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

Parti	Annual Report	i identification information	1					
For calend	lar plan year 2017 or f	iscal plan year beginning 01/01/	2018	and ending	g 07/31/2018			
A This re	turn/report is for:	X a single-employer plan			oyer) (Filers checking this			
		a one-participant plan	a foreign plan			,		
B This ret	urn/report is	the first return/report	the final return/r	eport				
		an amended return/report	X a short plan yea	r return/report (less than	n 12 months)			
C Check	box if filing under:	Form 5558	automatic exter	sion	DFVC program	1		
		special extension (enter desc	• /					
Part II	Basic Plan Info	ormation—enter all requested in	formation					
1a Name ZMS1 LLC (of plan CASH BALANCE PLA	N			1b Three-digit plan number			
					(PN) ▶ 1c Effective da	ute of plan		
						01/01/2014		
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.				lentification Number 45-0841829		
ZMS1 LLC	r town, state or provin	ce, country, and ZIP or foreign pos	tal code (if foreign, se	e instructions)		elephone number -240-5495		
					2d Business co	ode (see instructions)		
P.O. BOX 70	02254 UD, FL 34770				4	146110		
SAINT CLO	OD, FE 34770							
3a Plan a	administrator's name a	and address X Same as Plan Spo	nsor.		3b Administrate	or's EIN		
					3c Administrate	or's telephone number		
						·		
4 If the	name and/or EIN of th	ne plan sponsor or the plan name h	as changed since the	last return/report filed f	for 4b EIN			
•		onsor's name, EIN, the plan name	and the plan number	from the last return/repo	ort. 4d PN			
C Plan N	sor's name Name				4u PN			
• Harr	tamo							
5a Total	number of participants	s at the beginning of the plan year			5a	10		
		s at the end of the plan year				0		
		account balances as of the end of			Ju			
d(1) Tot	tal number of active pa	articipants at the beginning of the p	lan year		5d(1)	0		
		articipants at the end of the plan ye				0		
than	100% vested	o terminated employment during th			be	0		
Caution: /	A penalty for the late	or incomplete filing of this return	n/report will be asso	essed unless reasonal				
SB or Sch		ther penalties set forth in the instru and signed by an enrolled actuary, andete						
SIGN		d/valid electronic signature.	08/20/2018	SAMIR AMIN				
HERE	Signature of plan	administrator	Date	Enter name of	individual signing as plar	administrator		
SIGN	Filed with authorized	d/valid electronic signature.	08/20/2018	SAMIR AMIN				
HERE								

Date

Enter name of individual signing as employer or plan sponsor

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	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	ccount	ant (IC	QPA)			res ☐ No
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 the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes X No		determined structions.)
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Eı	nd of Year	
а	Total plan assets	. 7a	46	67066					0
b	Total plan liabilities	. 7b		0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	40	67066					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b		-7559					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-75	59
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	42	21490					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						42149	90
	Net income (loss) (subtract line 8h from line 8c)	8i						-42904	49
j	Transfers to (from) the plan (see instructions)	8j	4	38017					
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1C 1I	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the i	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	structions:	
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)	oluntary F	iduciary Correction	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		X			
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		Х			
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.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g				10g		X			
	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			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)		В		Yes X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		f 	🛘	Yes X No
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		he date		
lf :	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?		X Yes	s 🔲 I	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			38017
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?) 		X 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.)	s) to			
1	13c(1) Name of plan(s): 13c(2)) EIN(s)		13c((3) PN(s)

' orm 5500-SF

Copartment of the Treasury Internal Payerus Bervico

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0069

Department of Labor haployees Horselles Generally Administration 2017 Panistical General Generality Compounds the internal Revenue Code (the Code), This Form is Open to Public Complete all entries in accordance with the instructions to the Form 5500-SF. art [Annual Report Identification Information Inappotion calendar plan year 2017 or fiscal plan year beginning 01/01/2018 and ending a single-employer plan 07/31/2018 This return/report is for: a multiple-employer plan (not multiemployer) (Filors checking this box must attach a list of perticipating employer information in accordance with the form instructions.) a one-participant plan This roturn/report is: a foreign plan the first return/report the final return/report an amended return/report x a short plan year return/report (less than 12 months) Check box if filing under. Form 5658 sutomatic extension special extension (unfor description) DFVC program art II Basic Plan Information — enter all requested information EMS1 LLC Cash Balance Plan 1b Three-digit plan number (PH) > 1c Effective date of plan Plan sponsor's name (employer, if for a single-employer plan)
Meiling Address (include room, apt., suite no, and street, or P.O. Box)
City or town, state or province, country, and ZiP or foreign postal code (if foreign, see instructions) 01/01/2014 2b Employer Identification Number (EIN) 45-0841829 2c Sponsor's telephone number (321) 240-5495 P.O. Box 702254 2d Business code (see instructions) 446110 DE Saint Cloud FL 34770 Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 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 this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. Plan Name 4d PN Total number of participants at the beginning of the plan year . Total number of participants at the end of the plan year 58 10 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5b Ď 5¢ 1) Total number of active participants at the beginning of the plan year 5d(1) 2) Total number of active participants at the end of the plan year Đ Number of participants who terminated employment during the plan year with accrued benefits that were 5d(2) Ò less than 100% vested 0 aution; A panalty for the late or incomplete filling of this return/report will be sasessed unless reasonable cause is established. ider 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 I or Schedule MB copposited and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and IGN Samir Amin ERE Signature of p Dete Enter name of individual signing as plan administrator IGN Samir Amin Signature of employed of a Enter name of individual signing as employer or plan sponsor

