	rm 5500-SF	Short Form Annua	Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0 Benefit Plan						
D	Pepartment of Labor Benefits Security Administration	This form is required to be filed Income Security Act of 1974		057(b) and 6058(a) of the		2017 This Form is Open to			
	enefit Guaranty Corporation	 Complete all entries in a 	,	,	500-SF.	Public Inspection			
Part I		Identification Information							
For calend	lar plan year 2017 or fis	cal plan year beginning 06/28/2		0	6/27/2018	ing this hav must attach a			
A This re	turn/report is for:	a single-employer plan		employer information in ac		ing this box must attach a ith the form instructions.)			
B This ret	urn/report is								
		the first return/report	the final return/report						
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descri	. ,						
Part II		rmation—enter all requested info	ormation						
1a Name	•	PENSION TRUST CORPORATION	N PENSION TRUST		1b Three plan	e-digit number			
(PN) > 001									
	1c Effective date of plan 06/28/1992								
Mailin	2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 13-5588741 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 20								
	LTY CORPORATION					sor's telephone number 212-564-3194			
	ON AVENUE				2d Busir	ness code (see instructions)			
SUITE 502 NEW YORK						531110			
3a Plan a	administrator's name an	d address \overline{X} Same as Plan Spon	ISOT.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
4 If the	name and/or EIN of the	plan sponsor or the plan name ha	s changed since the last	return/report filed for	4b EIN				
•	lan, enter the plan spon sor's name	nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN				
C Plan N									
5a Total	number of participants	at the beginning of the plan year			5a	6			
		at the end of the plan year			5b	2			
		account balances as of the end of t			5c				
d(1) Tot	tal number of active par	ticipants at the beginning of the pla	an year		5d(1)				
d(2) Tot	d(2) Total number of active participants at the end of the plan year								
than	100% vested	terminated employment during the			5e	0			
Under pen SB or Sche	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.								
SIGN		valid electronic signature.	04/10/2019	RENA SHULSKY					
HERE	Signature of plan ac		Date	Enter name of individ	ual signing a	as plan administrator			
SIGN		valid electronic signature.	04/10/2019	RENA SHULSKY					
HERE									
For Paperw	vork Reduction Act Notice	e, see the Instructions for Form 5500	-SF.			Form 5500-SF (2017) v.170203			

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i,

	Were all of the plan's assets during the plan year invested in eligib							. X Yes	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann		,					. [][
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not detern	nined
	If "Yes" is checked, enter the My PAA confirmation number from th							(See instructi	ions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Paginning	of Voor			(b) En	d of Year	
<u>'</u> a	Total plan assets	7a	(a) Beginning (21328			(D) EI	1917120	
b	Total plan liabilities	7a 7b	20	21020				1011120	
	Net plan assets (subtract line 7b from line 7a)	70 70	23	21328				1917120	
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amoun				(b)	Total	
	Contributions received or receivable from:						(0)	Total	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		23748					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						23748	
d									
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						427956	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-404208	
j	Transfers to (from) the plan (see instructions)	8j							
Ра	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $\frac{1}{A}$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	les in the ins	tructions:	
Pa	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		x			
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х			200000)
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x			
e	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.)

Has the plan failed to provide any benefit when due under the plan?

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

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

2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the

exceptions to providing the notice applied under 29 CFR 2520.101-3.....

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Page **3-** 1

Part	VI	Pension Funding Compliance				
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)	edule S	SB	·	Yes X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 c	f	. 🛛	Yes X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and the waiver.	d enter Da		of the lette _ Year _	
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Ente	r the minimum required contribution for this plan year	12b			
С	Ente	the amount contributed by the employer to the plan for this plan year	12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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	N	lo
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a			C
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?]	Yes	< No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ch assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3	8) PN(s)

