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

2018

This Form is Open to **Public Inspection**

For celedar plan year 2018 or fiscal plan year teginning			dentification information												
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C Check box if filling under: Form \$558 a unumatic extension DFVC program DFVC program peculiar destination DFVC program D	For calendar plan	n year 2018 or fisc	al plan year beginning 01/01/2	2018		and ending 12	2/31/2	018							
B This return/report is	A This return/re	port is for:	X a single-employer plan					_							
The final return/report in the final return/report in a namended return/report in a namended return/report in a hort plan year return/report (less than 12 months) C Check box if filing under: Form 5568 under the plan year in the final return/report (less than 12 months) Part II Basic Plan Information—enter all requested information 1a Name of plan ND SHANNON ASSOCIATES, INC. CASH BALANCE PLAN Part II Basic Plan Information—enter all requested information 1a Name of plan ND SHANNON ASSOCIATES, INC. CASH BALANCE PLAN Part II Basic Plan Information—enter all requested information 1b Three-digit plan number of notification in the plan year in the plan year in the plan year. 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt. suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ND SHANNON ASSOCIATES, INC. 2b Employer Identification Number (JEN) 2c Sponsor's telephone number (948-37-83-319) 2d Business code (see instructions) 3d Administrator's telephone number (948-37-83-319) 2d Business code (see instructions) 54 1990 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number this plan, enter the plan sponsor's name, EIN, the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 5a Total number of participants at the beginning of the plan year. 5a Total number of participants at the end of the plan year. 5b 3 0 5b 3 0 5c complete this item). 6d(1) Total number of participants with account balances as of the end of the plan year. 5d(1) Total number of participants with account			a one-participant plan			,			,						
C Check box if filing under:	B This return/rep	oort is	the first return/report	the	e final return/report										
Special extension (enter description)			an amended return/report	a s	short plan year return	/report (less than 12 m	onths))							
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18 Name of plan ND SHANNON ASSOCIATES, INC. CASH BALANCE PLAN 20 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ND SHANNON ASSOCIATES, INC. 20 Employer identification Number (EIN) 26-4163441 20 Sponsor's telephone number 646-373-8319 21 Business code (see instructions) 22 AVENUE 8 3E NEW YORK, NY 10009 33 Plan administrator's name and address Same as Plan Sponsor. 34 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 35 Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 PN 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 DEIN 4 PN 5 Total number of participants at the beginning of the plan year. 5 DE Total number of participants at the end of the plan year. 5 DE Total number of participants at the end of the plan year. 5 DE Total number of participants at the deginning of the plan year. 5 DE Total number of participants at the end of the plan year. 5 DE Total number of active participants at the beginning of the plan year. 5 DE Total number of active participants at the end of the plan year. 5 DE Total number of active participants at the end of the plan year. 5 DE Total number of active participants at the end of the plan year. 5 DE Total number of active participants at the end of the plan year. 5 DE Total number of active participants at the end of the plan year. 5 DE Total number of active participants at the end of the plan year. 5 DE Total number of active participants			special extension (enter desc	ription)											
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Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 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 HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator SIGN HERE	d(1) Total num	ber of active parti	cipants at the beginning of the p	lan yea	r				0						
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Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF					09/10/2019	NOAH SHANNON									
HERE	HERE Sign	nature of plan ad	ministrator		Date	Enter name of individ	ual siç	ning as plan adr	ministrator						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor															
	HERE Sign	nature of employ	er/plan sponsor		Date	Enter name of individ	ual siç	ning as employe	er or plan sponsor						

Form 5500-SF (2018) Page **2**

b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined										
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this pl	lan yea	r	-	4222647. (See instruction	ns.)			
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year				
а	Total plan assets		0			96700					
<u>b</u>	Total plan liabilities	7b		0			0				
С	Net plan assets (subtract line 7b from line 7a)	7c		0		96700					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total				
	Contributions received or receivable from: (1) Employers	8a(1)	(96700							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b		0							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					96700				
	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		0							
g	Other expenses	8g	0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					0					
i	Net income (loss) (subtract line 8h from line 8c)					96700					
j	Transfers to (from) the plan (see instructions)		0								
Par	Part IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in the instructions:				
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a		X					
С				10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	10e		X							
f	Has the plan failed to provide any benefit when due under the pla	10f		X							
g	Did the plan have any participant loans? (If "Yes," enter amount a	end.)	10g		X						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		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 Sche (Form 5500) and line 11a below)		B 	X Yes	s No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0					
12	ERISA?									
	(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)										
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A					
Part '	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a								
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		Yes X No							
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to								
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	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

2018

This Form is Open to Public Inspection

Fo	r calenda	r plan year 2018 or fisc	cal plan year beginning	01/01/2018	3		and endir	ng 12/3	31/2018	
		off amounts to neares	st dollar. vill be assessed for late filing	of this repo	ort unless reason	nable caus	se is establishe	ed.		
Α	Name of	plan	INC. CASH BALANCE PLAN		ort arriode reader		B Three-di plan nur	igit) •	002
		nsor's name as shown	on line 2a of Form 5500 or 5	5500-SF			D Employer	Identific 26-416	ation Number (E	EIN)
Ε.	Type of pla	an: X Single Mu	ultiple-A Multiple-B		F Prior year pla	an size: X	100 or fewer	101-	500 More th	nan 500
P	Part I	Basic Information	on			<u> </u>	•		<u> </u>	
1	Enter t	he valuation date:	Month12	Day31	Year <u>20</u>	018				
2	Assets	:								
	a Mark	et value						2a		0
	b Actu	arial value						2b		0
3	Fundin	g target/participant cou	unt breakdown			` '	lumber of ticipants		sted Funding Target	(3) Total Funding Target
	a For r	etired participants and	beneficiaries receiving paym	nent			0		0	0
b For terminated vested participants									0	0
C For active participants									0	0
	d Tota	I					3		0	0
4	If the p	lan is in at-risk status,	check the box and complete	lines (a) an	nd (b)					
	a Fund	ding target disregarding	prescribed at-risk assumpti	ions		<u> </u>		4a		
	b Fund	ling target reflecting at-	risk assumptions, but disreg	garding trans	sition rule for pla	ans that ha	ve been in	4h		
5			,					5		6.29 %
6	Target	normal cost						6		44231
	To the best accordance combination	with applicable law and regula	tion supplied in this schedule and acco ations. In my opinion, each other assu ticipated experience under the plan.							
	SIGN HERE						_		08/30/201	9
			Signature of actuary						Date	
	ERROLD	FILIPSKI							17-03076	
			Type or print name of actuary	у				Most	recent enrollme	
A	ASCENSU	JS- FUTUREPLAN							609-918-25	
4 C	B CEDAI CRANBUI	RBROOK DRIVE, 2ND RY, NJ 08512	Firm name FLOOR				16	eiepnone	number (includ	ing area code)
-			Address of the firm				-			
	e actuary ructions	has not fully reflected a	any regulation or ruling prom	nulgated und	der the statute ir	n completi	ng this schedul	e, check	the box and se	е

