#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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		<u>t Identification Informatio</u>	n							
For calend	lar plan year 2018 or f	fiscal plan year beginning 01/01	/2018	and ending 1	2/31/2018					
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) ( employer information in ac						
		a one-participant plan	a foreign plan							
<b>B</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	ı	DFVC progra	m				
		special extension (enter des	. ,							
Part II	Basic Plan Info	ormation—enter all requested i	nformation		T					
1a Name NNR MANA	•	H BALANCE PENSION PLAN			<b>1b</b> Three-diging plan number (PN) ▶					
					1c Effective of	date of plan 01/01/2014				
		oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number				
		om, apt., suite no. and street, or P. ace, country, and ZIP or foreign pos		structions)	(EIN)	46-4842022				
	GEMENT, LLC		telephone number 63-293-0325							
			2d Business	code (see instructions)						
	ICAN SUPERIOR BL\ VEN, FL 33880		541600							
3a Plan a	administrator's name a	and address 🛛 Same as Plan Spo	onsor.		<b>3b</b> Administra	ator's EIN				
					3c Administra	ator's telephone number				
						·				
4 If the	name and/or EIN of th	ne plan sponsor or the plan name l	has changed since the last	return/report filed for	4b EIN					
		onsor's name, EIN, the plan name	and the plan number from	the last return/report.	Ad DN					
a Spons C Plan N	sor's name Jame				4d PN					
• Hann	vanio									
<b>5a</b> Total	number of participant	s at the beginning of the plan year			5a	2				
		s at the end of the plan year			5b	2				
		n account balances as of the end o	. , , ,	•	5c					
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the p	plan year		5d(1)	2				
		articipants at the end of the plan y			5d(2)	2				
than	100% vested	o terminated employment during th			<b>5e</b> 0					
		or incomplete filing of this retu								
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, nplete.								
SIGN	Filed with authorized	d/valid electronic signature.	09/26/2019	RANDY AULICK						
HERE	Signature of plan	administrator	Date	Enter name of individ	vidual signing as plan administrator					
SIGN	Filed with authorized	d/valid electronic signature.	09/26/2019	RANDY AULICK						
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individual signing as employer or plan spo						

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

<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> </ul>										
C	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes X		ot determined instructions.)	
Par	t III Financial Information	1								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	Ind of Yea	ar	
a	Total plan assets	7a	5	63799				662	2935	
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	5	63799				662	2935	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(	b) Total		
	Contributions received or receivable from:  (1) Employers	8a(1)	1:	30000						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-:	24157						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						10	5843	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		6707						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						-	6707	
	Net income (loss) (subtract line 8h from line 8c)	8i						99	9136	
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension ${ m 1C}$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the	instruction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the i	nstructions	s:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amour	nt	
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		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		Х						
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	10g		X						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	10h	L							
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	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Ye	s X No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	<b>a</b> 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 Month Day Year								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A				
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)				

#### **SCHEDULE SB** (Form 5500)

Department of Labor

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information Department of the Treasury Internal Revenue Service