	SCH	EDULE SB		Single-Em	nlov	or Dofino	d Ron	nofit	Dlan			OMB	No. 1210-01	10
		orm 5500)				rial Inform			i iaii				047	
	Depart	ment of the Treasury											2017	
		al Revenue Service		This schedule is req Retirement Income S								hia Earm	ia Onan ta	Bublic
		efits Security Administr				evenue Code (th			0000 01 0				is Open to spection	Public
						hment to Form	5500 or							
		lan year 2017 or			6/28/2017	7		а	nd ending	06/2	27/20 ⁻	18		
		amounts to nea		r. ssessed for late filing of	this reno	ort unless reasor	able cau	اد ما م	etahlishar	I				
-	Name of pla			ssessed for late hiring of				1_	Three-dic					
	•		FION PEN	SION TRUST CORPOR	RATION F	PENSION TRUS	ST		plan num)	•	001	
C	Plan sponse	n's name as show	wn on line	2a of Form 5500 or 550	0-SE			DE	mployer	dentific	ation	Number (f		
Ŭ		LTY CORPORA		24 011 0111 0300 01 000	0.01				Inployer	13-55)	
Ε	Type of plan	X Single	Multiple-A	Multiple-B		F Prior year pla	an size: 🔉	× 100 (or fewer	101-	500	More th	nan 500	
F	Part I	Basic Informa	ation											
1	Enter the	valuation date:		Month <u>06</u> Da	ay <u>28</u>	Year 20)17							
2	Assets:									-				
										2a				2321328
-							(4) N			2b				2321328
3	Funding t	arget/participant	count brea	ikdown			· · ·	Numbe Irticipar		. ,	Targe	Funding et	. ,	al Funding arget
	a For reti	red participants a	ind benefic	ciaries receiving paymer	nt				0			0		0
	b For ter	minated vested pa	articipants						2			64615		64615
	C For act	ive participants							6			1318362		1362858
	d Total								8			1382977		1427473
4	If the plar	n is in at-risk statu	is, check t	he box and complete lin	es (a) an	nd (b)								
			• •	ibed at-risk assumptions						4a				
				sumptions, but disregard nsecutive years and dis						4b				
5					0 1	<u> </u>								6.03 %
6										6				0
Sta	To the best of accordance wit	h applicable law and re	rmation suppli gulations. In r	ed in this schedule and accomp ny opinion, each other assumpt xperience under the plan.										
	SIGN HERE											04/08/201	9	
			Sig	nature of actuary								Date		
/	MAR MED	JID, M.A.A.A., E.A						_				17-05240		
		ACTIVE, LLC	Type or	print name of actuary						Most			nt number	
		ACTIVE, LLC		Firm name				_	Te	enhone		12-402-18	ling area c	ode)
		STREET, 30TH FI NY 10004-2415	<u>_</u>	- IIII Haine						opnone	- nam			
			A	ddress of the firm				_						
	e actuary ha ructions	s not fully reflecte	ed any reg	ulation or ruling promulg	gated und	der the statute in	n completi	ing this	schedule	, check	the b	ox and se	e	
Fo	r Paperwor	k Reduction Act	Notice, s	ee the Instructions for	Form 5	500 or 5500-SF.		_			S	chedule S	B (Form §	5500) 2017 v. 170203