Schedule SB (Form 5500) 2018	Page 2 - [

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding E	Balaı	nces						_	
	•			-				(a) C	arryover baland	е	(b) F	Prefundir	g balance	
7		•	•		able adjustments (line 13 f					0			0	
8			•	•	nding requirement (line 35					0			0	
9	Amount r	emaining	g (line 7 minus line	8)						0			0	
10	Interest o	າກ line 9 ເ	using prior year's	actual retur	rn of%					0			0	
11	Prior yea	r's exces	s contributions to	be added t	to prefunding balance:									
	a Presen	t value o	f excess contribut	ions (line 3	88a from prior year)								0	
					over line 38b from prior you interest rate of								0	
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return										0			
C Total available at beginning of current plan year to add to prefunding balance											0			
d Portion of (c) to be added to prefunding balance										Λ				
12	Other rec	luctions i	n halances due to	elections	or deemed elections					0				
	12 Other reductions in balances due to elections or deemed elections										0			
	Part III Funding Percentages													
15 Adjusted funding target attainment percentage									15					
	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current									100.00%				
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
Р	Part IV Contributions and Liquidity Shortfalls													
18					ar by employer(s) and emp	oloyee		,						
(1)	(a) Date //M-DD-Y	e YYY)	(b) Amount p employer		(c) Amount paid by employees		(a) Da (MM-DD-)		(b) Amount employe		(0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 14 100.00% 15 210.02% 16 100.00% 17 % Amount paid by employees 0 0 0 0 0 0 92898	
	8/28/2019		. ,	96700	, ,		•	,				•		
						-	-4-1- 5	40(1)			40(-)	1		
40							otals ►	18(b)		9670	18(c)		0	
19			•		uctions for small plan with					e year: 19a				
				•	num required contributions usted to valuation date					19b				
				•	red contribution for current y					19c				
20			tions and liquidity		rea contribution for current y	/cai a	iajustea to	valuation u	atc	130			92090	
_0	-				e prior year?					L			Yes X No	
	b If line 2	20a is "Y	es," were required	l quarterly i	installments for the current	t year	r made in a	a timely ma	anner?				Yes No	
	C If line 2	20a is "Y	es," see instructio	ns and com	nplete the following table a	as app	olicable:							
		(4)			Liquidity shortfall as of e	nd of	quarter of					(4) 4::		
		(1) 1st	[(2) 2nd			(3)	3rd			(4) 4th		

	Part V Assumptions Used to Determine Funding Target and Target Normal Cost										
	21 Discount rate:										
21		ent rates:	1st s	egment:	2nd segment:		3rd segmen	t:			
	a cogiii	ioni ratos.		3.92%	5.52%		6.29		N/A, full yield curve used		
	b Applic	able month (er	nter code)					21b	0		
22	Weighte	d average retir	ement age					22	65		
23	Mortality	table(s) (see	instructions)	Prior regulation	rescribed	- combined	d Prescrib	ed - separa	te Substitute		
				Current regular	ion: X Prescribed	- combined	d Prescrib	ed - separa	te Substitute		
Pa	art VI	Miscellane	ous Items		Ц						
				nrescribed actua	rial assumptions for the cu	ırrent nlan	vear? If "Yes " see	instruction	s regarding required		
		-			mar accumptions for the oc		-				
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment										
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment										
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment										
P	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years										
28	Unpaid r	ninimum requii	red contribution		28	0					
29				s from prior years	29	0					
30	Remaini	ng amount of u	ınpaid minimui	m required contri	butions (line 28 minus line	29)		30	0		
Pa	Part VIII Minimum Required Contribution For Current Year										
31	31 Target normal cost and excess assets (see instructions):										
	a Target normal cost (line 6)										
	b Exces	s assets, if app	olicable, but no	t greater than lin	e 31a			31b	0		
32	Amortiza	ation installmen	nts:				Outstanding Ba	lance	Installment		
	a Net sh	ortfall amortiza	ation installmer	nt				0	0		
						•		0	0		
33	If a waive (Month _				the date of the ruling lette) and the waived amo			33			
34	Total fun	ding requireme	ent before refle	ecting carryover/p	prefunding balances (lines	31a - 31b	+ 32a + 32b - 33)	34	44231		
					Carryover balance		Prefunding bala	ance	Total balance		
35		s elected for us		•					0		
36	Addition	al cash require	ment (line 34 r	minus line 35)				36	44231		
37				•	ribution for current year ac	•	•	37	92898		
38	Present	value of exces	s contributions	for current year	(see instructions)			1			
	a Total (excess, if any,	of line 37 over	r line 36)				38a	48667		
	b Portion	n included in lir	ne 38a attributa	able to use of pre	funding and funding stand	lard carryo	ver balances	38b	0		
39	Unpaid r	ninimum requii	red contribution	n for current year	(excess, if any, of line 36	over line 3	7)	39	0		
40	Unpaid r	ninimum requii	red contribution	ns for all years				40	0		
Pa	rt IX	Pension	Funding Re	elief Under P	ension Relief Act of	f 2010 (S	ee Instruction	s)			
41	If an elec	ction was made	e to use PRA 2	010 funding relie	f for this plan:						
	a Sched	ule elected							2 plus 7 years 15 years		
	b Eligible	e plan year(s) f	for which the e	lection in line 41	a was made			20	08		

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).

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

File as an attachmen	t to Form 5500 or	5500-SF.				
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2						
Round off amounts to nearest dollar.						
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unle	ess reasonable car	use is establishe	d.			
A Name of plan		B Three-di	git			
ND Shannon Associates, Inc. Cash balance Plan		plan num	nber (PN	1)	002	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Idontific	ation Number (I	EINI)	
ND Shannon Associates, Inc.		Employer	identini	allon Number (i	EIIN)	
		26-4163	3441			
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Pr	rior year plan size:	X 100 or fewer	☐ 101·	-500 More th	han 500	
	,					
Part I Basic Information 1 Enter the valuation date: Month 12 Day 31	Vear 2018					
1 Enter the valuation date: Month 12 Day 31 2 Assets:	Year	_				
a Market value			. 2a		0	
b Actuarial value			2b		0	
	· · · · · · · · · · · · · · · · · · ·	Number of		sted Funding	(3) Total Funding	
3 Funding target/participant count breakdown	` '	articipants	(2) V	Target	Target	
a For retired participants and beneficiaries receiving payment		0		0	0	
b For terminated vested participants		0		0	0	
C For active participants		3		0	0	
d Total		3		0	0	
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 r						
at-risk status for fewer than five consecutive years and disregarding loadi			4b			
5 Effective interest rate			5		6.29 %	
6 Target normal cost			6		44,231	
Statement by Enrolled Actuary						
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, s accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (to						
combination, offer my best estimate of anticipated experience under the plan						
SIGN HERE Junel Filipsh.						
HERE June Tolyshi				08/30/20)19	
Signature of actuary				Date		
Jerrold Filipski				17-0307	76	
Type or print name of actuary			Most	recent enrollme		
Ascensus- FuturePlan				(609)918-		
Firm name 4B Cedarbrook Drive, 2nd Floor		Te	lephone	e number (includ	ding area code)	
Cranbury NJ 0851	.2					
Address of the firm		<u> </u>				
If the actuary has not fully reflected any regulation or ruling promulgated under the	statute in comple	ting this schedule	e, check	the box and se	e	

instructions

Pa	art II	Begir	ning of Year	Carryov	er and Prefunding Ba	lances							
							(a) C	arryover balance		(b) P	refundi	ng balance	
7		•	0 , ,		able adjustments (line 13 fron	•			0			0	
8				•	nding requirement (line 35 fro				0			0	
9	Amount i	emaining	g (line 7 minus line	8)					0			0	
10	Interest of	n line 9	using prior year's	actual retui	rn of%				0			0	
11	Prior yea	r's exces	s contributions to	be added t	to prefunding balance:								
	a Preser	t value o	of excess contribut	ions (line 3	88a from prior year)							0	
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of												
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual													
					ır to add to prefunding balance							0	
												0	
d Portion of (c) to be added to prefunding balance											0		
12	12 Other reductions in balances due to elections or deemed elections										0		
13	Balance	at beginn	ning of current year	r (line 9 + I	ine 10 + line 11d – line 12)				0			0	
P	Part III Funding Percentages												
14	14 Funding target attainment percentage									100.00%			
15	5 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 year's funding requirement												
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the fu	unding targe	t, enter suc	h percentage			17	%	
Р	Part IV Contributions and Liquidity Shortfalls												
18	Contribut	ions mad			ar by employer(s) and emplo	yees:							
(N	(a) Date //M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount pa employer((с	(c) Amount paid by employees		
•	8/28/2			96,700	omployees	(IVIIVI DD	,	cinployer(<u> </u>		СППРІ	oyees	
												_	
						Totals ►	18(b)	9	6,700	18(c)		0	
19	Discount	ed emplo	oyer contributions	– see instr	uctions for small plan with a	aluation da	te after the	beginning of th <u>e</u> y	ear:				
	a Contril	outions a	llocated toward ur	npaid minin	num required contributions fr	om prior yea	ars	······· <u>′</u>	19a			0	
	b Contrib	outions m	nade to avoid rest	rictions adju	usted to valuation date			1	l9b			0	
	C Contrib	utions all	ocated toward min	imum requi	red contribution for current yea	r adjusted to	valuation da	ate	19c			92,898	
20			itions and liquidity										
	a Did the	e plan ha	ve a "funding sho	rtfall" for th	e prior year?						∐	Yes X No	
	b If line	20a is "Y	es," were required	l quarterly i	installments for the current ye	ear made in	a timely ma	anner?				Yes No	
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as a								
		(1) 10	+		Liquidity shortfall as of end	of quarter o			1		\A\\ \A+1		
		(1) 1s	l		(2) 2nd		(3)	3rd			(4) 4th	<u> </u>	

