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 fi	scal plan year beginning 01/01/2	2017		and ending 12	2/31/2017	
A This re	eturn/report is for:	X a single-employer plan			n (not multiemployer) (l	_	
		a one-participant plan	a foreign pl		,		
B This ret	turn/report is	the first return/report	the final retu				
		an amended return/report	a short plan	year return	report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic e	extension		DFVC progra	ım
		special extension (enter desc					
Part II	Basic Plan Info	rmation—enter all requested in	formation				
1a Name VERTICAL	•	INC. CASH BALANCE PLAN				1b Three-digi plan numb	
						1c Effective of	date of plan 01/01/2011
Mailin	g address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C				2b Employer (EIN)	Identification Number 27-1385836
•	r town, state or provinc DE AVIACION U.S.A.,	e, country, and ZIP or foreign post INC.	tal code (if foreig	n, see instru	uctions)	•	s telephone number
							code (see instructions)
2020 PONC SUITE 905B	E DE LEON BLVD.						541600
	BLES, FL 33134						
3a Plan a	administrator's name ar	nd address X Same as Plan Spo	nsor.			3b Administra	ator's EIN
					·	3c Administra	ator's telephone number
		e plan sponsor or the plan name h				4b EIN	
	sor's name	nsor's name, EIN, the plan name a	and the plan hun	iber from the	e last return/report.	4d PN	
C Plan N	Name						
5a Total	number of participants	at the beginning of the plan year.				5a	22
b Total	number of participants	at the end of the plan year				5b	22
		account balances as of the end of				5c	
	,	rticipants at the beginning of the p				5d(1)	2
		rticipants at the end of the plan ye				5d(2)	1
		terminated employment during the				5e	0
Caution: /	A penalty for the late	or incomplete filing of this retur	n/report will be	assessed ι	ınless reasonable cau		
SB or Sch		her penalties set forth in the instrund signed by an enrolled actuary, a plete.					
SIGN	Filed with authorized	/valid electronic signature.	09/22/20	018	FERNANDO LOPEZ		
HERE	Signature of plan a	dministrator	Date		Enter name of individu	ual signing as pla	an administrator
SIGN	Filed with authorized	/valid electronic signature.	09/22/20	018	FERNANDO LOPEZ		

Date

HERE

Enter name of individual signing as employer or plan sponsor

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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 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 indepei and condit	ndent qualified public a	ccount	ant (IC	(PA)		X Yes No X Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in					_	. – –	Not determined
Ū	If "Yes" is checked, enter the My PAA confirmation number from the						. – –	e instructions.)
			Torridan minig for time pr	ian you				- indirections,
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Y	ear
а	Total plan assets	7a	64	40910			6	84537
b	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7с	64	40910			6	84537
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(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	4	46965				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						46965
	Benefits paid (including direct rollovers and insurance premiums	04		0				
	to provide benefits)	8d		0				
	Certain deemed and/or corrective distributions (see instructions)	8e		3338	-			
	Administrative service providers (salaries, fees, commissions)	8f			_			
	Other expenses	8g		0				2220
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3338
	Net income (loss) (subtract line 8h from line 8c)	8i						43627
	Transfers to (from) the plan (see instructions)	8j		0				
Par		((de a francisco de a Line a CDI	01			ada a Sanda a Sanda a C	
	If the plan provides pension benefits, enter the applicable pension 1C 1I							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plai	n Chara	cteris	tic Cod	des in the instruction	าร:
Par	V Compliance Questions				1	T		
10	During the plan year:				Yes	No	Amo	unt
а	Was there a failure to transmit to the plan any participant contributes 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.)	? (Do not	include transactions	10b		X		
С	Was the plan covered by a fidelity bond?			10c	Χ			70000
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		70000
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.)	ner person ne or all of	s by an insurance the benefits under	10e	X			3700
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X		
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	X Y	'es No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			207387				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		f 	Y	'es X No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	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							
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?	\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	x X	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 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

Position: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established. A Name of plan VERTICAL DE AVIACION U.S.A., INC. CASH BALANCE PLAN B Three-digit plan number (PN)	Fo	or calendar plan year 2017 or fiscal plan year beginning 01/01/2017		and endin	g 12/3	31/2017	
A Name of plan VERTICAL DE AVIACION U.S.A., INC. CASH BALANCE PLAN Part Prince Prince	•	Round off amounts to nearest dollar.					
Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF VERTICAL DE AVIACION U.S.A., INC. 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 data: Month 12 Day 31 Year 2017 2 Assets: 2a 684537 b Actuarial value 2b 684537 a For retired participants count breakdown (1) Number of participants (2) Vested Funding 13 Target of Target 15 T	<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reaso	nable cau	se is establishe	d.		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF VERTICAL DE AVIACION U.S.A., INC. E Type of plan: Single				B Three-dig	git		
E Type of plan: Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500		VERTICAL DE AVIACION U.S.A., INC. CASH BALANCE PLAN		plan num	nber (PN) •	002
E Type of plan: Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500							
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	С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Identific	ation Number (E	EIN)
Part Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2017		VERTICAL DE AVIACION U.S.A., INC.			27-138	35836	
Part Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2017				_			
1 Enter the valuation date: Month 12 Day 31 Year 2017 2 Assets:	E	Type of plan: X Single Multiple-A Multiple-B F Prior year pl	an size: >	100 or fewer	101-	500 More th	an 500
2 Assets: a Market value	F	Part I Basic Information					
a Market value		Enter the valuation date: Month 12 Day 31 Year 2	017			1	
b Actuarial value	2	Assets:					
3 Funding target/participants count breakdown a For retired participants and beneficiaries receiving payment b For terminated vested participants c For active participants d Target 21 577634 577634 C For active participants d Target 22 919263 919263 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		a Market value					684537
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		b Actuarial value					
b For terminated vested participants	3	Funding target/participant count breakdown	` '				
d Total		a For retired participants and beneficiaries receiving payment		0		0	0
d Total		b For terminated vested participants		21		577634	577634
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		C For active participants		1		341629	341629
a Funding target disregarding prescribed at-risk assumptions. 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. 5 Effective interest rate. 5 5 5.75 % 6 Target normal cost. 6 0 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, in combination, offer my best estimate of anticipated experience under the plan. Sign Signature of actuary Date JASON CAO 17-07282 Type or print name of actuary PENSION SERVICES, INC: 305-595-5500 Telephone number (including area code) 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		d Total	.	22		919263	919263
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. 5 Effective interest rate	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		
6 Target normal cost					4b		
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, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date JASON CAO Type or print name of actuary PENSION SERVICES, INC. 305-595-5500 Firm name Telephone number (including area code) MIAMI, FL 33146 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	5	Effective interest rate			5		5.75 %
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, in combination, offer my best estimate of anticipated experience under the plan. SIGN	6	Target normal cost			6		0
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, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE	Sta	•					
Signature of actuary Date JASON CAO Type or print name of actuary PENSION SERVICES, INC. 305-595-5500 Firm name 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		accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into ac					
Signature of actuary Date 17-07282 Type or print name of actuary Most recent enrollment number PENSION SERVICES, INC. 305-595-5500 Firm name Telephone number (including area code) MIAMI, FL 33146 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		SIGN					
Type or print name of actuary Most recent enrollment number PENSION SERVICES, INC. 305-595-5500 Firm name Telephone number (including area code) 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		HERE				08/15/201	8
Type or print name of actuary Most recent enrollment number 305-595-5500 Firm name Firm name Telephone number (including area code) 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		Signature of actuary				Date	
PENSION SERVICES, INC. 305-595-5500 Firm name Telephone number (including area code) 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	J	IASON CAO				17-07282	
Firm name Telephone number (including area code) 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		Type or print name of actuary			Most	recent enrollme	nt number
3150 SW 38 AVENUE, SUITE 900 MIAMI, FL 33146 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	F	PENSION SERVICES, INC.				305-595-55	00
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	3	3150 SW 38 AVENUE. SUITE 900		Te	elephone	number (includ	ing area code)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	ľ	VIIAWII, I E 33 140					
		Address of the firm		_			
			n complet	ing this schedule	e, check	the box and see	e []