P	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	lances							
_							(a) C	arryover balance		(b) F	Prefundi	ng bala	ince
7		-			able adjustments (line 13 fror			0					0
8			•	•	nding requirement (line 35 fro			0					0
9	Amount	remaining	g (line 7 minus line	8)				0)				0
10	Interest	on line 9	using prior year's a	actual retur	rn of <u>0.00</u> %			0)				0
11	Prior yea	ar's exces	s contributions to	be added t	to prefunding balance:								
	a Prese	nt value o	of excess contribut	ions (line 3	88a from prior year)								0
					a over line 38b from prior yea interest rate of <u>6.23</u> %								
	b(2) Int	terest on l	line 38b from prior	year Sche	dule SB, using prior year's a	ctual							
	C Total a	available a	t beginning of curre	nt plan yea	ar to add to prefunding balance	;							0
d Portion of (c) to be added to prefunding balance										0			
12	Other re	ductions	in balances due to	elections	or deemed elections			0)				0
13	Balance	at beginr	ning of current yea	r (line 9 + l	ine 10 + line 11d – line 12)			0)				0
F	Part III	Fun	ding Percenta	iges						•			
14	Funding			-							14	1	<mark>62.61</mark> %
14 Funding target attainment percentage 14 162. 15 Adjusted funding target attainment percentage 15 162.								<mark>62.61%</mark>					
16	Prior yea	ar's fundir	ng percentage for	ourposes o	of determining whether carry	over/prefundi	ng balance	s may be used to	reduc	e current	16	1	67.16%
17		<u> </u>			less than 70 percent of the f						17		%
P	Part IV	Con	tributions and	d Liquid	ity Shortfalls								
18			-		ar by employer(s) and emplo	-							
(1	(a) Dat MM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount pa employer(s		(0	Amou (: emplo	nt paid oyees	by
		,		/		,	,		- /				
						Totals 🕨	18(b)			0 18(c)			0
19	Discoun	ted emplo	over contributions -	- see instru	uctions for small plan with a	valuation date	e after the	beginning of the y	ear:				
	a Contr	ibutions a	llocated toward ur	paid minin	num required contributions fr	om prior yea	rs	·····	19a				0
	b Contri	ibutions m	nade to avoid restr	ictions adju	usted to valuation date			1	19b				0
	C Contri	butions all	located toward mini	mum requi	red contribution for current yea	ar adjusted to	valuation da	ate	19c				0
20	Quarterl	y contribu	itions and liquidity	shortfalls:									_
	a Did th	ne plan ha	ive a "funding shor	tfall" for the	e prior year?							Yes	X No
	b If line	20a is "Y	es," were required	quarterly i	installments for the current y	ear made in a	a timely ma	anner?				Yes	No
	C If line	20a is "Y	es," see instruction	ns and com	nplete the following table as	applicable:							
	Liquidity shortfall as of end of quarter of this plan year												
(1) 1st (2) 2nd (3) 3rd (4) 4th													

Page 3

P	art V	Assumpti	ons Used to Determine	e Funding Target and 1	arget Normal Cost	t					
21	Discount	rate:									
	a Segm	ent rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segme 6.48		[N/A, fu	l yield	curve	used
	b Applic	able month (en	nter code)			21b			0		
22	Weighted	d average retire	ement age			22			65		
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined	Prescribed - separate	Substi	tute				
Pa	art VI	Miscellane	ous Items								
24		-	de in the non-prescribed actua				-				-
	attachme	ent							·····∐	Yes	No
25	Has a me	ethod change b	been made for the current plar	n year? If "Yes," see instruction	ns regarding required att	achment				Yes	No
26	Is the pla	in required to p	provide a Schedule of Active P	Participants? If "Yes," see inst	uctions regarding require	ed attachme	nt			Yes	No
27			alternative funding rules, ente		ructions regarding	27					
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribut	ions For Prior Yea	rs					
28	Unpaid n	ninimum requir	ed contributions for all prior ye	ears		28	Τ				0
29			ontributions allocated toward u	•		/ 4					0
30	Remainir	ng amount of u	inpaid minimum required conti	ributions (line 28 minus line 29)	30					0
Pa	art VIII	Minimum	Required Contribution	For Current Year							
31	Target n	ormal cost and	d excess assets (see instructio	ons):							
	a Target	normal cost (lir	ne 6)			31a	Τ				0
	b Excess	s assets, if app	licable, but not greater than lir	ne 31a		31b					0
32	Amortiza	tion installmen	its:		Outstanding B	alance		Ir	nstallme	ent	
	a Net sh	ortfall amortiza	tion installment			0					0
	b Waive	r amortization i	installment			0					0
33			proved for this plan year, ente ay Year			33					
34	Total fun	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31	a - 31b + 32a + 32b - 33)	34					0
				Carryover balance	Prefunding ba	alance		То	tal bala	nce	
35			se to offset funding	0		0					0
36	•		ment (line 34 minus line 35)				-				0
37	Contribut	tions allocated	toward minimum required cor	ntribution for current year adju	sted to valuation date (line						0
38	,		s contributions for current year								
			of line 37 over line 36)	· · · ·		38a					0
		-	ne 38a attributable to use of pr								
39	Unpaid n	ninimum requir	ed contribution for current yea	ar (excess, if any, of line 36 ov	er line 37)	39					0
40	Unpaid n	ninimum requir	ed contributions for all years			40					0
Pa	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)										
41	If an elec	tion was made	to use PRA 2010 funding reli	ef for this plan:							
	a Schedu	ule elected					2 p	olus 7 yea	rs	15 y	ears
	b Eligible	e plan year(s) f	or which the election in line 41	la was made		2	2008	2009	2010) 🗌 2	2011
42	Amount o	of acceleration	adjustment			42				<u> </u>	
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43					