Р	art V	Assumpti	ons Used to	o Determine	Funding	Target and Ta	arget Nor	mal Cost			
21	Discount	rate:									
	a Segm	ent rates:	1st se 3.92	egment: %		d segment: 52 %		3rd segment: 6.29 %		N/A, full yi	eld curve used
	b Applica	able month (er	nter code)						21b		0
22	Weighted	l average retire	ement age						22		65
23	Mortality	table(s) (see i	instructions)	Prior regulatio	n:	Prescribed - co	mbined	Prescribe	d - separa	te Subs	titute
				Current regula	tion: X	Prescribed - co	mbined	Prescribe	d - separa	te Subs	titute
Pa	rt VI	Miscellane	ous Items	- Curroni rogulo	е						
				orescribed actua	arial assumpti	ons for the curren	t plan year?	If "Yes," see i	nstruction	s regarding requi	red
25	Has a me	ethod change l	been made for	the current plar	year? If "Ye	s," see instruction	s regarding	required attacl	nment		Yes X No
26	Is the pla	n required to p	provide a Sched	dule of Active P	articipants?	f "Yes," see instru	ctions regar	ding required	attachmen	ıt	X Yes No
27		•	alternative fund	-		ode and see instru	ıctions rega	rding	27		
Pi	art VII	I				ed Contributi	ons For F	Prior Years			
			-		•				28		0
29						um required contri			29		0
30	` '					28 minus line 29)			30		0
	rt VIII		Required C						I		
31			d excess assets			in rear					
				•	,				31a		44,231
									31b		0
32		tion installmen		greater triairin				itstanding Bala	1	Insta	ıllment
				t					0		0
	b Waiver	amortization i	installment						0		0
33						he ruling letter grae waived amount.			33		
34	Total fun	ding requireme	ent before refle	cting carryover/	prefunding ba	alances (lines 31a	- 31b + 32a	+ 32b - 33)	34		44,231
				0 ,		over balance		refunding balar	nce	Total	balance
35			se to offset fund								0
36									36		44,231
37	Contribut	ions allocated	toward minimu	ım required cor	tribution for c	urrent year adjust	ed to valuati	on date (line	37		92,898
38			s contributions			ions)					72,070
									38a		48,667
						funding standard			38b		0
39					•	ny, of line 36 ove	-		39		0
40	-								40		0
Pai	t IX					elief Act of 20			s)		
41	If an elec		e to use PRA 20								
									Г	2 plus 7 years	15 years
	_									008 2009 2	

Attachment to 2018 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan Name ND Shannon A	Associates, Inc. Cash balance Plan	EIN:	26-4163441
Plan Sponsor's Name	ND Shannon Associates, Inc.	PN:	002

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Annlied	Interest Rate	Interest Adjusted Contribution:
Contributon 08/28/2019	96,700	Applied 2018	Interest Rate 6.29	92,898
00/20/2019	30,700	2010	0.23	72,000

Attachment to 2018 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Fight Name ND Shannon Associates, Inc. Cash balance Plan	EIN.	26-4163441
Plan Sponsor's Name ND Shannon Associates, Inc.	PN:	002
The weighted average retirement age is equal to the normal retirement age of65		
List the rate of retirement at each age and describe the methodology used to compute the	•	ed average
retirement age, including a description of the weight applied at each potential retirement ag	e.	
100% of all participants are assumed to retire at their normal reti	iremen	it date.

ND Shannon Associates, Inc.

ND Shannon Associates, Inc. Cash Balance Plan

Plan Sponsor's EIN: 26-4163441 Plan Number: 000 Schedule SB, Part V - Statement of Actuarial Assumptions

Funding Method:

Cost Method: PPA Unit Credit
Asset Valuation: Fair Market Value

Target Assumptions: Options:

Male Nonannuitant: Use optional combined mortality table for small plans: Yes

Female Nonannuitant: 2018 Nonannuitant Female **Use discount rate transition:** No

Male Annuitant:2018 Annuitant MaleLump sums use proposed regulations:Yes

Female Annuitant: 2018 Annuitant Female <u>Actuarial Equivalent Floor</u>

Applicable months from valuation month: 0 **Stability period:** plan year

Probability of lump sum: 100.00% Lookback months: 3

Use pre-retirement mortality: No Nonannuitant: N/A

Annuitant: 2018 Applicable

1st 2nd <u>3rd</u> 2nd <u>3rd</u> 1st **Segment rates:** 2.50 3.92 4.50 2.05 3.61 4.27 **Current:** 6.99 25 year average rates: 4.35 6.13 Override: 0.00 0.00 0.00 3.92 6.29 Final rates: 5.52 Override: 0.00 0.00 0.00

Salary Scale Late Retirement Rates

 Male:
 0.00%
 Male:
 N/A

 Female:
 0.00%
 Female:
 N/A

<u>Withdrawal</u> <u>Marriage Probability</u> <u>Setback</u>

Male:N/AMale:0.00%0Female:N/AFemale:0.00%

Withdrawal-Select Expense loading: 0.00%

Male: N/A <u>Disability Rates</u>

Female: N/A

Female: N/A Male: N/A v Retirement Rates Female: N/A

Early Retirement Rates Female: N/A
Male: N/A
Mortal

Male: N/A Mortality Setback

Female: N/A Male: N/A O

Female: N/A Male: N/A 0

Subsidized Early Retirement Rates N/A 0

Male: N/A

Male: N/A

Cash Balance Interest Credit

N/A

Female:

Current Plan Year: 2.88%
Future Plan Years: 2.88%

Eligibility Requirements Service/Participation Requirements

Definition of years: Hours worked Age (yrs): 21

Continuing hours: 1.000 Age (months): 0

Wait (months): 12 **Excluded classes:** Union Members Two year eligibility: No Non-resident alien

Earnings

Total compensation excluding: 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

Retirement Normal **Subsidized Early Early Disability Death**

65 Age: 0 Service: 5 Participation:

1st of month Defined: following

Interest Crediting Rules

Plan Year Rate

Past: 0.00% **Current: 2.88% Future: 2.88% Interest credited to:** Termination date

Benefit Reduction / Mortality table & setback

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

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

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

Pre-retirement death benefit 3 Year Cliff **Vesting Schedule:**

Hours Worked Percentage of accrued benefit: 0.00% **Vesting Definition:**

Death Benefit Payment method: PVAB

ND Shannon Associates, Inc. Cash Balance Plan Name of Plan:

Plan Sponsor's EIN: 26-4163441 Plan Number: 000

	<u>Annuity</u>	<u>Percent</u>	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: ND Shannon Associates, Inc. Cash Balance Plan

Plan Sponsor's EIN: 26-4163441 Plan Number: 000

Benefit Formula

Benefits are based on the actuarial equivalent of the hypothetical account balance. The hypothetical contributions are based on \$0.00 to be allocated amongst the participants.