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	or calendar p	olan year 2018	3 or fiscal plan y	ear beginning 01	/01/2018	}		and endin	g 12/3	31/201	8		
)	Round off	amounts to	nearest dollar.										
	Caution: /	penalty of \$1	1,000 will be ass	sessed for late filing of	this repo	rt unless reasonable ca	iuse i	s established	d.				
Α	Name of pla						В	Three-dig	git				
	NNR MANA	GEMENT, LL	C CASH BALAI	NCE PENSION PLAN				plan num	nber (PN	l)	•	001	
С	Plan sponse	or's name as s	shown on line 2a	a of Form 5500 or 5500	0-SF		D	Employer	Identific	ation I	Number (E	:IN)	
	NNR MANA	GEMENT, LL	_C						46-48				
Ε	Type of plan	: X Single	Multiple-A	Multiple-B		<b>F</b> Prior year plan size:	<mark>X</mark> 1	00 or fewer	101-	500	More th	an 500	
I	Part I	Basic Info	rmation										
1		valuation dat	e: N	Month Da	ay <u>31</u>	Year <u>2018</u>				1			
2													
	<b>a</b> Market	value							. 2a			532935	
	<b>b</b> Actuar	al value							. 2b		•	532935	
3	r ariaing target participant count broaktactin							nber of pants		sted F Targe	unding t	(3) Total Funding Target	
	<b>a</b> For ret	ired participar	nts and beneficia	aries receiving paymen	nt			0			0	(	
	<b>b</b> For ter	minated veste	ed participants					0			0	(	
	<b>C</b> For act	ive participant	ts					2			420018	420018	
	<b>d</b> Total							2			420018	420018	
4	If the pla	n is in at-risk s	status, check the	e box and complete line	es (a) an	d (b)					·		
	<b>a</b> Fundin	g target disre	garding prescrib	ed at-risk assumptions	S		 		4a				
						sition rule for plans that gloading factor			4b				
5				·······					5		5.31 %		
6	Target no	ormal cost							6			84005	
Sta	atement by	Enrolled Actu	uary							•			
	accordance wi	h applicable law a	nd regulations. In my			edules, statements and attachm nable (taking into account the e							
	SIGN												
	HERE										09/27/201	9	
			Signa	ature of actuary							Date		
	THOMAS C.	HOLMAN									17-07119	)	
			Type or p	rint name of actuary					Most	recent	enrollmer	nt number	
	HOLMANFA	RMER, INC.								6	78-493-46	60	
				Firm name				Te	elephone	numb	er (includi	ing area code)	
	CANTON, G	JRST CIRCLE A 30115-6403	3										
			Add	Iress of the firm			_						
It TI-	o ootus milis	o not fully well			.o.to.al	lor the statute in enemy		this sales al	o ok = =!	the !	ov op -!		
	e actuary ha	is not fully refl	ected any regul	ation or ruling promulg	jated und	ler the statute in comple	eting	triis schedule	e, cneck	tne b	ox and see		

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Schedule SB (Form 5500) 2018	Page <b>2 -</b> 1	

Pa	art II	Begir	ning of Year	Carryov	er and Prefunding Ba	lances							
							(a) C	arryover balance		(b) P	refundin	g balance	
7		•	•		able adjustments (line 13 fron			0				0	
8			•	-	nding requirement (line 35 fro			0				0	
9	Amount r	emaining	g (line 7 minus line	8)				0				0	
10	Interest of	n line 9	using prior year's	actual retu	rn of10.65_%			0				0	
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:								
					38a from prior year)							128245	
<b>b(1)</b> 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										0			
				-	edule SB, using prior year's a							0	
C Total available at beginning of current plan year to add to prefunding balance										128245			
<b>d</b> Portion of (c) to be added to prefunding balance										0			
12	Other red	ductions i	n balances due to	elections	or deemed elections			0				0	
	3 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)									0			
Р	Part III Funding Percentages												
											14	126.88%	
	<ul><li>14 Funding target attainment percentage</li><li>15 Adjusted funding target attainment percentage</li></ul>									15	131.30%		
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									150.12%				
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18					ar by employer(s) and employ								
(1)	(a) Date MM-DD-Y	e ∕YY)	<b>(b)</b> Amount p employer		(c) Amount paid by employees	(a) Date (b) Amo (MM-DD-YYYY) emp				(c	c) Amount paid by employees		
	3/05/2019		. ,	130000	0	•	•	. ,	•				
						Totals ▶	18(b)		130000	18(c)		0	
19	Discount	ed emplo	over contributions	– see instr	uctions for small plan with a v					(-)	1	U	
					num required contributions from				9a			0	
	_				usted to valuation date				9b			0	
				-	red contribution for current yea			<u> </u>	9с			128826	
20			tions and liquidity		•	•		- I					
	-				e prior year?							Yes X No	
	<b>b</b> If line 2	20a is "Y	es," were required	quarterly	installments for the current ye	ear made in	a timely ma	anner?				Yes No	
	C If line 2	20a is "Y	es," see instructio	ns and con	nplete the following table as a	applicable:						_	
					Liquidity shortfall as of end								
		(1) 1s	t		(2) 2nd		(3)	3rd		(	(4) 4th		

