countinging	ons within	the time period						***************************************
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volu Program)	untary Fid	uclary Correction						
b	Were there any nonexempt transactions with any party in integrate	I'm		a	X				
	1010 1 Vet./ 1010450812405040519194064019384485404051078181818181818181818181818181818181818	roo not in	clude transactions		x				
C	was the plan covered by a fidelity bond?		10		<del> </del>	<del> </del>			
d	Did the plan have a loss, whether or not reimbursed by the plan's fic	delity bond	that was caused	1	<u>x</u>				
~~·····	with the state of	K61 144.44.4***		,	х				
Θ	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other congression that	persons	by an insurance	1	1			·	

100

10f

10g

10h

X

x

X

X

carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)

f Has the plan lailed to provide any benefit when due under the plan?

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3

g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)

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b	Form 5500-SF 2017 Page 3 -				
		**********			
Par	t VI Pension Funding Compliance				· · · · · · · · · · · · · · · · · · ·
11	Is this a defined benefit plan subject to minimum funding varyings and (I W		***************	·····	
-		hedule	SB	│ ☐ Ye	s 🕱 No
11:	The state of the s	1 -			- ( <u>127</u> )
12	to this a venified Collinguign pian sphiert to the minimum (necling as well-	11a	<u> </u>	1	·····
	ERISA?	ON 302	Of	.   🗀 Ye	x No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			·	- The same of the
**	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the walver	nd ente	r the date	of the lette	r rulina
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	D	ау	Year_	
b	Enter the minimum required contribution (as this also as a standard MB (Form 5500), and skip to line 13.	·	·		
***************************************	Enter the minimum required contribution for this plan year.	12b	l		
C	Enter the amount contributed by the employer to the plan for the plan year	12c			······································
ď	dubitable the amount in line 12c from the amount in line 12h. Enter the result (onter a minus along the label)			·	
***************************************	1407773301305174513301305174513013051745130175017501750175017501750175017501750175	12d	<u> </u>		
0	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [	T No F	L NIZA
Pari	VII Plan Terminations and Transfers of Assets	ļ	100 L	J No L	N/A
13a	Has a resolution to terminate the above hand a few hands				·
	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	***************************************		***************************************
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				
G			لـا	Yes X	No
***	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		***************************************	***************************************
	c(1) Name of plan(s):				·
***************************************	125/2\ 🖺	K1/A)	- 1	F 85 days	

13c(2) EIN(s)

13c(3) PN(s)