Name of Plan: ND Shannon Associates, Inc. Cash Balance Plan

Plan Sponsor's EIN: 26-4163441 Plan Number: 000

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age		nder 1 Avg. Comp	No.	To 4 Avg. Comp	5 No.	To 9 Avg. Comp	10 T	Го 14 Avg. Comp		To 19 Avg. Comp			Го 24 Avg. Comp		To 29 Avg. Comp		To 34 Avg. Comp	35 No.	5 To 39 Avg. Comp		Avg.
1-8			1		1		1		1		\top		о ср	1	- COLLAR	1				1	·
Under 25	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	0	0		0	0	0	0	0	0	0	0		0
35 to 39	0	0	1	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0		0
40 . 44								0			+		0								
40 to 44	0	0	2	0	0	0	0	0	0	0	+	0	0	0	0	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	0	0	0	0	0	0	0	0	\perp	0	0	0	0	0	0	0	0		0
	<u> </u>	_	<u> </u>		<u> </u>		<u> </u>				\perp			<u> </u>		<u> </u>		<u> </u>			
55 to 59	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
65 to 69	0	0	0	0	0	0	0	0	0	0	$\frac{1}{2}$	0	0	0	0	0	0	0	0	(0
-0.0 X																					
70 & Up	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	(0

Name of plan: ND Shannon Associates, Inc. Cash Balance Plan

Plan sponsor's name:

ND Shannon Associates, Inc.

Plan number: 000

EIN: 26-4163441

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

2018

This Form is Open to **Public Inspection**

Part I		t Identification Information				
For calend	dar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending		/2018
A This re	eturn/report is for:	🛚 a single-employer plan	a multiple-employer p list of participating er	lan (not multiemployer) nployer information in		
R This rot	turn/report is	a one-participant plan	a foreign plan			
D misre	turi/report is	X the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12	months)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progr	am
	1	special extension (enter descr		· · · · · · · · · · · · · · · · · · ·		
Part II		ormation—enter all requested inf	formation		1 4.	
1a Name ND Sha	•	tes, Inc. Cash balance	e Plan		1b Three-dig plan num (PN) ▶	- ,
					1c Effective 01/01	
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O			, , ,	r Identification Number -4163441
ND Sha	rtown, state or provin Innon Associat	ice, country, and ZIP or foreign posta tes, Inc.	ai code (if foreign, see inst	ructions)	2c Sponsor (646)	s telephone number 373-8319
99 Ave	nue B 3E				2d Business	code (see instructions)
New Yo	rk		NY	10009	54199	0
3a Plan a	administrator's name a	and address 🏿 Same as Plan Spon	nsor,		3b Administr	ator's EIN
						ator's telephone number
this p	lan, enter the plan spo	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN	
a Spons C Plan N	sor's name Name				4d PN	
5a Total	number of participants	s at the beginning of the plan year			5a	0
		s at the end of the plan year			5b	3
c Numb	er of participants with	account balances as of the end of t	he plan year (only defined	contribution plans	5c	
	•	articipants at the beginning of the pla			5d(1)	0
		articipants at the end of the plan yea			, 5d(2)	3
than	100% vested	terminated employment during the	*************************	**-	. 5e	0
		or incomplete filing of this return ther penalties set forth in the instruct				
SB or Sche	edule MB completed a true, correct, and com	ind signed by an enrolled actuary, as	s well as the electronic ver	rsion of this return/repo	ort, and to the bes	t of my knowledge and
SIGN	200	L		Noah Shannon		
HERE	Signature of plan a	administrator	Date 9(10)14	Enter name of individ	dual signing as pl	an administrator
SIGN HERE						
	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	dual signing as er	mployer or plan sponsor

í	Form 5500-SF (2018)		Page 2					
	101110000 01 (2010)		1 490 =				***************************************	
	Were all of the plan's assets during the p Are you claiming a waiver of the annual of under 29 CFR 2520.104-46? (See instruc- If you answered "No" to either line 6a	examination and report of an inde ctions on waiver eligibility and co	pendent qualified public nditions.)	accoun	tant (IC	QPA)		m
С	If the plan is a defined benefit plan, is it co	·						termined
	If "Yes" is checked, enter the My PAA co							ructions.)
Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year	r T		(b) End of Year	
а	Total plan assets				Ö			96,700
b					0			
С	Net plan assets (subtract line 7b from line	7a) 7c			0			96,700
8	Income, Expenses, and Transfers for this	20 A. 30 E	(a) Amour	nt			(b) Total	
а	Contributions received or receivable from (1) Employers				700			
	(2) Participants	<u> </u>			0			
	(3) Others (including rollovers)				0			
b	Other income (loss)		, <u> </u>		0	SAN.		
	Total income (add lines 8a(1), 8a(2), 8a(3)		MANAGA ANGA	N N N N	MEA			96,700
d	Benefits paid (including direct rollovers ar to provide benefits)	•			0			
е	Certain deemed and/or corrective distribu	tions (see instructions) 8e			0	MAR.		
f	Administrative service providers (salaries	, fees, commissions) 8f			0	MOR		
g	Other expenses	8g			0	3.53		deviews:
h	Total expenses (add lines 8d, 8e, 8f, and	8g) 8h	visite visitifit		N			С
i	Net income (loss) (subtract line 8h from li	ne 8c) 8i		WW.			· · · · · · · · · · · · · · · · · · ·	96,700
j	Transfers to (from) the plan (see instruction	ons) 8j			이	4///		
Pai	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, ent 1A 1C	er the applicable pension feature	codes from the List of P	lan Cha	racteri	stic Co	des in the instructions:	
b	If the plan provides welfare benefits, enter	r the applicable welfare feature of	codes from the List of Pla	n Char	acteris	tic Coc	les in the instructions:	
Par	rt V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the pla described in 29 CFR 2510.3-102? (See Program)	instructions and DOL's Voluntar	y Fiduciary Correction	10a		Х		
b	Were there any nonexempt transactions reported on line 10a.)	with any party-in-interest? (Do n	ot include transactions	10b		Х		
С				10c		Х		
d	Did the plan have a loss, whether or not	reimbursed by the plan's fidelity	hond that was caused	<u> </u>				

by fraud or dishonesty?

the plan? (See instructions.).....

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

g 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.....

e 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

Χ

Χ

Χ

10d

10e

10f

10g

10h

		Form 5500-SF (2018)	Page 3-							
Part	VI	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," se rm 5500) and line 11a below)						X	Yes	No
11a	En	ter the unpaid minimum required contributions for all years from Schedule SB (Fo	orm 5500)	line 40		11a				
12	ls ER	this a defined contribution plan subject to the minimum funding requirements of s					of		Yes	X No
	(lf	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		waiver of the minimum funding standard for a prior year is being amortized in thi nting the waiver.				and enter Da		f the le Yea		ling
lf	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski	p to lin	e 13.					
b	Ente	er the minimum required contribution for this plan year		,,,,,,,,,,		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year				12c				
d	Sul	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a pative amount)	a minus sig	gn to th	e left of a	12d				
<u>e</u>	Wil	the minimum funding amount reported on line 12d be met by the funding deadling	ne?				Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	s a resolution to terminate the plan been adopted in any plan year?			*****************		Yes	X	No	
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year	,		***************************************	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to an atrol of the PBGC?				ne		Yes	X N	0
С	If, c	during this plan year, any assets or liabilities were transferred from this plan to an ch assets or liabilities were transferred. (See instructions.)				(s) to				

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

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).