r Paperwork Reduction Act Notice, see the Instructions for Form 6500-SF.

Form 6500-SF (2017)

Were all of the plan's assets during the plan year invested in e	igiole asse	da? (See instruction	#.)				₹Yes ☐No		
Are you claiming a waiver of the annual examination and report under 29 CFR 2520, 104-487 (See instructions on waiver eligible	l of an inde Ry and oo	pendent qualified po	ubilc scc	-			ZYes No		
If you answered "No" to either fine 6s or line 6b, the pian or	annol tica	Form 5500-9F and	must te	wiez	use l	om 5	5 0 0.		
if the plan is a defined benefit plan, is it covered under the PRG					21)?				
If "Yes" is checked, enter the My PAA confirmation number from	the PBG(C premium filing for I	Chis yes	r			(See Instructions.)		
'art III Financial information									
Plen Assets and Liabilities		(a) Begi	oning o	f Yna		T	(b) End of Year		
Total plan manada	78	(4) 2031		67,0		 	Ö		
Total plan assets Total plan liabilities	76			07,0	0		0		
Net plan assets (subtract line 7b from line 7s)	76			57,00			0		
Income, Expenses, and Transfers for this Plan Year		/al /	mount	,,,,,	-		(b) Total		
Contributions received or receivable from:		(**)	**********						
[1] Employers	8n(1)				9	-			
(2) Participants	Ba(2)		,,,,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0				
(3) Others (including tollovers)	. 8a(3)				<u>•</u>				
Other income (loss)	. 6b		(7,	, 559					
Total Income (add lines Bs(1), Bs(2), Bs(3), and 8b)	. 8c					.,	(7,559)		
Benefits paid (including direct relievers and insurence premiums	84		423	, 490	. [
to provide benefits)	80			Ċ		77.3			
Certain deemed and/or corrective distributions (see instructions)	8f		,	0	-				
Administrative service providers (selaries, fees, commissions)							<u> </u>		
Other expenses	80						421,490		
Total expenses (add lines 8d, 8e, 8i, and 8g)	Sh Sh						(429,049)		
Net income (loss) (subtract line 8h from line 8c)	81		(38,017)			3,000,000			
Transfers to (from) the plan (see instructions)	8]		(30,0						
art IV Plan Characteristics									
If the plan provides pension benefits, enter the applicable pension fea	ture codes	s from the List of Pla	an Char	actori	stic Co	1088 EU	the instructions:		
1c 11									
if the plan provides welfare benefits, enter the applicable welfare feature	re codes !	rom the List of Plan	Charac	tarist	c Cod	es in ti	he instructions:		
									