Page	2 -	ľ
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Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alances								
_								(a) C	arryover baland	e	(b) F	Prefundin	ig balance	
7		-	•		able adjustments (line 13 fr	•				0			0	
8			•	-	nding requirement (line 35	•				0			0	
9	, ,									0			0	
10					rn of <u>5.26</u> %					0			0	
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:									
	a Presen	it value o	f excess contribut	ions (line 3	38a from prior year)								0	
					a over line 38b from prior ye interest rate of5.94		-						0	
	` '		•	•	edule SB, using prior year's								0	
					ar to add to prefunding balan								0	
	d Portion	of (c) to	be added to prefe	unding bala	ance								0	
12	Other rec	ductions i	n balances due to	elections	or deemed elections			0					0	
13	Balance a	at beginn	ing of current yea	year (line 9 + line 10 + line 11d – line 12)						0				
Р	art III	Fun	ding Percenta	ages			•				•			
14	Funding t	target att	ainment percenta	ge								14	74.46%	
15 Adjusted funding target attainment percentage							15	72.68%						
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement					75.60%									
17	If the curi	rent value	e of the assets of	the plan is	less than 70 percent of the	funding tar	get, e	enter suc	h percentage			17	%	
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18					ar by employer(s) and emp									
(N	a) Date) MM-DD-Y)		(b) Amount p employer		(c) Amount paid by employees	(a) (MM-D	Date D-Y		(b) Amount employe		(0	(c) Amount paid by employees		
						Totals >		18(b)			0 18(c)		0	
19	Discount	ed emplo	ver contributions	– see instr	uctions for small plan with a				heainning of the	year.	0 10(0)	1	0	
					num required contributions					19a			0	
				•	usted to valuation date					19b			0	
					red contribution for current y					19c			0	
20	Quarterly	contribu	tions and liquidity	shortfalls:										
	a Did the	e plan ha	ve a "funding sho	tfall" for th	e prior year?							X	Yes No	
	b If line 2	20a is "Y	es," were required	quarterly	installments for the current	year made	in a t	imely ma	anner?				Yes X No	
	C If line 2	20a is "Ye	es," see instruction	ns and cor	nplete the following table a	s applicable	:			ĺ				
					Liquidity shortfall as of er	nd of quarte	r of th							
		(1) 1st	İ		(2) 2nd			(3)	3rd			(4) 4th		

В	ort V	Accumpti	one Head to D	otormina	Eunding Target and T	arget Normal Cost						
21	art V Discount		บกร บระน เบ บ	eret tillille	Funding Target and T	arget Normal COST						
41	a Segme		1st segme	ent:	2nd segment:	3rd segmen	t:					
	a ocgini	ont rates.	4.1		5.72%	6.48			N/A, fu	ll yie	ld cur	ve used
	b Applica	able month (er	nter code)				21	b			0	
22	Weighted	d average retire	ement age				22	2			62	
23	Mortality	table(s) (see	instructions)	X Pres	cribed - combined P	rescribed - separate	Sub	stitute				
Pa	rt VI	Miscellane	ous Items									
24		•	•		arial assumptions for the curre	•					_	es X No
25	Has a me	ethod change l	been made for the	current plan	year? If "Yes," see instruction	ns regarding required attach	chment.			[Ye	es X No
26	Is the pla	n required to p	provide a Schedule	of Active P	articipants? If "Yes," see instr	uctions regarding required	attachr	ment			X Ye	s No
27					applicable code and see instr		27	,				
Pa	art VII	Reconcilia	ation of Unpaid	d Minimu	ım Required Contribut	ons For Prior Years	5					
28	Unpaid m	ninimum requir	red contributions for	all prior ye	ears		28	3			1	60249
29		' '			Inpaid minimum required conti	' '	. 29	•				0
30	Remainir	ng amount of u	ınpaid minimum req	uired contr	ibutions (line 28 minus line 29)		30)			1	60249
Pa	rt VIII	Minimum	Required Con	tribution	For Current Year							
31	Target n	ormal cost and	d excess assets (se	e instructio	ns):							
	a Target	normal cost (li	ne 6)				31	а				0
				ater than lin	e 31a		31	b				0
32	Amortiza	tion installmen	nts:			Outstanding Ba	ance		<u>Ir</u>	stal	lment	
	_						23472					47138
							1	0				0
33					r the date of the ruling letter gr) and the waived amount		33	3				
34	Total fund	ding requireme	ent before reflecting	carryover/	prefunding balances (lines 31a	a - 31b + 32a + 32b - 33)	34	l l				47138
					Carryover balance	Prefunding bala	ance		То	tal b	alanc	е
35			se to offset funding		0		0					0
36	Additiona	l cash require	ment (line 34 minus	line 35)			36	;				47138
37					tribution for current year adjus		37	,				0
38	Present v	alue of excess	s contributions for c	urrent year	(see instructions)		1					
	a Total (e	excess, if any,	of line 37 over line	36)			38	а				0
	b Portion	included in lir	ne 38a attributable t	o use of pro	efunding and funding standard	carryover balances	38	b				0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37))				47138	
40	Unpaid m	ninimum requir	red contributions for	all years			40)			2	207387
Pa	t IX	Pension	Funding Relief	Under F	Pension Relief Act of 2	010 (See Instruction	s)					
41	If an elect	tion was made	to use PRA 2010 f	unding relie	ef for this plan:							
	a Schedu	ıle elected	····					2	plus 7 yea	rs	1:	5 years
	b Eligible	plan year(s) f	for which the election	n in line 41	a was made			2008	2009	20	010	2011
42	Amount o	f acceleration	adjustment				42	2				
43	Excess in	stallment acce	eleration amount to	be carried	over to future plan years		43	3				

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

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	t Identification Information	1						
For calend	ar plan year 2017 or fi	fiscal plan year beginning	01/01/2017	and ending	12/31/	2017			
A This ret	turn/report is for:	a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) (aployer information in ac					
		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check	box if filing under:	☑ Form 5558	automatic extension		DFVC program	n			
		special extension (enter desc							
Part II	Basic Plan Info	ormation—enter all requested in	nformation						
1a Name	of plan				1b Three-digit				
Vertic	al De Aviacio	on U.S.A., Inc. Cash			plan numb				
Balanc	e Plan				(PN)	002			
					1c Effective da				
2- 51		(8.6			01/01/				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	O Box)			dentification Number			
		ce, country, and ZIP or foreign pos	ructions)	(EIN)27-					
Vertica	al De Aviacio	on U.S.A., Inc.			telephone number 92-1184				
					ode (see instructions)				
					Zu Busiliess C	ode (see mstructions)			
	2020 Ponce De Leon Blvd. Suite 905B								
Coral			FL	33134	541600				
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Spo	onsor.		3b Administrat	or's EIN			
					3c Administrat	or's telephone number			
4 If the r	name and/or EIN of th	ne plan sponsor or the plan name h	nas changed since the last re	eturn/report filed for	4b EIN				
		onsor's name, EIN, the plan name							
a Spons	or's name				4d PN				
C Plan N	lame								
5a Total	number of participants	s at the beginning of the plan year.			5a	22			
b Total i	number of participants	s at the end of the plan year			5b	22			
C Numb	er of participants with	account balances as of the end of	f the plan year (only defined	contribution plans	5c				
	• 133				5d(1)				
		articipants at the beginning of the p			5d(1) 5d(2)	2			
		articipants at the end of the plan ye			3u(2)	1			
than	100% vested	o terminated employment during th			5e	0			
Caution: A	penalty for the late	or incomplete filing of this return other penalties set forth in the instru	rn/report will be assessed	unless reasonable ca	use is establishe	d.			
SB or Sche	edule MB completed a true, correct, and com	and signed by an enrolled actuary,	as well as the electronic ver	rsion of this return/repor	t, and to the best	of my knowledge and			
SIGN	Limm	had a le	9-19-18	Fernando Lopez	z				
HERE	Signature of plan a	administrator	Date	Enter name of individ		n administrator			
SIGN HERE		2hm)5 9	9-19-18	Fernando Lopez					
For Paners	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor			