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

	File as an attachment to Fort				
Fo	or calendar plan year 2018 or fiscal plan year beginning 01/01/201	8 and endir	ng	12/3	1/2018
	Round off amounts to nearest dollar.				
	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	onable cause is establishe	ed		
	Name of plan	B Three-d	igit		
P	ND Shannon Associates, Inc. Cash balance Plan	plan nur	nber (PN) 🕨	002
_	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employe	- Idontifio	ation Number (E	TINIX
	ND Shannon Associates, Inc.	D Employer	IGEHUNC	ation number (t	EHV)
-		26-416	3441		
F	Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	olan size: 🗵 100 or fewer	□ 101-	500 Nore th	oan 500
1	The state of the s	narr size. Pig 100 or lewer		300 Wolet	lan 300
1	Part I Basic Information Enter the valuation date: Month 12 Day 31 Year	2018	*		
2	Assets:				
_	a Market value		. 2a		0
					`
_	b Actuarial value		. 2b	And Franklin 1	(2) T-4-1 Francisco
3	Funding target/participant count breakdown	(1) Number of participants	' '	sted Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	0		0	0
	b For terminated vested participants			0	0
	C For active participants		****	0	0
	d Total	···································		0	0
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		***************************************		NAMES AND ASSOCIATION OF THE PROPERTY OF THE P
_	Funding target disregarding prescribed at-risk assumptions		4a	75 5 54 4 5 4 5 4 5 5 4 5	and the second of the second
	b Funding target disregarding prescribed at-risk assumptions.				
	at-risk status for fewer than five consecutive years and disregarding loading factor		4b		
5	Effective interest rate	***********	5		6.29%
6	Target normal cost		6		44,231
Stat	tement by Enrolled Actuary				
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements a accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accordance with applicable law and regulations.	and attachments, if any, is complet	e and accur	ate. Each prescribed	assumption was applied in
	combination, offer my best estimate of anticipated experience under the plan.				
(SIGN				
}	HERE \			08/30/20	19
	Signature of actuary	· ·		Date	
Je	errold Filipski			17-0307	6
	Type or print name of actuary		Most r	ecent enrollmer	nt number
As	census- FuturePlan		+	(609)918-2	2500
	Firm name	Τε	elephone	number (includi	ng area code)
4B	Cedarbrook Drive, 2nd Floor				
Cr	ranbury NJ 08512				
~_	Address of the firm				
£ 14 -				N 1 '	F1
	e actuary has not fully reflected any regulation or ruling promulgated under the statute i uctions	n completing this schedul	e, cneck i	ine dox and see	

'age	2	-	

Р	art II Be	ginning of Yea	r Carryov	er and Prefunding B	alances	######################################				
						(a) C	arryover balance	(b)	⊃refund	ing balance
7				ble adjustments (line 13 fro				0		0
8		•	•	ding requirement (line 35 f				0		0
9	Amount rema	ning (line 7 minus lii	ne 8)	***************************************				0		0
10	Interest on lin	e 9 using prior year's	s actual retur	n of%				0		0
11	Prior year's ex	cess contributions t	o be added to	prefunding balance:						CA SHIP I
	a Present val	ue of excess contrib	utions (line 3	Ba from prior year)				X.		0
	b(1) Interest Schedul	on the excess, if any e SB, using prior yea	y, of line 38a ar's effective	over line 38b from prior ye interest rate of0 .00	ar %					0
			-	dule SB, using prior year's						0
	C Total availab	le at beginning of cur	rent plan year	to add to prefunding balanc	e				······································	0
	d Portion of (c) to be added to pre	efunding bala	nce		ANNA				0
12	Other reduction	ns in balances due	to elections o	r deemed elections				0		0
				ne 10 + line 11d – line 12).			*****	0		0
1 1 1	1441 HA 144	unding Percen								
_									14	100.00%
									15	210.02%
	Prior year's fu	nding percentage fo	r purposes of	determining whether carry	over/prefund	ding balance	s may be used to redu		16	100.00%
17				ess than 70 percent of the					17	%
Р	art IV C	ontributions ar	nd Liquidi	ty Shortfalls						
-			•	r by employer(s) and employer	ovees:			 		
	(a) Date	(b) Amount	paid by	(c) Amount paid by	(a) C		(b) Amount paid by	(0		int paid by
	<u>(M-DD-YYYY)</u> 8/28/2019	employe	96,700	employees	(MM-DD	-	employer(s)		empl	oyees
	0/20/2013		30,700							
								<u> </u>		
										·

***************************************					***************************************				 	
1, 1,		**************************************	NA LIBERTON	3 2 3 2 3 3 4 4 4 4 4 7 4 4 5 4 5 4 5 4 5 4 5 4 5 4	Totals ▶	18(b)	96,70	00 18(c)		0
19	Discounted en	ployer contributions	– see instru	ctions for small plan with a	valuation da	te after the l	peginning of the year:		-	
				um required contributions for			***************************************			0
	_			sted to valuation date			······································			0
	C Contributions	allocated toward mir	nimum require	d contribution for current yea	ar adjusted to	valuation da	te19c			92,898
20	Quarterly conti	ibutions and liquidity	y shortfalls:			······································		N. N. N. N.		
	a Did the plan	have a "funding sho	ortfall" for the	prior year?		***************************************		*******		Yes X No
	b If line 20a is	"Yes," were require	d quarterly in	stallments for the current y	ear made in	a timely ma	nner?			Yes No
				olete the following table as		•		14.2.2.2		<u>ll</u>
				Liquidity shortfall as of end	 	of this plan ye	ear		<u> </u>	
	(1)	1st		(2) 2nd		(3) 3	rd		4) 4th	l

	······	ions Used to Determine	Funding Target and Targ	get Normal Cost								
21		1 data a a manarata	T 2nd	2-4	Т							
	a Segment rates:	1st segment: 3.92 %	2nd segment: 5 . 5 2 %	3rd segment: 6.29 %		N/A, full yield curve used						
	b Applicable month (er	nter code)	***************************************	*******************************	21b	0						
22	Weighted average retir	ement age			22	65						
23	Mortality table(s) (see	instructions) Prior regulation	n: Prescribed - comb	ined Prescribed	d - separate	e Substitute						
		Current regulat	ion: 🛛 Prescribed - comb	ined Prescribed	d - separate	e Substitute						
Pa	art VI Miscellane	ous Items				***************************************						
24	Has a change been ma	ade in the non-prescribed actua	rial assumptions for the current p	lan year? If "Yes," see i	nstructions	regarding required						
	attachment			**************		Yes 🛚 No						
25	Has a method change i	been made for the current plan	year? If "Yes," see instructions r	egarding required attach	ment							
26	Is the plan required to p	provide a Schedule of Active Pa	articipants? If "Yes," see instruction	ons regarding required a	attachment	X Yes No						
27			applicable code and see instructi		27							
P	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years											
	28 Unpaid minimum required contributions for all prior years											
29	Discounted employer of	ontributions allocated toward u	ions from prior years	29								
						0						
	respiration of the second		butions (line 28 minus line 29)	***************************************	30	0						
		Required Contribution										
31	31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)											
			e 31a		31a 31b	44,231						
32	Amortization installmen		3 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Outstanding Bala		Installment						
			***************************************		0	0						
	b Waiver amortization i	installment			0	0						
33			the date of the ruling letter granti) and the waived amount		33							
34	Total funding requireme	ent before reflecting carryover/p	refunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	44,231						
			Carryover balance	Prefunding balan	ce	Total balance						
35	Balances elected for us	e to offset funding				0						
36	Additional cash requirer	ment (line 34 minus line 35)			36	44,231						
37	Contributions allocated	toward minimum required cont	ribution for current year adjusted	o valuation date (line	37	92,898						
38	Present value of excess	s contributions for current year	see instructions)									
	a Total (excess, if any, of line 37 over line 36)											
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances												
		ed contribution for current year		39	0							
			11-11-11-11-11-11-11-11-11-11-11-11-11-		40	0						
<u>_</u>			ension Relief Act of 2010	(See Instructions)							
		to use PRA 2010 funding relief										
·	a Schedule elected					2 plus 7 years 15 years						
	b Eligible plan year(s) for	or which the election in line 41a	was made		200	8 2009 2010 2011						

Attachment to 2018 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan Name	ND	Shannon	Associate	es, In	c. Cash	balance	Plan	EIN:	26-4163441
Plan Sponse	or's	Name	ND Shan	inon As	sociate	s, Inc.		PN:	002

Date of	1	Year	Effective	Interest Adjusted			
Contributon	Amount	Applied		Interest Adjusted Contribution: 92,898			
Contributon 08/28/2019	Amount 96,700	Applied 2018	Interest Rate 6.29	Contribution:			
00/20/2019	98,700	2016	0.29	92,090			
	+			****			
							
				<u> </u>			
			<u> </u>				
·							

				1			

<u> </u>			***************************************	1			
, , , , , , , , , , , , , , , , , , ,							
							
·							
		···					
*****	 			1			
	<u> </u>			1			

Attachment to 2018 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name ND Shannon	Associates, Inc. Cash balance Plan	EIN:	26-4163441
Plan Sponsor's Name	ND Shannon Associates, Inc.	PN:	002
The weighted average rel	irement age is equal to the normal retirement age of 65.		
	at each age and describe the methodology used to compute the a description of the weight applied at each potential retirement a	~	ed average
-	pants are assumed to retire at their normal ret	_	at date

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

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).