rt V Compliance Questions				Tre	I	T	1		
During the plan year:	es (11			Yes	Ho	- N/A	Amount		
Was there a failure to transmit to the plan any participant contribution	s within th	e time period				1			
described in 29 CFR 2510.3-1027 (See instructions and DOL's Volume	lary Fiduci	ary Correction			x	1			
			10a	-	<u> </u>	 			
Program)	***********				_				
Were there any nonexempt transactions with any party-in-interest? (D		de fransactions	105		x				
Were there any nonexempt transactions with any party-in-interest? (Deported on line 10s.)		de transactions	10b			10.7			
Ware there any nonexempt transactions with any party-in-interest? (Direported on line 10s.) Was the pian covered by a fidelity bond?			10b		I				
Ware there any nonexempt transactions with any party-in-interest? (Direported on line 10s.) Was the plan covered by a lidelity bond? Jid the plan have a loss, whether or not reimbursed by the plan's fidelity.									
Ware there any nonexempt transactions with any party-in-interest? (Disported on line 10s.) Vas the plan covered by a lidelity bond? Just the plan have a loss, whether or not reimbursed by the plan's fidelity found or dishonesty? There any fees or commissions paid to any brokers, agents, or other pe	ty bond, th	ast was caused	10c		I				
Ware there any nonexempt transactions with any party-in-interest? (Disported on line 10s.) Vas the plan covered by a lidelity bond? Just the plan have a loss, whether or not reimbursed by the plan's fidelity found or dishonesty? There any fees or commissions paid to any brokers, agents, or other pe	ty bond, th	ast was caused	10c		x				
Ware there any nonexempt transactions with any party-in-interest? (Disported on line 10s.) Was the plan covered by a lidelity bond? In the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty? There any fees or commissions paid to any brokers, agents, or other partier, insurance sendos, or other organization that provides some or a	ty bond, th	ast was caused	10c		I				
Were there any nonexempt transactions with any party-in-interest? (Direported on line 10s.) Was the plan covered by a fidelity bond? Jid the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty? Jere any less or commissions paid to any brokers, agents, or other parties, insurance services, or other organization that provides some or a plan? (See instructions.)	ty bond, th	ast was caused	10c		x				
Were there any nonexempt transactions with any party-in-interest? (Di reported on line 10s.) Was the plan covered by a lidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty? Vere any fees or commissions paid to any brokers, agents, or other paurier, insurance service, or other organization that provides some or a plan? (See instructions.) s the plan failed to provide any benefit when due under the plan?	ly bond, the some by a lift of the bo	nat was caused an insurance enertia under	10c 10c		x				
Were there any nonexempt transactions with any party-in-interest? (Direported on line 106.) Was the plan covered by a lidelity bond? Od the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty? Iver any fees or commissions paid to eny brokers, agents, or other perfect, insurance services, or other organization that provides some or a plan? (See instructions.) In the plan have any perticipant loans? (If "Yes," enter amount as of year.	ly bond, ti recne by i il of the bo ar end.)	ust was caused ur, insurance anefits under	10c 10d 10e 10e 10f 10g		x x x				
Were there any nonexempt transactions with any party-in-interest? (Direported on line 106.) Was the plan covered by a lidelity bond? Od the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty? Iver any fees or commissions paid to eny brokers, agents, or other perfect, insurance services, or other organization that provides some or a plan? (See instructions.) In the plan have any perticipant loans? (If "Yes," enter amount as of year.	y bond, if reons by a if of the bill ar end.)	at was caused in insurance anetts under and 29 CFR	10c 10d 10d		x x x				
Were there any nonexempt transactions with any party-in-interest? (Di reported on line 10s.) Was the plan covered by a lidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty? Were any fees or commissions paid to eny brokers, agents, or other peurier, insurance service, or other organization that provides some or a plan? (See instructions.) a the plan failed to provide any benefit when due under the plan? the plan have any perticipant loans? (if "Yes," enter amount as of ye is an individual account plan, was there a blackout period? (See in	ly bond, ti recne by i il of the bo ar end.)	ust was caused ur, insurance anefits under	10c 10d 10e 10e 10f 10g		x x x				

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1.0	m 5500-SF 2017		Page 3 -						
'art VI	Pension Funding Compile	nce							
11 to this	a defined benefit plan subject to mini	mum funding requirements? (if "	Yes," see Instruction	s and complete	Schedule	88	Y	0# [X]	No
ERISA	2 - services construction plan subject to	the minimum funding requireme	rite of section 412 of	the Code or se	ction 302	of	П у	:s 🛣	No
	2. 2011 PROTO JANG 128 OF JINGS 125, 12	20. 12d and 12a halow as anotic	able 1			dis s d mind designers not]		
grantin	ver of the minimum funding standard. The walver	for a prior year is being amortize	d in this plan year, s		and ente		of the le	tier rulh	99
b Entert	Protect tino 128, complete lines 3, 0,	. and 10 of Schedule MB (Form	5500), and skin to	Box 13		,			
n Enter II	s minimum required contribution for t	his plan year	4149377		12b				
- Catter In	e amount contributed by the employe	If to the plan for the plan year		4	12c				
negative	amount)	ount in line 12b. Enter the result ((enter a minus sign t	o the left of a	12d				
e Will the	minimum funding amount reported or	films 12d be met by the funding o	desdiine?			Yes [No [] N/A	
AL VII	Plan Terminations and Tran	Riare of Accord			<u></u>				
Has a re-	solution to terminate the plan been ac	lopted in any plan year?			ix.	Yes	П	n	
	win williamill he mil benit meditit i	FINE (EVELLE) TO THE AMEDICAL PAIR	MAN MAT		TT				,017
controt of	the PBGC?	ents or beneficiaries, transferred	to another plan, or b	rought under th	ю	X Yo	es 🔲	No	,,,,,
ii, during Which ess	ihis plan year, any assets or liabilities als or liabilities were transferred. (Se.	terms because of the state of	to enother plan(s), k	ientify the plan(s) to				
13c(1) Name	of plan(s):	G RESIDESONS.)		·	, , , , , , , , , , , , , , , , , , , 				
				13c(2) El	N(s)		13c(3)	PN(s)	
						Į			
						1			