Form 5500-SF 2017 Page 2	
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	🛛 Ye
Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	_ X Ye
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🛛 Yes 🔲 No 📋 Not determined

 $41\underline{09941}$. (See instructions.)

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____

Pa	art III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	640,910	684,537
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	640,910	684,537
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	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	46,965	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		46,965
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	3,338	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3,338
i	Net income (loss) (subtract line 8h from line 8c)	8i		43,627
j	Transfers to (from) the plan (see instructions)	8i	0	

Part IV | Plan Characteristics

6a b

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		70,000
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		3,700
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		Х	'-1.5743.6789032345
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-SF 2017	Page 3 -
1 01111 0000-01 2017	1 age 🛡

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	•				Yes	∏ No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			20	7,387
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the CERISA?					Yes	No 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 in granting the waiver.		d enter t Day		of the let		ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
	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 negative amount)		12d	0			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	1	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		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 brocontrol of the PBGC?	ught under the			Yes	⊠ No)
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c	(3) PN	l(s)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

Pension Be	nefit Guaranty Corporation	▶ File as an a	ttachment to Form	5500 or 5	500-SF.			
For calendar	olan year 2017 or fiscal pla		01/01/2017		and ending		12/3	1/2017
▶ Round of	amounts to nearest doll	lar,						
▶ Caution: /	A penalty of \$1,000 will be	assessed for late filing of this	report unless reasor	nable caus	e is established			
A Name of pl	an				B Three-dig	it		
Vertica	l De Aviacion U.	S.A., Inc. Cash Ba	alance Plan	-	plan num	ber (PN) •	002
C Diag apage	or's name as shown on lin	e 2a of Form 5500 or 5500-SF			D Employer	dentific	ation Number (F	=IN)
	l De Aviacion U.				27-1385		2	,
VCICICA	i be milacion o.							
E Type of plan	: Single Multiple-	A Nultiple-B	F Prior year pla	an size: 🛭	100 or fewer	∏ 101-	500 More th	an 500
	Basic Information	Month 12 Day	31 Year	2017				<u> </u>
	e valuation date:	Month 12 Day _	real	201				
	t value					2a		684,537
						2b		684,537
				(1) N	lumber of		sted Funding	(3) Total Funding
3 Funding	target/participant count bre	eakdown			ticipants		Target	Target
a For ref	tired participants and bene	ficiaries receiving payment			.0		0	0
b For te	minated vested participan	ts			21		577,634	577,634
					1		341,629	341,629
					22		919,263	919,263
		the box and complete lines (a			1		1	
·		cribed at-risk assumptions		_	J	4a		
	*	ssumptions, but disregarding						
at-risk	status for fewer than five of	consecutive years and disrega	rding loading factor			4b		
5 Effective	interest rate					. 5		5.75%
6 Target n	ormal cost					6		0
	Enrolled Actuary							
accordance w	th applicable law and regulations. I	oplied in this schedule and accompanying In my opinion, each other assumption is	g schedules, statements ar reasonable (taking into acc	ount the exp	ts, if any, is complete erience of the plan ar	and accu nd reason	rate. Each prescribed able expectations) an	d assumption was applied in d such other assumptions, in
combination, o	offer my best estimate of anticipated	d experience under the plan						
SIGN	T.	260 0						
HERE)(2.562 (Ci	O				08/15/20	18
	S	ignature of actuary					Date	
Jason Ca							17-0728	
	, ,	or print name of actuary				Most	recent enrollme	
Pension	Services, Inc.						(305) 595-5	
		Firm name			Tel	ephone	number (includ	ing area code)
3150 SW	38 Avenue, Suite	e 900						
Miami		F	L 33146					
- 1 11 01111 1		Address of the firm			-7/			
If the actuary h	as not fully reflected any re	egulation or ruling promulgated	d under the statute in	n completi	ng this schedule	, check	the box and se	е П

raye Z

P	art II	Beginn	ing of Year (arryove	er and Prefunding E	Balances							
							(a) Ca	rryover balance		(b) Prefun	din	g balar	nce
7					ole adjustments (line 13 fi				0				0
8					ding requirement (line 35				0				0
9	Amount	remaining (line 7 minus line	8)					0				0
10	Interest	on line 9 us	ing prior year's a	ctual returr	n of <u>5.26</u> %				0				0
11	Prior ye	ar's excess	contributions to I	oe added to	prefunding balance:		2						
	a Prese	nt value of	excess contributi	ons (line 38	Ba from prior year)								0
	b(1) In	terest on the hedule SB,	e excess, if any, using prior year'	of line 38a s effective i	over line 38b from prior y interest rate of 5.94	ear _%							0
					dule SB, using prior year's			-				_	
	ге	turn											0
					to add to prefunding balar								0
	d Portio	on of (c) to b	e added to prefu	inding balai	nce	***************************************							0
12	Other re	ductions in	balances due to	elections o	r deemed elections				0				0
13	Balance	at beginnir	ng of current year	(line 9 + lin	ne 10 + line 11d – line 12)			0				0
P	art III	Fund	ing Percenta	ges									
_									*************	14		74.	46%
										15		72	. 68%
16	Prior ve	ar's funding	percentage for p	ourposes of	determining whether car	ryover/prefu	nding balance	s may be used to	reduce cu	urrent 16		75.	.60%
17					ess than 70 percent of the								%
Р	art IV	Cont	ributions and	Liquidi	ty Shortfalls								
					r by employer(s) and emp	oloyees:							
	(a) Da	te	(b) Amount pa	aid by	(c) Amount paid by	(a)	Date	(b) Amount pa		(c) Am			by
(MM-DD-Y	YYY)	employer(S)	employees	(IVIIVI-L	D-YYYY)	employer(5)	en	ipio	yees	
		-											
											_		
						1							
		100000			Ski v las	Totals I	18(b)		0	18(c)			0
19	Discour	atad amplay	er contributions -	see instru	ctions for small plan with	a valuation		beginning of the	/ear:				
13					num required contribution				19a				0
					sted to valuation date				19b				0
					ed contribution for current				19c				0
20			ons and liquidity							1-1-2			
					e prior year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					X	Yes	No
					nstallments for the currer						П	Yes	X No
					plete the following table					117			
_	C If line	e Zua is "Ye	s, see instruction	ns and com	Liquidity shortfall as of			year					
_		(1) 1st			(2) 2nd			3rd		(4)	4th		