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

File as an atta	achment to Form 5500 or	5500-SF.	ĺ		
For calendar plan year 2018 or fiscal plan year beginning	01/01/2018	and ending		12/3.	1/2018
▶ Round off amounts to nearest dollar.					-
Caution: A penalty of \$1,000 will be assessed for late filing of this re	port uniess reasonable cau	se is established			
A Name of plan		B Three-digi	ŧ		
ND Shannon Associates, Inc. Cash balance F	Plan	plan numb	er (PN))	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer le	dentifica	tion Number (E	·IN\
ND Shannon Associates, Inc.		2 2	201111100	don Hambor (2	,
		26-4163	441		
E Type of plan: ☐ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size:	100 or fewer	101-5	00 More th	an 500
Part I Basic Information				Lunyi .	
1 Enter the valuation date: Month 12 Day	31 Year 2018		****		
2 Assets:					
a Market value			2a		C
b Actuarial value			2b		C
3 Funding target/participant count breakdown	1 ' '	Number of		ed Funding	(3) Total Funding
• Famoutical model in out and have the books and the		rticipants 0	T	arget	Target
a For retired participants and beneficiaries receiving payment		-		0	0
b For terminated vested participants		0		0	0
C For active participants		3		0	0
d Total		3	•••	0	0
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 tra at-risk status for fewer than five consecutive years and disregardi	nsition rule for plans that had ing loading factor	ave been in	4b		
5 Effective interest rate			5	***************************************	6.29%
6 Target normal cost			6		44,231
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying so accordance with applicable law and regulations. In my opinion, each other assumption is real combination, offer my best estimate of anticipated experience under the plan.	chedules, statements and attachmen sonable (taking into account the exp	its, if any, is complete a erience of the plan and	and accurat reasonabl	e. Each prescribed e expectations) and	assumption was applied in such other assumptions, in
SIGN Junel Feligita.				08/30/201	19
Signature of actuary				Date	
Jerrold Filipski		_		17-03076	
Type or print name of actuary				cent enrollmen	
Ascensus- FuturePlan			(609)918-2	500
Firm name 4B Cedarbrook Drive, 2nd Floor		Tele	phone n	umber (includii	ng area code)
Cranbury NJ	08512				
Address of the firm		••			
f the actuary has not fully reflected any regulation or ruling promulgated ur nstructions	nder the statute in completion	ng this schedule,	check th	e box and see	

	Sched	dule	SB (Form 5500) 2018			Page 2 -							
P	art II Be	gir	ning of Year Carryove	er and Prefunding B	alances			,					
7	Balance at be	ginr	ing of prior year after applica	ble adjustments (line 13 fr	om prior	(a) (Carryo	ver balanc	0	(b) P	refund	ing bala	ance 0
8			r use to offset prior year's fun	• ,	•				0	C			
9			(line 7 minus line 8)	······································					0				0
10	Interest on lin	e 9 ı	using prior year's actual return	n of%			•		0	4.18.4	~ ************************************		0
11	Prior year's e	xces	s contributions to be added to	prefunding balance:								44,500	
	a Present value of excess contributions (line 38a from prior year)							**************************************			0		
			he excess, if any, of line 38a 3, using prior year's effective										0
	b(2) Interest	on l	ine 38b from prior year Scheo	fule SB, using prior year's	actual	ıal							
							Mil						0
			beginning of current plan year	· -					45 475 77 17				0
	d Portion of (c) to	be added to prefunding balar	nce		4/3/3	W KK						0
12	Other reduction				0				0				
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)												0
F	Part III F	un	ding Percentages										
14	Funding targe	t att	ainment percentage								14	100	.00%
15	Adjusted fund	ing t	arget attainment percentage.					*************			15	210	0.02%
	year's funding	req	g percentage for purposes of uirement			************				.,	16	100	.00%
17	If the current	/alue	of the assets of the plan is le	ess than 70 percent of the	funding targ	et, enter suc	h per	centage			17		%
P	art IV C	on	tributions and Liquidit	ty Shortfalls									
18	·	mad	e to the plan for the plan year			**************************************	·					**************	*******************************
	(a) Date MM-DD-YYYY)		(b) Amount paid by employer(s)	(c) Amount paid by employees		Date D-YYYY)	(b) Amount p employe		(c)		nt paid oyees	by
ί	08/28/2019)	96,700										
	,												
													
		\dashv											
													
.'\	<u> </u>	(3.73			Totals ▶	18(b)			96,700	18(c)			0
19	Discounted en	nnlo	yer contributions – see instruc	ctions for small plan with a			heain					 	
. •			located toward unpaid minimi						19a				0
b Contributions made to avoid restrictions adjusted to valuation date								⊢	19b	0			
			ocated toward minimum require					├	19c			9	2,898
20			ions and liquidity shortfalls:		4,550						THE REST	er, verve	***************************************
	a Did the plan	hav	e a "funding shortfall" for the	prior year?								Yes	X No
	b If line 20a is	"Ye	s," were required quarterly in	stallments for the current	year made ir	n a timely ma	anner'	?				Yes	☐ No

Liquidity shortfall as of end of quarter of this plan year

(3) 3rd

(4) 4th

 $\boldsymbol{c}\,$ If line 20a is "Yes," see instructions and complete the following table as applicable:

(1) 1st

		d to Determine	Funding Target and Ta	rget Normal Cost						
21	Discount rate:		T		·····					
		st segment: , 92 %	2nd segment : 5 , 5 2 %	3rd segment 6.29 %	1	N/A, full yield curve used				
	b Applicable month (enter code)	*******************		***************************************	21b	C				
22	Weighted average retirement age				22	65				
23	Mortality table(s) (see instructions) Prior regulation	n: Prescribed - con	nbined Prescribe	d - separat	e Substitute				
		Current regulat	ion: X Prescribed - con	nbined Prescribe	d - separat	e Substitute				
P	art VI Miscellaneous Item	s								
24	Has a change been made in the no attachment.									
25	Has a method change been made	for the current plan	year? If "Yes," see instructions	regarding required attac	hment	Yes 🛛 No				
26	Is the plan required to provide a So	chedule of Active Pa	articipants? If "Yes," see instruc	tions regarding required	attachment	X Yes No				
27	If the plan is subject to alternative attachment			ctions regarding	27					
Р	art VII Reconciliation of I	Jnpaid Minimu	m Required Contributio	ns For Prior Years						
28	Unpaid minimum required contribu		28	0						
29	······································	utions from prior years	29	0						
30	Remaining amount of unpaid minin	num required contril	butions (line 28 minus line 29)	,,,	30	0				
Pa	Part VIII Minimum Required Contribution For Current Year									
31	Target normal cost and excess as									
	a Target normal cost (line 6)				31a	44,231				
	b Excess assets, if applicable, but	not greater than line	e 31a		31b	0				
32	Amortization installments:			Outstanding Bala	nce	Installment				
	a Net shortfall amortization installn	nent			0	0				
	b Waiver amortization installment.				0	0				
33	If a waiver has been approved for t (Month Day		the date of the ruling letter grar) and the waived amount		33					
34	Total funding requirement before re	eflecting carryover/p	refunding balances (lines 31a -	31b + 32a + 32b - 33)	34	44,231				
			Carryover balance	Prefunding balar	тсе	Total balance				
35	Balances elected for use to offset f requirement					0				
36	Additional cash requirement (line 3	4 minus line 35)			36	44,231				
37	Contributions allocated toward min 19c)	· ·		· · · · · · · · · · · · · · · · · · ·	37	92,898				
38	Present value of excess contribution	ns for current year ((see instructions)							
	a Total (excess, if any, of line 37 ov	ver line 36)			38a	48,667				
	b Portion included in line 38a attrib	38b	0							
39	Unpaid minimum required contribut	ine 37)	39							
40	Unpaid minimum required contribut	ions for all years		*****************************	40	0				
Par	t IX Pension Funding	Relief Under Po	ension Relief Act of 201	0 (See Instructions)					
41	If an election was made to use PRA	2010 funding relief	for this plan:							
	a Schedule elected					2 plus 7 years 15 years				
	b Eligible plan year(s) for which the	election in line 41a	was made		200	8 2009 2010 2011				

Attachment to 2018 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan Name NE) Shannon	Associates,	Inc.	Cash	balance	Plan	EIN:	26-4163441
Plan Sponsor	s Name				s, Inc.		PN:	002

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Contribution:
Contributon 08/28/2019	96,700	Applied 2018	Interest Rate 6.29	Contribution:
				
***************************************				***************************************
				.
		······································		
<u> </u>				

	·············			<u> </u>

				<u> </u>

Attachment to 2018 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name ND Shannon	Associates, Inc. Cash balance Plan	EIN:	26-4163441
Plan Sponsor's Name	ND Shannon Associates, Inc.	PN:	002
The weighted average ret	tirement age is equal to the normal retirement age of	65	
retirement age, including	at each age and describe the methodology used to compare a description of the weight applied at each potential retirements are assumed to retire at their normal	ment age.	ū

ND Shannon Associates, Inc.