P	art V	Assumpti	ons Used t	to Determine	Funding 1	Γarget and Tar	get Norma	al Cost					
21	Discount	rate:											
	<b>a</b> Segm	ent rates:	1st s	egment: 3.92%	2nd	d segment: 5.52%	3	rd segment: 6.29 %		N/A, full yie	eld curve used		
	<b>b</b> Applic	able month (er	nter code)						21b		1		
22	Weighted	d average retir	ement age						22		65		
23	Mortality	table(s) (see	instructions)	Prior regulation	n:	Prescribed - com	bined	Prescribed	l - separat	e Subs	titute		
	·			Current regula	tion:	Prescribed - com	hined [	Prescribed	l - senarat	e 🗍 Subs	titute		
Pa	art VI	Miscellane	ous Items	- Carroni rogala				1					
24	Has a ch	ange been ma	ade in the non-	prescribed actua	rial assumptio	ons for the current p	olan year? If	"Yes," see ir	nstructions	s regarding requi	red		
		-					-						
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		•		ding rules, enter		de and see instruc	ions regardir	ng	27				
P	art VII	Reconcili	ation of Un	paid Minimu	m Require	ed Contribution	ns For Pri	or Years	•				
28	Unpaid minimum required contributions for all prior years								28		0		
29									29		0		
30	•					28 minus line 29)			30		0		
Pá	Part VIII Minimum Required Contribution For Current Year												
31	31 Target normal cost and excess assets (see instructions):												
	<b>a</b> Target normal cost (line 6)												
	<b>b</b> Excess	s assets, if app	olicable, but no	t greater than lin	e 31a				31b		84005		
32	Amortiza	tion installmen	nts:				Outst	anding Bala	nce	Insta	llment		
	a Net sh	ortfall amortiza	ation installme	nt					0		0		
	<b>b</b> Waive	r amortization	installment						0		0		
33						ne ruling letter gran waived amount			33				
34	Total fun	ding requireme	ent before refle	ecting carryover/	orefunding bal	lances (lines 31a -	31b + 32a +	32b - 33)	34		0		
						over balance		unding balan	ice	Total b	palance		
35		s elected for us ent		-		0			0		0		
36	Additiona	al cash require	ment (line 34 ı	minus line 35)					36		0		
37				•		ırrent year adjusted		,	37		128826		
38	Present	value of exces	s contributions	for current year	(see instruction	ons)			I				
	a Total (	excess, if any,	of line 37 over	r line 36)					38a		128826		
	<b>b</b> Portion	n included in lir	ne 38a attribut	able to use of pre	efunding and f	unding standard ca	ırryover balaı	nces	38b		0		
39	Unpaid n	ninimum requii	red contributio	n for current yea	r (excess, if ar	ny, of line 36 over li	ne 37)		39	0			
40	Unpaid n	ninimum requii	red contributio	ns for all years					40		0		
Pa	rt IX	Pension	Funding R	elief Under P	ension Re	lief Act of 201	0 (See Ins	tructions	)				
41	11 If an election was made to use PRA 2010 funding relief for this plan:												
	<b>a</b> Sched	ule elected		-					Г	2 plus 7 years	15 years		
										• •			