SCHEDULE SB	Single-Em	ployer	Defined	l Ben	efit Plan		OMBN	lo. 1210-0110
(Form 5500)	Actuarial Information 2017							
Department of the Treasury Internal Revenue Service								2017
Department of Labor	This schedule is requestion Retirement Income S						This Form i	s Open to Public
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		ternal Revenu						spection
		an attachme		5500 or :				
For calendar plan year 2017 or fiscal plan		06/2	28/2017		and endin	g	06/2	7/2018
Round off amounts to nearest dollar Continue A people of \$1,000 will be a		this report in			a la astablicha	4		
Caution: A penalty of \$1,000 will be a A Name of plan	assessed for late ming of t	this report un	liess reasona	able cau:	_			
Shire Realty Corporation	n Pension Trust				B Three-dig plan num			001
Shire Rearcy Corporation					prarrition			
C Plan sponsor's name as shown on line Shire Realty Corporation		J-SF			D Employer 13-5588		ation Number (E	:IN)
E Type of plan: X Single Multiple-A	Multiple-B	F P	Prior year plar	n size: 🕅	100 or fewer	101-∤	500 🗍 More th	an 500
Part I Basic Information		· · · · ·						
1 Enter the valuation date:	Month ⁶ Da	av 28	Year 2	017				
2 Assets:		.,						
a Market value		******				. 2a		2,321,328
b Actuarial value						2b		2,321,328
3 Funding target/participant count bre				• • •	lumber of	• •	sted Funding	(3) Total Funding
a For retired participants and benefi	aiariaa raasiulaa noumant	÷		par	ticipants		Target 0	Target
	÷. •		-		0			0
b For terminated vested participants					2	1	64,615	64,615
C For active participants			-		6		,318,362	1,362,858
d Total			1		8	1	,382,977	1,427,473
4 If the plan is in at-risk status, check					-			
a Funding target disregarding preso	•					<u>4a</u>		
b Funding target reflecting at-risk as at-risk status for fewer than five co						4b		
5 Effective interest rate			Y			5		6.03%
6 Target normal cost						6		C
Statement by Enrolled Actuary To the best of my knowledge, the information supp accordance with applicable law and regulations. In combination, offer my best estimate of anticipated SIGN	my opinion, each other assumptio							
HERE	×						04/08/20	19
	nature of actuary						Date	<u> </u>
,	.A.						17-0524	6
	r print name of actuary					Most r	ecent enrolime	
CMC Interactive, LLC							(212) 402-1	L850
75 Broad Street, 30th Fl	Firm name				Te	lephone	number (includ	ing area code)
New York		NY 100	04-2415					
A	ddress of the firm				-			
If the actuary has not fully reflected any reg instructions	gulation or ruling promulga	ated under th	ne statute in	completi	ng this schedule	e, check	the box and se	e 🗌
For Paperwork Reduction Act Notice, s	see the Instructions for I	Form 5500 o	or 5500-SF.				Schedule S	B (Form 5500) 2017 v. 170203