ND Shannon Associates, Inc. Cash Balance Plan

Plan Sponsor's EIN: 26-4163441 Plan Number: 000

Schedule SB, Part V - Statement of Actuarial Assumptions

Funding Method:

Cost Method: PPA Unit Credit Asset Valuation: Fair Market Value

Target Assumptions:

Options:

Male Nonannuitant:

2018 Nonannuitant Male

Use optional combined mortality table for small plans:

Yes

Female Nonannuitant:

2018 Nonannuitant Female

Use discount rate transition:

No

Male Annuitant:

2018 Annuitant Male

Lump sums use proposed regulations:

Yes

Female Annuitant:

2018 Annuitant Female

Actuarial Equivalent Floor

plan year

Applicable months from valuation month:

Stability period: Lookback months:

Probability of lump sum:

100.00%

3 N/A

Use pre-retirement mortality:

No

0

Nonannuitant:

Annuitant:

Current:

2018 Applicable

<u>1st</u> <u>2nd</u> <u>3rd</u> 3.92 Segment rates: 2.50 4.50 25 year average rates: 4.35 6.13 6.99 3.92 5.52 6.29

Final rates:

Override:

3.61

<u>2nd</u>

<u>3rd</u> 4.27

0.00 0.00 0.00

Late Retirement Rates

Marriage Probability

0.00 0.00

Salary Scale

Override:

Male:

0.00%

Male: Female:

0.00

N/A

Female:

Withdrawal

0.00%

N/A

<u>1st</u>

2.05

Male:

N/A

Female:

N/A

Male:

0.00%

Female:

0.00%

Expense loading:

0.00%

Withdrawal-Select N/A

Male: Female:

N/A

Disability Rates

Male:

N/A N/A

Male:

N/A

Female:

Early Retirement Rates

N/A

Subsidized Early Retirement Rates

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

Male:

Mortality N/A

Setback 0

Setback

Female:

N/A

0

Cash Balance Interest Credit

Current Plan Year:

2.88%

Future Plan Years:

2.88%

Eligibility Requirements

Service/Participation Requirements

Age (yrs):

21

Definition of years:

Hours worked

Age (months):

0 12 Continuing hours: Excluded classes:

1.000

Wait (months): Two year eligibility:

No

Union Members Non-resident alien

Earnings

Total compensation excluding:

403(b)

Cafeteria Other

Prior to participation

415 prior to participation

Retirement

Normal

Early

Subsidized Early

Disability

Death

Age:

65 0

Service: Participation:

5

Defined:

1st of month

following

Interest Crediting Rules

Plan Year Rate

Past: 0.00%

Current: 2.88%

Future: 2.88%

Interest credited to:

Termination date

Benefit Reduction / Mortality table & setback

Male: Female:

Use Social Security Retirement Age:

Actuarial Equivalence Actuarial Equivalence

Actuarial Equivalence Actuarial Equivalence N/A N/A 0 0

Rates - Male:

N/A

N/A

N/A N/A

Rates - Female:

N/A

N/A

3 Year Cliff

No

REACT Benefits Percentage:

50.00%

Vesting Schedule: **Vesting Definition:**

Hours Worked

Pre-retirement death benefit Percentage of accrued benefit:

0.00%

Death Benefit Payment method:

PVAB

Name of Plan:

ND Shannon Associates, Inc. Cash Balance Plan

Plan Sponsor's EIN:

26-4163441

Plan Number:

000

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Life only	0.00%	0
QJSA:	Joint and contingent	50.00%	0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan:

ND Shannon Associates, Inc. Cash Balance Plan

Plan Sponsor's EIN:

26-4163441

Plan Number:

000

Benefit Formula

Benefits are based on the actuarial equivalent of the hypothetical account balance. The hypothetical contributions are based on \$0.00 to be allocated amongst the participants.

Name of Plan: ND Shannon Associates, Inc. Cash Balance Plan

Plan Sponsor's EIN: 26-4163441

Plan Number: 000

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

2018

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F	<u>or calenda</u> r p	olan year 2018	8 or fiscal plan	year beginning				and en	ding					
			nearest dollar	sessed for late filing o	of this ran	ort unless reasor	nahle caus	se is establic	hed					
_	Name of pla	<u> </u>	1,000 will be as	sessed for face filling o	i tilis rep	ort diffess reason	lable caus	B Three-digit plan number (PN)						
С	Plan sponse	or's name as	shown on line 2	2a of Form 5500 or 550	00-SF			D Employ	Employer Identification Number (EIN)					
E	Type of plan	: Single	Multiple-A	Multiple-B		F Prior year pla	an size:	100 or fewe	er [] 101	-500	More th	nan 500		
	Part I	Basic Info	rmation			•	<u> </u>	•	<u> </u>					
1		valuation dat		Month [Day	Year								
2	Assets:													
	a Market	value							2a					
	b Actuar	al value							2b					
3	3 Funding target/participant count breakdown (1) Number of participants								(2) Ve	ested Fur Target	nding	(3) Total Funding Target		
	a For ret	ired participar	nts and benefic	iaries receiving payme	ent									
	b For ter	minated vest	ed participants.											
	C For act	ive participan	nts											
	d Total													
4	If the pla	n is in at-risk	status, check th	ne box and complete li	nes (a) aı	nd (b)								
	a Fundin	g target disre	egarding prescri	bed at-risk assumptior	ns				4a					
				umptions, but disregar					4b					
5	Effective	interest rate.							5			%		
6	Target no	ormal cost							6					
	To the best of accordance wi combination, o	th applicable law a	e information supplie and regulations. In m	ed in this schedule and accom ny opinion, each other assump operience under the plan.								d assumption was applied in id such other assumptions, in		
	HERE													
Signature of actuary									[Date				
Type or print name of actuary								Most	recent e	enrollme	nt number			
				Firm name					Telephone	e numbe	r (incluc	ding area code)		
			Ad	dress of the firm										
If th	ne actuary ha	as not fully ref	flected any regu	lation or ruling promul	lgated un	der the statute in	completi	ng this sched	dule, check	the box	and se	e		

Schedule SB (Form 5500) 2018

P	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	lances							
					<u> </u>		(a) C	arryover balance		(b) P	refundin	g balance	
7		•	0 , ,		able adjustments (line 13 fror	•							
8			•	•	nding requirement (line 35 fro								
9 Amount remaining (line 7 minus line 8)													
10 Interest on line 9 using prior year's actual return of%													
11 Prior year's excess contributions to be added to prefunding balance:													
a Present value of excess contributions (line 38a from prior year)													
					a over line 38b from prior yea a interest rate of%								
	b(2) Inte	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's a	ctual							
					ar to add to prefunding balance								
			•	, ,									
	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)								
P	art III	Fun	ding Percenta	ages									
14	Funding	target att	ainment percenta	ge							14	%	
15	Adjusted	funding t	target attainment	percentage)						15	%	
16					of determining whether carryo				reduce	current	16	%	
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the f	unding target,	enter suc	ch percentage			17	%	
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18	Contribut	ions mad			ar by employer(s) and emplo	yees:							
(1	(a) Date MM-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees	(a) Dat (MM-DD-Y		(b) Amount pa employer(-	(c	c) Amount paid by employees		
	VIIVI DD 1	111)	Citiployer	(5)	ciripidyees	(IVIIVI DD 1	,	Chiployer	<u> </u>		cmpic	ycco	
						Totals ▶	18(b)			18(c)			
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation date	after the	beginning of the y	ear:				
	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										
	a Did the plan have a "funding shortfall" for the prior year?												
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?												
	C If line	∠∪a is "Y	es," see instructio	ns and con	nplete the following table as Liquidity shortfall as of end		this plan v	/ear					
		(1) 1st	<u> </u>		(2) 2nd	J. quarter UI		3rd	L	((4) 4th		