Р	art V Assump	tions Used to Determin	e Funding Target and Targ	et Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4 . 1 6 %	2nd segment : 5 . 72 %	3rd segment: 6.48 %		N/A, full yield curve used
	b Applicable month (enter code)			21b	0
22	Weighted average re	tirement age			22	62
23	Mortality table(s) (se	e instructions) 🔣 Pre	scribed - combined Preso	ribed - separate	Substitu	ite
Pa	art VI Miscellan	eous Items				
	attachment	200.16.10.10.10.10.10.10.10.10.10.10.10.10.10.	uarial assumptions for the current pl			Yes X No
25	Has a method change	e been made for the current pla	an year? If "Yes," see instructions re	egarding required attach	ment	Yes X No
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruction	ons regarding required a	ttachmen	tY Yes No
27			er applicable code and see instructi		27	
P	art VII Reconci	liation of Unpaid Minim	um Required Contribution	s For Prior Years		
28			/ears		28	160,249
29	Discounted employer (line 19a)	contributions allocated toward	unpaid minimum required contribut	ions from prior years	29	0
30	Remaining amount o	f unpaid minimum required con	tributions (line 28 minus line 29)		30	160,249
Pa	art VIII Minimur	n Required Contributio	n For Current Year			
31	Target normal cost a	ind excess assets (see instructi	ons):			
	a Target normal cost	(line 6)			31a	0
	b Excess assets, if a	pplicable, but not greater than	ine 31a		31b	0
32	Amortization installm	ents:		Outstanding Bala	nce	Installment
	a Net shortfall amorti	ization installment		2:	34,726	47,138
	b Waiver amortizatio	n installment			q	0
33	If a waiver has been (Month	approved for this plan year, en	ter the date of the ruling letter granti) and the waived amount	ng the approval	33	
34			r/prefunding balances (lines 31a - 3		34	47,138
			Carryover balance	Prefunding balar	nce	Total balance
35	Balances elected for requirement	use to offset funding	0		0	0
36	Additional cash requi	irement (line 34 minus line 35).			36	47,138
	Contributions allocate	ed toward minimum required co	ontribution for current year adjusted	to valuation date (line	37	0
38		ess contributions for current ye				
					38a	0
			prefunding and funding standard ca		38b	0
39			ear (excess, if any, of line 36 over li		39	47,138
40					40	207,387
Pa			Pension Relief Act of 2010		;)	
41		ide to use PRA 2010 funding re				
_						2 plus 7 years 15 years
			41a was made		and the same of	008 2009 2010 2011
42					42	
			d over to future plan years		43	
40	LACESS INSTAIRMENT &	occidation amount to be called	a area to tatare plan joure infiliant			

Attachment to 2017 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Vertical De Aviacion U.S.A., Inc	c. Cash Balance Plan EIN: 27-138	15836
Plan Sponsor's Name Vertical De Aviacion C		2
The weighted average retirement age is equal to the nor	mal retirement age of 62	
List the rate of retirement at each age and describe the retirement age, including a description of the weight application of the weight application age is 62	lied at each potential retirement age.	ige

Attachment to 2017 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameVertical De Aviacion U.S.A., Inc. Cash Balance PlanEIN: 27-1385836Plan Sponsor's NameVertical De Aviacion U.S.A., Inc.PN: 002

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	152,895	12/31/2015	5	33,121
Shortfall	26,459	12/31/2016	6	4,924
Shortfall	55,372	12/31/2017	7	9,093
			-	
	_		-	
		·	 	
			-	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			1	

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

		-			П		r	1				_	_		Т		Т	1
40 & Up	Avg. Comp	0		0		0	0	0		0	0		0	0		0		0
40	Š.	0		0		0	0	0		0	0		0	0		0		0
35 To 39	Avg. Comp	0		0		0	0	0		0	0		0	0		0		0
35	No.	0		0		0	0	0		0	0		0	0		0		0
30 To 34	Avg. Comp	0		0		0	0	0		0	0		0	0		0		0
30,	No.	0		0		0	0	0		0	0		0	0		0		0
25 To 29	Comp	0	5	0		0	0	0		0	0		0	0		0		0
257	No.	0		0		0	0	0		0	0		0	0		0		0
20 To 24	Comp	0		0		0	0	0		0	0		0	0		0		0
20 T	No.	0		0		0	0	0		0	0		0	0		0		0
15 To 19	Comp	0		0		0	0	0		0	0		0	0		0		0
15 T	No.	0		0		0	0	0		0	0		0	0		0		0
0 14 Avg	Comp	0		0		0	0	0		0	0		0	0		0		0
10 To 14	No.	0		0		0	0	0		0	0		0	0		0		0
5 To 9	Comp	0		0		0	0	0		0	0		0	0		0		0
'n	No.	0		0		0	0	0		0	0		0	0		0		0
1 To 4	Comp	0		0		0	0	0		0	0		0	0		0		0
1	No.	0		0		0	0	0		1	0		0	0		0		0
Under 1	No. Comp	0		0		0	0	0		0	0		0	0		0		0
Cu	Š.	0		0		0	0	0		0	0		0	0		0		0
~	,	ñ	+	6	1	4	6	4	7	6	4		6	4		6		ď

of plan: Vertical De Aviacion U.S.A., Inc. Cash Balance Plan ionsor's name: Vertical De Aviacion U.S.A., Inc.

Plan number: EIN:

002 27-1385836

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Options:

Male Nonannuitant:

2017 Nonannuitant Male

No

Female Nonannuitant:

2017 Nonannuitant Female

No

Male Annuitant:

2017 Annuitant Male

Female Annuitant:

2017 Annuitant Female

Actuarial Equivalent Floor Stability period:

Use discount rate transition:

Lump sums use proposed regulations:

Yes

Applicable months from valuation month:

plan year

Probability of lump sum:

100.00%

Lookback months:

1

Use pre-retirement mortality:

No

0.00

Nonannuitant:

N/A

Annuitant:

2017 Applicable

	<u>1st</u>	2nd	3rd
Segment rates:	1.79	3.70	4.56
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.16	5.72	6.48

0.00

Current:

0.00

2.04

<u>1st</u>

4.03

<u>2nd</u>

Use optional combined mortality table for small plans:

<u>3rd</u> 4.82

Override:

0.00

0.00

0.00

Salary Scale

Override:

Male: 0.00% Female: 0.00%

Withdrawal

Male: N/A Female: N/A

Withdrawal-Select

Male: Female:

N/A N/A

Early Retirement Rates

Male: Female:

N/A N/A

Subsidized Early Retirement Rates

Male: Female:

N/A N/A **Late Retirement Rates**

Male:

Female:

N/A N/A

Marriage Probability Male:

0.00%

Female: Expense loading: 0.00% 0.00%

Disability Rates

Male:

N/A

Female:

N/A

Mortality

Setback

Setback

0

Male: Female: N/A N/A 0 0

Name of Plan:

Vertical De Aviacion U.S.A., Inc.