P	art II Beginning of Year	Carryove	er and Prefunding Ba	alances						
L			· · · · · · · · · · · · · · · · · · ·		(a) C	arryover balance		(b) F	Prefund	ing balance
7	Balance at beginning of prior year a year)	• •					0			0
8	Portion elected for use to offset price year)			-			0			0
9	Amount remaining (line 7 minus lin	e 8)					0			0
10	Interest on line 9 using prior year's	actual return	n of0.00%				0			0
11	Prior year's excess contributions to	be added to	prefunding balance:							
	a Present value of excess contribu	tions (line 38	Ba from prior year)							0
	b(1) Interest on the excess, if any Schedule SB, using prior yea	, of line 38a r's effective	over line 38b from prior year interest rate of $\frac{6.23}{2}$	ar %						
	b(2) Interest on line 38b from prio	-						-		
	c Total available at beginning of curr									0
	d Portion of (c) to be added to pref	funding bala	nce					-		0
	· · · · · · · · · · · · · · · · · · ·				<u>i na sena na</u>	en en en der stiller en stere 	<u>0 (1997)</u> 0			0
	Other reductions in balances due to						0	+		0
100.000.000	Balance at beginning of current yea		ne 10 + line 11d – line 12)							
L	Part III Funding Percent	-								
14	Funding target attainment percenta	ıge							14	162.61%
 15 Adjusted funding target attainment percentage 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current 							15	162.61%		
16 	year's funding requirement								16	167.16%
17	If the current value of the assets of	the plan is I	ess than 70 percent of the f	unding targe	t, enter suc	h percentage			17	%
F	Part IV Contributions an	d Liquidi	ty Shortfalls							
18	Contributions made to the plan for			oyees:						
/	(a) Date (b) Amount p MM-DD-YYYY) employed		(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount pa employer((0		int paid by loyees
<u>(</u>		(5)	employees			cinployer	3)		omp	
-										
	ـــــــــــــــــــــــــــــــــــــ			Totais 🕨	18(b)			0 18(c)		0
19	Discounted employer contributions	- see instru	ctions for small plan with a	valuation dat		beginning of the v	/ear:	<u>, , , , , , , , , , , , , , , , , , , </u>		
10	a Contributions allocated toward u		-				19a			0
	b Contributions made to avoid rest	-					19b			0
	C Contributions allocated toward mir	-					19c			0
20	Quarterly contributions and liquidity		or contribution to contain ye							
20	a Did the plan have a "funding sho		prior vear?					<u>n an Alan an Angel</u>	<u> </u>	Yes X No
									 	· · · · · · · · · · · · · · · · · · ·
	b If line 20a is "Yes," were require				a unery ma		·····		L	jYes ∐No
	C If line 20a is "Yes," see instruction	ons and com			f this plan	100t				
	(1) 1st	T	Liquidity shortfall as of end (2) 2nd			3rd	<u> </u>		(4) 4t	h
	<u></u>	+	<u></u>	···-	1-1					

Page 3

21	Discount rate;					
	a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	1	N/A, full yield curve used
	b Applicable month (ent	er code)			21b	0
22	Weighted average retire	ment age			22	65
23	Mortality table(s) (see in	nstructions) X Preso	ribed - combined	cribed - separate	Substitu	te
Pa	art VI Miscellanec	ous Items				
24			rial assumptions for the current			
25	Has a method change b	een made for the current plan	year? If "Yes," see instructions	regarding required attach	iment	Yes 🗍 No
26	Is the plan required to p	ovide a Schedule of Active Pa	articipants? If "Yes," see instruct	ions regarding required a	attachmen	t Yes 🗌 No
27	If the plan is subject to a	Iternative funding rules, enter	applicable code and see instruc	tions regarding	27	
P	art VII Reconcilia	tion of Unpaid Minimu	m Required Contribution	ns For Prior Years		
28	Unpaid minimum require	ed contributions for all prior ye	ars		28	C
29		•••••••••••••••••••••••••••••••••••••••	npaid minimum required contribu		29	c
30	Remaining amount of ur	paid minimum required contri	butions (line 28 minus line 29)		30	(
Pa	art VIII Minimum I	Required Contribution	For Current Year			
31	Target normal cost and	excess assets (see instruction	ns):			
	a Target normal cost (lin	e 6)			31a	(
	b Excess assets, if appli	cable, but not greater than lin	e 31a		31b	(
32	Amortization installment	S:		Outstanding Bala	nce	Installment
	a Net shortfall amortizat	ion installment			d	(
	b Waiver amortization in	stallment			p	(
33			the date of the ruling letter gran) and the waived amount		33	
34	Total funding requirement	nt before reflecting carryover/p	prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	(
			Carryover balance	Prefunding balar	nce	Total balance
35	Balances elected for use requirement		0		0	(
36				•••••	36	(
37			tribution for current year adjusted		37	C
38	Present value of excess	contributions for current year	(see instructions)			
	a Total (excess, if any, o	of line 37 over line 36)			38a	(
	b Portion included in line	e 38a attributable to use of pre	efunding and funding standard ca	arryover balances	38b	
39	Unpaid minimum require	ed contribution for current year	r (excess, if any, of line 36 over l	ine 37)	39	(
40					40	
Pa	rt IX Pension F	unding Relief Under P	ension Relief Act of 201	0 (See Instructions	5)	
41	If an election was made	to use PRA 2010 funding relie	of for this plan:			
	a Schedule elected					2 plus 7 years 15 years
	b Eligible plan year(s) fo	or which the election in line 41	a was made		20	08 2009 2010 2011
42					42	arring farring hand
			over to future plan years	·····	43	