F	Part V Assumptions Used to Determi	ne Funding Target and Tarç	get Normal Cost					
21	Discount rate:							
	a Segment rates: 1st segment: %	2nd segment: %	3rd segment: %		N/A, full yield curve used			
	b Applicable month (enter code)		21b					
22	Weighted average retirement age			22				
23	Mortality table(s) (see instructions) Prior regula	tion: Prescribed - comb	ined Prescribed	d - separa	te Substitute			
	Current regi	ulation: Prescribed - comb	ined Prescribed	d - separa	te Substitute			
Pa	art VI Miscellaneous Items							
24	Has a change been made in the non-prescribed ac	tuarial assumptions for the current pl	an year? If "Yes," see i	nstruction	s regarding required			
	attachment				_			
	Has a method change been made for the current p	•						
26	Is the plan required to provide a Schedule of Active	Participants? If "Yes," see instruction	ons regarding required a	attachmen	t			
27	If the plan is subject to alternative funding rules, en attachment	• •	ons regarding	27				
P	art VII Reconciliation of Unpaid Minir	num Required Contribution	s For Prior Years					
28	Unpaid minimum required contributions for all prior	years		28				
29	Discounted employer contributions allocated towar (line 19a)			29				
30	Remaining amount of unpaid minimum required co	ntributions (line 28 minus line 29)		30				
Pa	art VIII Minimum Required Contribution	on For Current Year						
31	•							
	a Target normal cost (line 6)			31a				
	b Excess assets, if applicable, but not greater than	line 31a		31b				
32	Amortization installments:		Outstanding Bala	nce	Installment			
	a Net shortfall amortization installment							
	b Waiver amortization installment							
33	If a waiver has been approved for this plan year, en (Month Day Year	nter the date of the ruling letter granti) and the waived amount		33				
34	Total funding requirement before reflecting carryov	er/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34				
		Carryover balance	Prefunding balar	nce	Total balance			
35	Balances elected for use to offset funding requirement							
36	•		L	36				
37	Contributions allocated toward minimum required of	contribution for current year adjusted	to valuation date (line	37				
38	19c)							
	a Total (excess, if any, of line 37 over line 36)							
	b Portion included in line 38a attributable to use of			38b				
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)								
40	Unpaid minimum required contributions for all year	•		40				
	rt IX Pension Funding Relief Under							
	If an election was made to use PRA 2010 funding r		,	•				
	a Schedule elected				2 plus 7 years 15 years			
	b Eligible plan year(s) for which the election in line			<u></u>	08			
	LINGUIC DIATI VEATISTION WHICH THE ELECTION IN TIME	TIG WGS IIIGUE		i 1∠0	00 12000 12010 1 2011			

Attachment to 2018 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan Name ND Shannon A	Associates, Inc. Cash balance Plan	EIN:	26-4163441
Plan Sponsor's Name	ND Shannon Associates, Inc.	PN:	002

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Annlied	Interest Rate	Interest Adjusted Contribution:
Contributon 08/28/2019	96,700	Applied 2018	Interest Rate 6.29	92,898
00/20/2019	30,700	2010	0.23	72,000

SCHEDULE SB (Form 5500)

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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2018

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F	<u>or calenda</u> r p	olan year 201	8 or fiscal plan	year beginning				and end	ing				
			nearest dollar		of this ren	ort unless reason	nable caus	se is establish	ıed				
_	▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cau ■ Name of plan							B Three-digit plan number (PN)					
С	C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Emplo							D Employe	pployer Identification Number (EIN)				
E	Type of plan	: Single	Multiple-A	Multiple-B		F Prior year pla	an size:	100 or fewer	101	-500 Mo	re than 50	00	
	Part I	Basic Info	rmation	<u> </u>						<u> </u>			
1		valuation da		Month [Day	Year							
2	Assets:				•								
	a Market	value							2a				
	b Actuar	ial value							2b				
3	Funding	target/particip	ant count break	kdown			` '	lumber of ticipants	(2) Ve	sted Fundin Target	g (3)) Total Funding Target	
	a For ret	ired participa	nts and benefic	iaries receiving payme	ent								
	b For ter	minated vest	ed participants.										
	C For act	ive participan	nts										
	d Total												
4	If the pla	n is in at-risk	status, check th	e box and complete li	ines (a) aı	nd (b)							
	a Fundin	g target disre	garding prescri	bed at-risk assumption	ns				4a				
				umptions, but disregansecutive years and di					4b				
5	Effective	interest rate.							5	5 %			
6	Target no	ormal cost							6				
	To the best of accordance wi combination, o	th applicable law a	e information supplie and regulations. In m	ed in this schedule and accon ny opinion, each other assum perience under the plan.									
	HERE											_	
			Sigr	nature of actuary						Date)		
Type or print name of actuary						Most recent enrollment number							
				Firm name				-	Γelephone	e number (in	cluding a	rea code)	
			Ad	dress of the firm				-					
If th	ne actuary ha	as not fully ref	flected any regu	ılation or ruling promu	lgated un	der the statute in	completi	ng this sched	ule, check	the box and	see		

Schedule SB (Form 5500) 2018

P	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	lances							
					<u> </u>		(a) C	arryover balance		(b) P	refundin	g balance	
7		•	0 , ,		able adjustments (line 13 fror	•							
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	b(2) Inte	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's a	ctual							
					ar to add to prefunding balance								
			•	, ,									
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P	art III	Fun	ding Percenta	ages									
14	Funding	target att	ainment percenta	ge							14	%	
15	Adjusted	funding t	target attainment	percentage)						15	%	
16					of determining whether carryo				reduce	current	16	%	
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the f	unding target,	enter suc	ch percentage			17	%	
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18	Contribut	ions mad			ar by employer(s) and emplo	yees:							
(1	(a) Date MM-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees	(a) Dat (MM-DD-Y		(b) Amount pa employer(-	(c	c) Amount paid by employees		
	VIIVI DD 1	111)	Citiployer	(5)	ciripidyees	(IVIIVI DD 1	,	Chiployer	<u> </u>		cmpic	ycco	
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F	Part V Assumptions Used to Determi	ne Funding Target and Tarç	get Normal Cost					
21	Discount rate:							
	a Segment rates: 1st segment: %	2nd segment: %	3rd segment: %		N/A, full yield curve used			
	b Applicable month (enter code)		21b					
22	Weighted average retirement age			22				
23	Mortality table(s) (see instructions) Prior regula	tion: Prescribed - comb	ined Prescribed	d - separa	te Substitute			
	Current regi	ulation: Prescribed - comb	ined Prescribed	d - separa	te Substitute			
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39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)								
40	Unpaid minimum required contributions for all year	•		40				
	rt IX Pension Funding Relief Under							
	If an election was made to use PRA 2010 funding r		,	•				
	a Schedule elected				2 plus 7 years 15 years			
	b Eligible plan year(s) for which the election in line			<u></u>	08			
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Attachment to 2018 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name ND Shannon Asso	ociates, Inc. Cash balance Plan	EIN:	26-4163441						
Plan Sponsor's Name $_{ m ND}$	Shannon Associates, Inc.	PN:	002						
The weighted average retirement age is equal to the normal retirement age of65									
List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age. 100% of all participants are assumed to retire at their normal retirement date.									