#### 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SE

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information	5500-SF.								
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending	12/31/2018								
A This return/report is for:    x   a single-employer plan	a list of participating employer information in accordance with the form instructions.)  This return/report is:  a list of participating employer information in accordance with the form instructions.)  a foreign plan  the first return/report								
C Check box if filing under:	DFVC program								
Part II Basic Plan Information — enter all requested information									
1a Name of plan  NNR Management, LLC Cash Balance Pension Plan	1b Three-digit plan number (PN) ▶ 001.  1c Effective date of plan								
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) NNR Management, LLC	01/01/2014  2b Employer Identification Number (EIN) 46-4842022  2c Sponsor's telephone number (863) 293-0325								
1000 American Superior Blvd.	2d Business code (see instructions) 541600								
3a Plan administrator's name and address X Same as Plan Sponsor	3b Administrator's EIN								
<ul> <li>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.</li> <li>Sponsor's name</li> <li>Plan Name</li> </ul>	3c Administrator's telephone number 4b EIN 4d PN								
5a Total number of participants at the beginning of the plan year	5a 2								
b Total number of participants at the end of the plan year									
Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c								
d(1) Total number of active participants at the beginning of the plan year									
d(2) Total number of active participants at the end of the plan year  Number of participants who terminated employment during the plan year with accrued benefits that were	ed -								
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	5e   0								
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report will be assessed unless reasonable. SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/repeller, it is true, correct, and complete.	rn/report, including, if applicable, a Schedule								
SIGN Lauky Challes 9/26/19 Randy Aulick									
1	vidual signing as plan administrator								
SIGN Laudy Reclub 9/26/19 Randy Aulick									
HERE Signature of exhiptoyer/plan sponsor Date Enter name of indiv									

I	Pa	a	e	2

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)		********				X Yes	No
	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd condition	ns.)	*******		*****			X Yes	]No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must inst	ead L	use F	orm t	500.	F== 1.1-	□ N-4 -1-4	ام مساعمه
C	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the								Not dete See instructio	
	mall Financial Information	100	(a) Paginning of	Veer		Ī		(b) End c	f Voor	
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of					(D) Ella C		\ <del>-</del>
	Total plan assets	7a	56.	3,79	19				662,93	
<u>b</u>	Total plan liabilities	7b							660 05	
	Net plan assets (subtract line 7b from line 7a)	7c		3,79	99			(b) T	662,93	55
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	13	0,00	00			100		
	(2) Participants	8a(2)				1	A Company	a de Medio	10.00	
	(3) Others (including rollovers)	8a(3)				200			a de la companya de l	
b	Other income (loss)	8b	(24	,157	7)		A feet and a			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			48.5	(			105,84	13
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	Section of the sectio		29/401-10/14/00					
е	Certain deemed and/or corrective distributions (see instructions)	8e			•••				Magazini in A	
f	Administrative service providers (salaries, fees, commissions)	. 8f		6,70	07					4,000
g	Other expenses	. 8g					je,			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	100		<b>)</b> [1]	4			6,70	07
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i			<i>)</i>				99,1	36
ī	Transfers to (from) the plan (see instructions)	. 8j								
P	nt IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension f	eature cod	les from the List of Plan Cl	harac	teristi	c Coc	les in tl	ne instruct	tions:	
	1C									
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Cha	aracte	eristic	Code	s in the	e instruction	ons:	
P	nt V Compliance Questions									·
10	During the plan year:				Yes	No	NA		Amount	
		utions with	in the time period							
•	described in 29 CFR 2510.3-102? (See instructions and DOL's V									
	Program)			10a		х				
k	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b	L	х				
				10c		х				
-	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		x				
-	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	10e		х						
f	Has the plan failed to provide any benefit when due under the pla	10f		х						
	Did the plan have any participant loans? (If "Yes," enter amount a	10g		х				THE WAY SHOW SHOW SHOWS		
1	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h				100		
ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the require )1-3	d notice or one of the	<b>10</b> i						