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant:2017 Nonannuitant Male					
Female Nonannuitant:	2017 Nonannuitant Female				
Male Annuitant:2017 Annuitant Male					
Female Annuitant:2017 Annuitant Female					
Applicable months from val	uation month:	0			
Probability of lump sum:					
Use pre-retirement mortality:					

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	1.71	3.83	4.75
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.16	5.72	6.48
Override:	0.00	0.00	0.00

Options:

Use optional combined mort	ality table for small plans:	Yes
Use discount rate transition:		No
Lump sums use proposed reg	gulations:	Yes
<u>Actuarial Equivalent Floor</u>		
Stability period:	plan year	

/A
017 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	1.96	3.60	4.39
Override:	0.00	0.00	0.00

Salary Scale		Late Retirement Rat	es	
Male:	0.00%	Male:	N/A	
Female:	0.00%	Female:	N/A	
Withdrawal		Marriage Probability	<u>Y</u>	Setback
Male:	N/A	Male:	0.00%	0
Female:	N/A	Female:	0.00%	
Withdrawal-Sele	ect	Expense loading:	0.00%	
Male:	N/A	Disability Rates		
Female:	N/A	Male:	N/A	
Early Retiremen	it Rates	Female:	N/A	
Male:	N/A		Mortality	<u>Setback</u>
Female:	N/A	Male:	N/A	0
Subsidized Early	<u> Retirement Rates</u>	Female:	N/A	0
Male:	N/A			
Female:	N/A			

Name of Plan:	Shire Realty Corporation Pension Trus
Plan Sponsor's EIN:	13-5588741
Plan Number:	001

Schedule SB, Part V - Summary of Plan Provisions

Death

0 0

Eligibility Requiremen	<u>nts</u>	Service/Participat	ion Requirements	
Age (yrs) : Age (months) : Wait (months) : Two year eligibility :	0 0 12 No	Definition of year Continuing hours Excluded classes:		
<u>Earnings</u>				
Total compensation ex	ccluding :	403(b) Cafeteria Other Prior to participatio 415 prior to particip		
<u>Retirement</u> <u>Normal</u>		<u>Early</u>	Subsidized Early	<u>Disability</u>
Age: Service: Participation: Defined:	65 0 1st of month nearest			
Benefit Reduction / M	ortality table & se	tback		
Male: Female:		Actuarial Equivalence Actuarial Equivalence	Actuarial Equivalence Actuarial Equivalence	N/A N/A
Rates - Male: Rates - Female:		N/A N/A	N/A N/A	N/A N/A
Use Social Security Re	tirement Age:	No REACT Ben	efits Percentage: 50.0	0%