Plan Sponsor's EIN:

27-1385836

Plan Number:

002

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

Age (yrs): 18 Definition of years: Hours worked

Age (months): 0 Continuing hours: 500

Wait (months): 12 Excluded classes: Salaried employee

Two year eligibility: No Other

Earnings

Total compensation excluding: None

Retirement Normal Early Subsidized Early Disability Death

Age: 62 Service: 0 Participation: 5

Defined: Date of event

Interest Crediting Rules

Plan Year Rate

Past: 5.00% Current: 5.00% Future: 5.00% Interest credited to: End of plan year

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceN/A0Female:Actuarial EquivalenceActuarial EquivalenceN/A0

Rates - Male: N/A N/A N/A Rates - Female: N/A N/A N/A

Use Social Security Retirement Age: No REACT Benefits Percentage: 50.00%

Vesting Schedule: 3 Year Cliff Pre-retirement death benefit

Vesting Definition:Hours WorkedPercentage of accrued benefit:100.00%Death Benefit Payment method:PVAB

Annuity Percent Years

Normal: Life only 0.00% 0

QJSA: Joint and contingent 50.00% 0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Vertical De Aviacion U.S.A., Inc. Cash Balance Plan

Plan Sponsor's EIN: 27-1385836

Plan Number: 002

Schedule SB, Part V - Summary of Plan Provisions

Benefit Formula

Frozen plan

Name of Plan: Vertical De Aviacion U.S.A., Inc. Cash Balance Plan

Plan Sponsor's EIN: 27-1385836

Plan Number: 06

002

Schedule SB, line 32 - Schedule of Amortization Bases

Charges/Credits

Type of Base		Effective <u>Date</u>	Interest <u>Rate</u>	Initial <u>Amount</u>	Initial <u>Amort</u>	Current Balance	Rem Amort	<u>Payment</u>
Shortfall		12/31/2015	4.16 / 5.72	199,159	7.00	152,895	5.00	33,121
Shortfall		12/31/2016	4.16 / 5.72	29,804	7.00	26,459	6.00	4,924
Shortfall		12/31/2017	4.16 / 5.72	55,372	7.00	55,372	7.00	9,093
Totals	Shortfall					234,726		47,138

Name of Plan: Vertical De Aviacion U.S.A., Inc. Cash Balance Plan Plan Sponsor's EIN: 27-1385836

Plan Number:

002

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2017

This Form is Open to Public

OMB No. 1210-0110

	Pension Benefit Guaranty Corporation	Internal Nevende Code (ii	ic code).		1	11	ispection
	Pension Benefit Guaranty Corporation	File as an attachment to Form	5500 or 550	0-SF.			
For	calendar plan year 2017 or fiscal pla	in year beginning 01/01/2017		and endin	g	12/3	31/2017
	Round off amounts to nearest doll						
•	Caution: A penalty of \$1,000 will be	assessed for late filing of this report unless reaso	nable cause i	s establishe	d.		
A	Name of plan		В	Three-di	git		
V	ertical De Aviacion U.	S.A., Inc. Cash Balance Plan		plan num	ber (PN) •	002
<u> </u>	Plan sponsor's name as shown on line	o 20 of Form 5500 or 5500 SE	D	Employer	Identifica	ation Number	(FIN)
	ertical De Aviacion U.			27-138		ation Number	(LIIV)
V	ertical be Aviacion o.	S.A., Inc.		27 130.	3030		
E 7	Type of plan: 🛛 Single 📗 Multiple-	A Multiple-B F Prior year pl	an size: 🔯 1/	00 or fewer	∏ 101∹	500 ☐ More	than 500
San Fred	SANT SUBSTITUTE	Manage B	ATT 0120. [2]				
20160500	art I Basic Information	10 - 21	2017				
1	Enter the valuation date:	Month 12 Day 31 Year _	2017			Service Committee	Theory along the Labour District Court
2	Assets:						604 537
	a Market value				2a		684,537
	b Actuarial value		T		. 2b		684,537
3	Funding target/participant count bre	eakdown	(1) Num			sted Funding Target	(3) Total Funding Target
	a For retired participants and bene-	ficiaries receiving payment		0		0	0
		ts					
				21		577,634	577,634
				1		341,629	341,629
				22		919,263	919,263
4	If the plan is in at-risk status, check	the box and complete lines (a) and (b)					
	a Funding target disregarding pres	cribed at-risk assumptions			4a		
		ssumptions, but disregarding transition rule for pl			4b		
		consecutive years and disregarding loading factor					0/
5					5		5.75 %
6					6		0
	tement by Enrolled Actuary To the best of my knowledge, the information sup	oplied in this schedule and accompanying schedules, statements	and attachments. i	f anv. is complet	e and accur	rate. Each prescrib	ed assumption was applied in
	accordance with applicable law and regulations. I combination, offer my best estimate of anticipated	n my opinion, each other assumption is reasonable (taking into ac	count the experier	nce of the plan a	and reasona	ble expectations) a	and such other assumptions, in
i de Sala							
SECTION AND ADDRESS.	SIGN	isa Cao					
415 W	HERE					08/15/2	018
	S	ignature of actuary				Date	
_Ja	son Cao			-		17-072	02
_		or print name of actuary				recent enrollm	
Pe	ension Services, Inc.					(305) 595-	
		Firm name		Te	elephone	number (inclu	iding area code)
31	.50 SW 38 Avenue, Suite	900					
Μi	ami	FL 33146					
		Address of the firm					
If the	actuary has not fully reflected any re	egulation or ruling promulgated under the statute	n completing	this schedul	e, check	the box and s	ee П
		O					

Page 2 -		
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Pa	art II	Begin	ning of Year (Carryove	r and Prefundi	ing Bala	inces									
	20,746,252,201,000								(a) Ca	arryover bala	nce		(b) P	refundir	ng bala	nce
7					le adjustments (line						(0
8					ling requirement (li						(0
9	Amount	remaining	(line 7 minus line	8)							(0
10	Interest	on line 9 u	sing prior year's a	ctual return	of <u>5.26</u> %						(0
11					prefunding balance											
	a Prese	nt value of	excess contributi	ons (line 38	a from prior year)											0
	b(1) Int	erest on the	ne excess, if any, B, using prior year	of line 38a o s effective i	over line 38b from parterest rate of $\frac{5}{}$	orior year 94%										0
	b(2) Int	erest on li	ne 38b from prior	year Sched	ule SB, using prior	year's act	ual									
																0
					to add to prefunding		1									0
	d Portio	n of (c) to	be added to prefu	inding balar	ice											0
12	Other re	ductions ir	n balances due to	elections or	deemed elections						(0
13	Balance	at beginn	ing of current year	(line 9 + lin	ie 10 + line 11d – li	ne 12)					(0
	art III	H48	ding Percenta													
- Date in Michigan	A STORY OF THE VALUE OF THE PARTY OF THE PAR	Hart.												14	74	.46%
														15		.68%
	Prior yea	ar's fundin	g percentage for p	ourposes of	determining wheth	er carryov	er/prefun	ding b	alance	s may be use	ed to redu	ce cu	ırrent	16		.60%
17					ess than 70 percent									17		%
P	art IV	Cont	tributions and	Liquidit	v Shortfalls											
* FIRE CALL	art IV Contributions and Liquidity Shortfalls Contributions made to the plan for the plan year by employer(s) and employees:															
	(a) Dat		(b) Amount pa	t paid by (c) Amount paid by (a) Date (b) Amount paid by (c) Amount paid by								by				
(1	MM-DD-Y	YYY)	employer(s)	employees	by (a) Date (b) Amount paid by (c) Amount paid by employer(s) employees										
												+				
												+				
												+				
												+				
				-								+				
	a mana-jana					LEGERAL T	Γotals ▶	. 1	8(b)			0	18(c)			0
10	Discoun	tod omplo	ver contributions	- see instru	ctions for small plan	n with a va	aluation d			beginning of	the year	UI				V
19					um required contrib							T				0
					sted to valuation da										***************************************	0
					ed contribution for cu											0
20			tions and liquidity			,										
_0		•			prior year?									X	Yes	∏ No
					stallments for the										Yes	□ No
															WOULE	
	C If line	∠∪a is "Ye	es, see instructio	is and com	plete the following the Liquidity shortfall a				plan	vear						AND THE PARTY OF T
		(1) 1st	l		(2) 2nd		4			3rd			((4) 4th	1	