	Form 5500-SF 2018 Page	e 3 -	]				
Pai	TVI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see inst		complete S	chedule	SB	X Yes	☐ No
113	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 55	(00) line 40		11a		·	
12	Is this a defined contribution plan subject to the minimum funding requirements of section ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	412 of the (	**************	***********	**********	☐ Yes	X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan granting the waiver	1.40	nth	nd ente	r the date	of the lette	r ruling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and a	skip to line	13.				<del></del>
b	Enter the minimum required contribution for this plan year	*************	************	12b			
C	Enter the amount contributed by the employer to the plan for the plan year	**************	********	12c	<del></del>		
d 	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minunegative amount)	us sign to the	left of a	12d		<u> </u>	
_ е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes 🗀	No []	N/A
	t VII Plan Terminations and Transfers of Assets			<u> </u>	103 🗀	110	19/74
_13a	I Has a resolution to terminate the plan been adopted in any plan year?				Yes	X No	
	If "Yes" enter the amount of any plan consta that any site of the things	************		13a		<u> </u>	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another p	olan, or broug	ght under th	e	□ Y	es X	No
C	If, during this plan year, any assets or liabilities were transferred from this plan to another p which assets or liabilities were transferred. (See instructions.)	olan(s), ident	fy the plan(	s) to		<del>-</del>	

13c(2) EIN(s)

**13c(3)** PN(s)

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

#### 2018 Schedule SB, Part V – SUMMARY OF PLAN PROVISIONS

NNR Management, LLC Cash Balance Pension Plan

EIN: 46-4842022 PN: 001

#### 1. Monthly Accrued Benefit

- Amount Actuarial Equivalent value of participant's Account Balance
- Account Balance Sum of the Annual Retirement Credits and Annual Interest Credits

#### • Annual Retirement Credit

Each Participant will receive an Annual Retirement Credit as of the last day of each Plan Year in which the participant earns a year of Credited Service. The applicable Annual Retirement Credits are as follows:

- Group A (Owners) \$65,000
- Annual Interest Credit Interest Credit Percentage multiplied by the total Account Balance as of the first day of the Plan Year (Interest Credit is earned as of the last day of the plan year)
- Interest Credit Percentage 5.00% per annum

#### 2. Normal Retirement Date and Benefit

- Age and Date First of month coincident with or following age 65
- Amount Monthly Accrued Benefit
- **Normal Form of Payment -** Life annuity (unmarried participants) and actuarially reduced 50% J&S annuity (married participants); optional lump sum

#### 3. Late Retirement Age and Benefit

Greater of Monthly Accrued Benefit or Monthly Accrued Benefit at Normal Retirement Age actuarially increased to account for the delayed payment of the benefit

#### 4. Early Retirement Age and Benefit

No early retirement benefits, other than those payable upon termination of employment, are provided.

#### 5. Deferred Vested Retirement Benefit

Vested interest in the Actuarial Equivalent of the Accrued Benefit

#### 6. Disability Retirement Benefit

No disability benefits, other than those payable upon termination of employment, are provided.

#### 7. Pre-Retirement Death Benefits

Upon death prior to termination of employment, the benefit payable from the Plan will be a qualified pre-retirement survivor annuity plus an amount equal to 100% of the Actuarial Equivalent of the Accrued Benefit less the actuarial equivalent value of the qualified pre-retirement survivor annuity.

#### 2018 Schedule SB, Part V – SUMMARY OF PLAN PROVISIONS

NNR Management, LLC Cash Balance Pension Plan

EIN: 46-4842022 PN: 001

#### 8. Compensation

Compensation is equal to the total salary, wages, and other amounts which are includible in the participant's income for purposes of income taxes that are paid during the Plan Year (W-2) including amounts otherwise excluded by reason of IRC §125, 402(g)(3) or 402(h); compensation used for any purpose under the plan cannot exceed \$265,000 (as adjusted annually pursuant to IRC §401(a)(17)(B)).

#### 9. Vesting Schedule

Years of Service	Vested Percentage
Less than three years	0%
Three years or more	100%

10. Year of Service

Method: 1,000 hours of service during computation period Computation Period: 12 month period beginning January 1 (Plan Year)

Excluded Periods: None

11. Credited Service

Method: 1,000 hours of service during computation period Computation Period: 12 month period beginning January 1 (Plan Year)

Excluded Periods: Prior to plan participation

12. Plan Year

12-month period beginning January 1<sup>st</sup> and ending December 31<sup>st</sup>

13. Participation

Eligible Employees All employees; except Union Employees and Non-resident

aliens

Eligibility Requirements: Completion of a Year of Service and attainment of age 21
Effective Date of Participation: January 1 or July 1 coincident with or next following the date

the eligibility requirements were satisfied; Eligible Employees employed on March 1, 2014 become Participants

as of such date.