Use Social Security K	un ement Age.	110	REFICT Dements i er centuge.	50.0070
Vesting Schedule:	2/20		Pre-retirement death benefit	
Vesting Definition:	Hours Worked		Percentage of accrued benefit:	0.00%
5			Death Benefit Payment method:	PVAB

Normali	<u>Annuity</u>	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:Shire Realty Corporation Pension TrustPlan Sponsor's EIN:13-5588741Plan Number:001

Schedule SB, Part V - Summary of Plan Provisions

Benefits				
Pension Formula:	Benefit formula			
Type of Formula:	Unit benefit integrat	ted		
Effective Date:	06/28/1992			
E I	0/ TI ·/	M · T / 10/	Simplified	A 1° 4 07
<u>Formula</u>	<u>% per Unit</u> 1.00%	<u>Maximum Total %</u> 100.00%	<u>table limit</u>	<u>Adjust %</u> No
Base: Excess:	0.41%	0.00%	No	No
Excess:	0.4170	0.0076	INO	INO
Maximum Credits	Past years	<u>Future years</u>	<u>Total ye</u>	ars
Base:	34	16	40	
Excess:	34	16	40	
Units based on:	Service			
Integration level				
Covered compensation	table:	2008		
Rounding:		Exact		
Uniform dollar amoun	t:	None		
Averaging				
Projection method:	Current Compensation		to accrued benefit:	No
Based on:	Final Average		compensation years:	No
Highest:	3	Annualize short	plan years:	No
In the last:	3	Include compens	ations based	
Excluding:	0	on years of:		Service
Accrual				
Frozen:	No			
	Hours worke	he	Fractions based on:	N/A
Definition of years:	riouis worke		Tractions buscu on.	14/21
Accrual credit:		<u>Died Disabled Retire</u>		Precision: N/A
	0	0 0	0 0	Limit current credit
				to: N/A
Years based on:	Service	Cap/floor ye	ears:	10
Maximum past accrua		Cap or floor		Cap
Method:	Fractional			1
withou:	Fractional			0.00%
		Арріу 415 б	efore accrual:	No

Name of Plan:Shire Realty Corporation Pension TrustPlan Sponsor's EIN:13-5588741Plan Number:001

YEARS OF CREDITED SERVICE

Attained	U	nder 1 Avg.	1	To 4 Avg.	5	To 9 Avg.	10]	Го 14 Avg.	15	Го 19 Avg.		20	To 24 Avg.		25	Го 29 Avg.	30	To 34 Avg.		85 To 39 Avg.	40	& Up Avg.
Age	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp		No.	Comp	I	No.	Comp	No.	Comp	N	o. Comp	No.	Comp
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	0
														╀								
30 to 34	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0	0	0	0	0	0
														_								
35 to 39	0	0	0	0	1	0	0	0	0	0		0	0	\perp	0	0	0	0	0	0	0	0
														╀								
40 to 44	0	0	0	0	0	0	0	0	0	0		0	0	_	0	0	0	0	0	0	0	0
45 4 40					0			0				0	0	╈	_			0				
45 to 49	0	0	0	0	0	0	0	0	0	0	+	0	0	_	0	0	0	0	0	0		0
50 to 54	0	0	1	0	1	0	0	0	0	0		0	0	+	0	0	0	0	0	0		0
50 10 54		0		•		0	0	U		0		0	0	+	-			0		0		0
55 to 59	0	0	0	0	1	0	0	0	0	0	+	0	0	╋	0	0	0	0		0		0
00 10 05	Ů	, v		Ŭ		•	, v	•		Ŭ		•	•	╈	Ť	•				v		•
60 to 64	0	0	1	0	0	0	0	0	0	0	Ħ	0	0	╈	0	0	1	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0	Τ	0	0		0	0	0	0	0	0	0	0
											Ħ			╈								
70 & Up	0	0	0	0	0	0	0	0	0	0	\square	0	0		0	0	0	0	0	0	0	0

Name of plan:

Shire Realty Corporation Pension Trust

Plan number: EIN:

001 13-5588741

Plan sponsor's name:

Shire Realty Corporation