P	art V	Assumpti	ions Used to Determine	Funding Target and Targ	et 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	nter code)			21b	0			
22	Weighted	l average retir	ement age			22	62			
23	Mortality	table(s) (see	instructions)	cribed - combined Presc	ribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24				arial assumptions for the current pl						
25	Has a me	ethod change	been made for the current plar	year? If "Yes," see instructions re	egarding required attach	ment	Yes 🛛 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	t			
27				r applicable code and see instruction		27				
Pa	art VII	Reconcili	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid m	ninimum requi	red contributions for all prior ye	ears		28	160,249			
29				unpaid minimum required contribut		29	0			
30	Remainir	ng amount of u	unpaid minimum required contr	ributions (line 28 minus line 29)		30	160,249			
Pa	art VIII	Minimum	Required Contribution	For Current Year						
31	Target n	ormal cost and	d excess assets (see instruction	ns):						
	a Target	normal cost (li	ine 6)			31a	0			
	b Excess	assets, if app	plicable, but not greater than lir	ne 31a		31b	0			
32	Amortiza	tion installmer	nts:		Outstanding Bala	nce	Installment			
	a Net sh	ortfall amortiza	ation installment		2	34 , 726	47,138			
	b Waive	r amortization	installment			0	0			
33	If a waive (Month _	er has been ap	pproved for this plan year, ente Day Year	er the date of the ruling letter granti) and the waived amount	ng the approval	33				
34	Total fun	ding requirem	ent before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	47,138			
				Carryover balance	Prefunding balar	nce	Total balance			
35			se to offset funding	0		0	0			
36	Additiona	al cash require	ement (line 34 minus line 35)			36	47,138			
37				ntribution for current year adjusted		37	0			
38	Present	value of exces	ss contributions for current yea	r (see instructions)						
	a Total (excess, if any,	, of line 37 over line 36)			38a	0			
	b Portion	n included in li	ine 38a attributable to use of p	refunding and funding standard ca	ryover balances	38b	0			
39	Unpaid r	ninimum requi	ired contribution for current yea	ar (excess, if any, of line 36 over lin	ne 37)	39	47,138			
40	Unpaid r					40	207,387			
Pa	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions	s)				
41			e to use PRA 2010 funding reli							
	a Sched	ule elected					2 plus 7 years 15 years			
	b Eligible	e plan year(s)	for which the election in line 4	1a was made		20	08 2009 2010 2011			
42	Amount	of acceleration	adjustment			42				
43	Excess in	nstallment acc	celeration amount to be carried	over to future plan years		43				

Attachment to 2017 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Vert	ical De Aviaci	on U.S.A., Inc.	Cash Balance	e Plan	EIN: 2	7-1385836
Plan Sponsor's N	ame Vertical	De Aviacion U.	S.A., Inc.		PN:	002
The weighted aver	age retirement age	is equal to the norm	al retirement age	of <u>62</u> .		
retirement age, inc	luding a description	and describe the me				l average
The weighted a	verage retirem	ent age is 62.				

Attachment to 2017 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameVertical De Aviacion U.S.A., Inc. Cash Balance PlanEIN: 27-1385836Plan Sponsor's NameVertical De Aviacion U.S.A., Inc.PN: 002

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	152,895	12/31/2015	5	33,121
Shortfall	26,459	12/31/2016	6	4,924
Shortfall	26,459 55,372	12/31/2017	7	9,093

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	D oʻZ	Under 1 Avg. No. Comp	No.	1 To 4 Avg.	No. 5	5 To 9 Avg.	No.	10 To 14 Avg.	15. No.	15 To 19 Avg.	20 No.	20 To 24 Avg.	25 No.	25 To 29 Avg.	30 No.	30 To 34 Avg.	35 No.	35 To 39 Avg. To Comp	N. 4	40 & Up Avg.
		(-				-		\vdash		\vdash						
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	-	0	0	0	0	6		0	-	0	-	0	-			
								>	,											
35 to 39	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 42 44	9	-						•	-	d	'					c	,		(
40 10 44	>	0		>		>	>	>	>	0	-	0	>	0	5	0	9	0	-	0
45 to 49	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 40 64	-	•		•			-	G		•			- C				,	c	l (
45 01 0c						>		>		0	_	>	0	5	5	0	0	0	٦	0
55 to 59	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	\int																			
65 to 69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: Vertical De Aviacion U.S.A., Inc. Cash Balance Plan Plan sponsor's name: Vertical De Aviacion U.S.A., Inc.

Plan number: EIN:

002 27-1385836

Schedule SB, Part V - Statement of Actuarial Assumptions

Options:

Target Assumptions:

Male Nonannuitant:

2017 Nonannuitant Male

Use optional combined mortality table for small plans: No

Female Nonannuitant:

2017 Nonannuitant Female

Use discount rate transition:

No

Male Annuitant:

2017 Annuitant Male

Lump sums use proposed regulations:

Yes

Female Annuitant:

2017 Annuitant Female

Stability period:

Probability of lump sum:

Lookback months:

Actuarial Equivalent Floor

plan year

100.00%

Nonannuitant:

N/A

Use pre-retirement mortality:

Applicable months from valuation month:

No

Annuitant:

2017 Applicable

0.00

1st 2nd 3rd 1.79 Segment rates: 3.70 4.56 **High Quality Bond rates:** N/A N/A N/A

5.72

0.00

4.16

0.00

6.48

0.00

1st 2nd 3rd 2.04 4.03 4.82

Current: Override:

0.00

0.00

Salary Scale

Final rates:

Override:

Male: 0.00%

0.00%

Late Retirement Rates

Male:

N/A

Female:

N/A

Withdrawal

Female:

Withdrawal-Select

Male:

Male:

Female:

Female:

Male: N/A Female: N/A

N/A

N/A

N/A

N/A

Marriage Probability

Setback 0

Male:

0.00%

Female:

0.00%

Expense loading:

0.00%

Disability Rates

Male:

N/A

Female:

Male:

N/A

Subsidized Early Retirement Rates

N/A

Female:

Mortality N/A

0

Setback

Male:

Early Retirement Rates

N/A

Female:

N/A

0

Name of Plan:

Vertical De Aviacion U.S.A., Inc.

Plan Sponsor's EIN:

27-1385836

Plan Number:

002

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Service/Participation Requirements

Age (yrs):

18

Definition of years:

Hours worked

Age (months):

0

Continuing hours:

500

Wait (months):

Two year eligibility:

12 No

Excluded classes:

Salaried employee

Other

Earnings

Total compensation excluding:

None

Retirement

Normal

5

Early

Subsidized Early

Disability

Death

Age:

62 0 Service:

Participation: Defined:

Date of event

Interest Crediting Rules

Plan Year Rate

Past: 5.00%

Current: 5.00%

Future: 5.00%

Interest credited to:

End of plan year

Benefit Reduction / Mortality table & setback

Male: Female: Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence N/A N/A 0 0

Rates - Male: Rates - Female:

N/A N/A N/A N/A

N/A N/A

Use Social Security Retirement Age: No **REACT Benefits Percentage:**

50.00%

Vesting Schedule:

3 Year Cliff

Pre-retirement death benefit Percentage of accrued benefit:

Hours Worked **Vesting Definition:**

100.00%

Death Benefit Payment method:

PVAB

Normal:

Life only

Percent 0.00%

Years 0

QJSA:

Joint and contingent

50.00%

Significant Changes in Plan Provisions Since Last Valuation

Annuity

Name of Plan:

Vertical De Aviacion U.S.A., Inc. Cash Balance Plan

Plan Sponsor's EIN:

27-1385836

Plan Number:

002

Schedule SB, Part V - Summary of Plan Provisions

Benefit Formula

Frozen plan

Name of Plan: Vertical De Aviacion U.S.A., Inc. Cash Balance Plan

Plan Sponsor's EIN: 27-1385836

Plan Number: 002

Schedule SB, line 32 - Schedule of Amortization Bases

Charges/Credits

Type of Base		Effective <u>Date</u>	Interest <u>Rate</u>	Initial <u>Amount</u>	Initial <u>Amort</u>	Current Balance	Rem Amort	Payment
Shortfall Shortfall Shortfall		12/31/2015 12/31/2016 12/31/2017	4.16 / 5.72 4.16 / 5.72 4.16 / 5.72	199,159 29,804 55,372	7.00 7.00 7.00	152,895 26,459 55,372	5.00 6.00 7.00	33,121 4,924 9,093
Totals	Shortfall					234,726		47,138

Name of Plan: Vertical De Aviacion U.S.A., Inc. Cash Balance Plan

Plan Sponsor's EIN: 27-1385836

Plan Number: 002

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	D oʻZ	Under 1 Avg. No. Comp	No.	1 To 4 Avg.	No. 5	5 To 9 Avg.	No.	10 To 14 Avg.	15. No.	15 To 19 Avg.	20 No.	20 To 24 Avg.	25 No.	25 To 29 Avg.	30 No.	30 To 34 Avg.	35 No.	35 To 39 Avg. To Comp	N. 4	40 & Up Avg.
		(-				-		\vdash		\vdash						
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	-	0	0	0	0	6		0	-	0	-	0	-			
								>	,											
35 to 39	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 42 44	9	-						•	-	d	'					c	,		(
40 10 44	>	0		>		>	>	>	>	0	-	0	>	0	5	0	9	0	-	0
45 to 49	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 40 64	-	•		•			-	G		•			- C				,	c	l (
45 01 0c						>		>		0	_	>	0	5	5	0	0	0	٦	0
55 to 59	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	\int																			
65 to 69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: Vertical De Aviacion U.S.A., Inc. Cash Balance Plan Plan sponsor's name: Vertical De Aviacion U.S.A., Inc.

Plan number: EIN:

002 27-1385836

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		and endin	g		
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable	e cause is	s establishe	d.		
	lame of plan	В	Three-dig	git	,	
C P	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D	Employer	Identifica	ation Number (I	EIN)
Ет	ype of plan: Single Multiple-A Multiple-B F Prior year plan siz	ze: 10	00 or fewer	101-	500 More th	nan 500
Pa	art I Basic Information					
1	Enter the valuation date: Month Day Year					
2	Assets:					
	a Market value			. 2a		
	b Actuarial value			. 2b		
3	Funding target/participant count breakdown	(1) Num particip		. ,	sted Funding Farget	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment					
	b For terminated vested participants					
	C For active participants					
	d Total					
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 rule for plans the at-risk status for fewer than five consecutive years and disregarding loading factor			4b		
5	Effective interest rate			5		%
6	Target normal cost			6		
T a	ement by Enrolled Actuary on the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and atta accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account to combination, offer my best estimate of anticipated experience under the plan.					
	BIGN IERE					
	Signature of actuary				Date	
	Type or print name of actuary			Most r	ecent enrollme	nt number
	Firm name		Te	lephone	number (includ	ling area code)
	Address of the firm					
	actuary has not fully reflected any regulation or ruling promulgated under the statute in conctions	mpleting t	his schedule	e, check	the box and se	е

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P	art II	Begin	ning of Year	Carryov	er and Prefunding E	Balances								
			g 0 0	<u> </u>				(a) C	arryover balance		(b) F	Prefundir	ng bala	nce
7		•	0 , ,		able adjustments (line 13 f									
8				•	nding requirement (line 35	•								
9	Amount i	emaining	g (line 7 minus line	8)										
10	Interest of	on line 9 ເ	using prior year's	actual retu	ırn of%									
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:									
	a Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)									
	b(1) Inte	erest on t nedule SE	he excess, if any, B, using prior year	of line 38a 's effective	a over line 38b from prior y e interest rate of	ear _%								
	b(2) Inte	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's	actual								
	C Total a	vallable at	t beginning of curre	ent plan yea	ar to add to prefunding balar	ice	•							
	d Portion	n of (c) to	be added to pref	unding bala	ance									
12	Other red	ductions i	n balances due to	elections	or deemed elections									
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)								
Р	art III	Fun	ding Percenta	ages										
14	Funding	target att	ainment percenta	ge								14		%
15	Adjusted	funding t	target attainment	percentage	e							15		%
16					of determining whether car							16		%
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the	e funding tar	get, e	enter suc	ch percentage			17		%
Р	Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees:													
18	18 Contributions made to the plan for the plan year by employer(s) and employees:													
(1)	(a) Date (b) Amount paid by (c) Amount paid by (MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees									by				
		/		(-)	S.Mp. Cyclo	(***** =		,		,			.,	
												1		
						Totals 1		18(b)			18(c)			
19					ructions for small plan with									
	_			•	mum required contributions					19a				
				-	usted to valuation date					19b				
20					ired contribution for current y	ear adjusted	to va	aluation d	ate	19c				
20			tions and liquidity		ne prior year?								Yes	☐ No
		•	-		installments for the curren							느	Yes] No
				-	mplete the following table a	-		um o ry III	anno:				169	7 140
	o ii iine i	20a 15 Y	es, see msnuctio	is and cor	Liquidity shortfall as of e			his plan v	/ear					
		(1) 1st	t		(2) 2nd	, , , , , , , , , , , , , , , , , , , ,	.		3rd			(4) 4th		

P	art V	Assumpti	ons Used to Dete	ermine	e Funding Target and Ta	arget Normal Cost		
21	Discount	rate:						
	a Segme	ent rates:	1st segment:		2nd segment: %	3rd segment: %		N/A, full yield curve used
	b Applica	able month (er	nter code)				21b	
22							22	
23	Mortality	table(s) (see	instructions)	Pres	cribed - combined Pre	escribed - separate	Substit	ute
Pa	art VI	Miscellane	ous Items					
24		•	•		arial assumptions for the curren	•		· · · · <u> </u>
25	Has a me	thod change I	been made for the curr	ent plar	n year? If "Yes," see instruction	s regarding required attach	nment	
26	Is the pla	n required to p	provide a Schedule of	Active F	Participants? If "Yes," see instru	ctions regarding required a	attachmer	nt
27		•	-		r applicable code and see instru	• •	27	
P	art VII	Reconcilia	ation of Unpaid N	/linim	um Required Contribution	ons For Prior Years		
28	Unpaid m	inimum requir	red contributions for all	prior ye	ears		28	
29					unpaid minimum required contril	' '	29	
30	Remainin	g amount of u	inpaid minimum requir	ed conti	ributions (line 28 minus line 29)		30	
Pá	art VIII	Minimum	Required Contril	oution	For Current Year			
31			d excess assets (see in					1
	_						31a	
				than lii	ne 31a		31b	
32		ion installmen				Outstanding Bala	nce	Installment
	_							
33					er the date of the ruling letter gra			
	(Month _	D	ay Year) and the waived amount .		33	
34	Total fund	ding requireme	ent before reflecting ca	rryover	/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34	
					Carryover balance	Prefunding balar	nce	Total balance
35			se to offset funding					
36	Additiona	l cash require	ment (line 34 minus lin	e 35)			36	
37			•		ntribution for current year adjuste	,	37	
38	Present v	alue of excess	s contributions for curr	ent yea	r (see instructions)			
	a Total (e	xcess, if any,	of line 37 over line 36)				38a	
	b Portion	included in lir	ne 38a attributable to u	se of pr	efunding and funding standard	carryover balances	38b	
39	Unpaid m	inimum requir	red contribution for cur	rent yea	ar (excess, if any, of line 36 over	line 37)	39	
							40	
Pa	rt IX	Pension	Funding Relief U	nder l	Pension Relief Act of 20	10 (See Instructions	5)	
41	If an elect	ion was made	to use PRA 2010 fund	ding reli	ef for this plan:			_
	a Schedu	le elected					[2 plus 7 years 15 years
	b Eligible	plan year(s) f	or which the election in	n line 4	la was made		20	008 2009 2010 2011
42	Amount o	facceleration	adjustment				42	
43	Excess in	stallment acce	eleration amount to be	carried	over to future plan years		43	

Attachment to 2017 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameVertical De Aviacion U.S.A., Inc. Cash Balance PlanEIN: 27-1385836Plan Sponsor's NameVertical De Aviacion U.S.A., Inc.PN: 002

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Type of Base Shortfall	152,895	12/31/2015	5	33,121
Shortfall	26,459	12/31/2016	6	4,924
Shortfall	55,372	12/31/2017	7	9,093

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		and ending	g				
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable of	ause is	established	d.				
	lame of plan	В						
C P	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D	D Employer Identification Number (EIN)					
Ет	Type of plan: Single Multiple-A Multiple-B F Prior year plan size:	: 100	O or fewer	101-	500 More th	nan 500		
Pa	art I Basic Information							
1	Enter the valuation date: Month Day Year	_						
2	Assets:							
	a Market value			. 2a				
	b Actuarial value			2b				
3	Turiding target participant count breakdown	1) Numb participa		. ,	sted Funding Target	(3) Total Funding Target		
	a For retired participants and beneficiaries receiving payment							
	b For terminated vested participants							
	C For active participants							
	d Total							
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 rule for plans tha at-risk status for fewer than five consecutive years and disregarding loading factor			4b				
5	Effective interest rate			5		%		
6	Target normal cost			6				
T a	ement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attach accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the combination, offer my best estimate of anticipated experience under the plan.							
	SIGN IERE							
	Signature of actuary Date							
Type or print name of actuary Most recent enrollment number								
	Firm name	_	Te	lephone	number (includ	ling area code)		
	Address of the firm							
	actuary has not fully reflected any regulation or ruling promulgated under the statute in comp	leting th	is schedule	e, check	the box and se	е		

Page 2 -				
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Pa	art II	Begin	ning of Year	Carryov	ver and Prefunding B	alances								
	, , ,							(a) C	arryover balance)	(b) F	Prefundir	ng bala	nce
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)													
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)													
9														
10	Interest of	on line 9 ເ	using prior year's	actual retu	rn of%									
11														
	a Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)									
	b(1) Into Sch	erest on t nedule SE	he excess, if any, B, using prior year	of line 38a 's effective	a over line 38b from prior ye e interest rate of	ear _%								
	b(2) Inte	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's	actual	-							
	C Total a	vallable at	t beginning of curre	ent plan yea	ar to add to prefunding baland	æ	•							
	d Portion	n of (c) to	be added to pref	unding bala	ance									
12	Other red	ductions i	n balances due to	elections	or deemed elections									
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)									
Р	art III	Fun	ding Percenta	ages										
14	Funding	target att	ainment percenta	ge								14		%
15	Adjusted	funding t	target attainment	percentage	ə							15		%
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.									%				
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage									%				
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls									
18	Contribut	ions mad	de to the plan for t	he plan ye	ar by employer(s) and emp	loyees:								
(1)	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) Date (b) Amount paid by (MM-DD-YYYY) employer(s)					(0	(c) Amount paid by employees		
	VIIVI DD 1	111)	Cimpleyer	(5)	Cimpioyeco	(IVIIVI D		,	СПрюус	(0)		ompi	уссо	
								•						
						Totals >	•	18(b)			18(c)			
19					ructions for small plan with a									
a Contributions allocated toward unpaid minimum required contributions from prior years														
	b Contributions made to avoid restrictions adjusted to valuation date													
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date													
20	•		tions and liquidity							L			V [7 N.
	a Did the plan have a "funding shortfall" for the prior year?								<u>-</u>					
									No					
	C If line	20a is "Ye	es," see instructio	ns and cor	nplete the following table as			hio plant	voor.					
		(1) 1st	<u> </u>		Liquidity shortfall as of er (2) 2nd	iu oi quarter	UI (I		year 3rd			(4) 4th	l	
		. ,			, ,			. ,				. ,		
						-								

P	art V	Assumpti	ons Used to Dete	ermin	e Funding Target and Ta	rget Normal Cost				
21	21 Discount rate:									
	a Segment rates: 1st segment: 2nd segment: 3rd segme							N/A, full yield curve used		
	b Applica									
22	b Applicable month (enter code)									
23	Mortality	table(s) (see	instructions)	Pres	scribed - combined Pre	escribed - separate	Substit	ute		
Pa	art VI	Miscellane	ous Items							
24	4 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment									
25	Has a me	thod change I	been made for the curr	ent pla	n year? If "Yes," see instructions	s regarding required attach	nment			
26	Is the pla	n required to p	provide a Schedule of	Active F	Participants? If "Yes," see instruc	ctions regarding required a	attachmer	nt		
27		•	-		r applicable code and see instru		27			
P	art VII	Reconcilia	ation of Unpaid N	/linim	um Required Contribution	ons For Prior Years				
28	Unpaid m	inimum requir	red contributions for all	prior y	ears		28			
29					unpaid minimum required contrib		29			
30	Remainin	g amount of u	ınpaid minimum requir	ed cont	ributions (line 28 minus line 29) .		30			
Pá	art VIII	Minimum	Required Contril	outior	For Current Year					
31			d excess assets (see in					1		
	_						31a			
				than li	ne 31a		31b			
32		ion installmen				Outstanding Bala	nce	Installment		
	_									
33					er the date of the ruling letter gra	-				
	(Month _	D	ayYear) and the waived amount		33			
34	Total fund	ding requireme	ent before reflecting ca	rryover	/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34			
					Carryover balance	Prefunding balar	nce Total balance			
35			se to offset funding							
36	Additiona	l cash require	ment (line 34 minus lin	e 35)	I		36			
37			•		ntribution for current year adjuste	· ·	37			
38	Present v	alue of excess	s contributions for curr	ent yea	r (see instructions)					
	a Total (e	excess, if any,	of line 37 over line 36)				38a			
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances									
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						39			
40	40 Unpaid minimum required contributions for all years									
Pa	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)									
41	If an elect	ion was made	to use PRA 2010 fund	ding reli	ef for this plan:					
	a Schedule elected									
	b Eligible	plan year(s) f	for which the election in	n line 4	1a was made		20	008 2009 2010 2011		
42	Amount o	f acceleration	adjustment				42			
43	Excess in	stallment acce	eleration amount to be	carried	over to future plan years		43			

Attachment to 2017 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Vertical D	e Aviacion U.S.A., Inc. Cash Balance Plan	N: 27-1385836
Plan Sponsor's Name	Vertical De Aviacion U.S.A., Inc.	N: 002
The weighted average retir	rement age is equal to the normal retirement age of	
	at each age and describe the methodology used to compute the weig description of the weight applied at each potential retirement age.	hted average
The weighted average	e retirement age is 62.	