14. Plan Actuarial Equivalence

• Interest Rate

Pre-retirement: IRC §417(e) Segment Rates assumed to be 5.00% per annum Post-retirement: IRC §417(e) Segment Rates assumed to be 5.00% per annum

• Mortality Table

Pre-retirement: None

Post-retirement: IRC §417(e) Applicable Mortality Table

• IRC §417(e)

Stability Period: One month

Look-back Period: 1<sup>st</sup> calendar month

15. Initial Plan Effective Date

January 1, 2014

#### 2018 Schedule SB, Part V – SUMMARY OF ACTUARIAL ASSUMPTIONS/METHODS

NNR Management, LLC Cash Balance Pension Plan

EIN: 46-4842022 PN: 001

#### 1. Actuarial Cost Method

IRC §430 unit credit cost method

#### 2. Valuation Date

December 31<sup>st</sup> (last day of plan year)

#### 3. Decrements and Mortality

#### • Pre-Retirement Mortality

None

#### • Post-Retirement Mortality

IRC §430(h)(3)(A) – Optional Combined Table

#### Disability

None

#### • Permanent Withdrawal from Active Status

None

#### • Retirement

100% at Normal Retirement Age or the end of the next plan year, if later

#### 4. Funding Yield Curve Segmented Rates

Applicable Month: Month containing valuation date

First Segment: 3.92% per annum for IRC §430; 2.43% per annum for IRC §404 Second Segment: 5.52% per annum for IRC §430; 3.89% per annum for IRC §404 for IRC §404 for IRC §430; 4.49% per annum for IRC §404

#### 5. Future Compensation

Future Annual Compensation is assumed to be equal to the amount for the current plan year

#### 6. Assumed Optional Forms of Payment

100% of terminated participants elect lump sum distribution. Lump sum distribution is equal to the Participant's account balance.

#### 7. Employees Included

All employees who met participation requirements by the valuation date are included.

#### 8. Assets

Actuarial value of assets is equal to the market value of assets.

#### 9. Plan-Related Expense

Plan-related expenses are not paid from plan assets.

## 2018 Schedule SB, line 32 - Schedule of Amortization Bases

NNR Management, LLC Cash Balance Pension Plan EIN: 46-4842022 PN: 001

	Original	Present Value of Shortfall Base	Amortization Charge	Amortization Period
Description	Amount	12/31/2018	12/31/2018	12/31/2018
12/31/18 Shortfall	\$0	\$0	\$0	N/A
Total		\$0	\$0	

## 2018 Schedule SB Line 22 – Description of Weighted Average Retirement Age

NNR Management, LLC Cash Balance Pension Plan

EIN: 46-4842022 PN: 001

All participants are assumed to retire at Normal Retirement Age (later of age 65 or 5<sup>th</sup> anniversary of plan participation)

100% of participants are assumed to retire at age 65.

### 2018 Schedule SB Line 19 - Discounted Employer Contributions

NNR Management, LLC Cash Balance Pension Plan

EIN: 46-4842022 PN: 001

Valuation Date: 12/31/2018 Effective Discount Rate: 5.31%

Days since

Plan Beginning Discounted of Plan Year Contribution <u>Amount</u> Year **Discount** <u>Date</u> 2018 3/5/2019 130,000 64 0.990969 128,826 130,000 128,826

## 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 calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and ending	3	12/31/20	18
	Round off amounts to nearest dollar.				
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable of	ause is established	l		
	Name of plan	B Three-dig	•		
	NNR MANAGEMENT, LLC CASH BALANCE PENSION PLAN	plan num	ber (PN)	<b>)</b>	001
C	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identifica	ition Number (E	IN)
-	NNR MANAGEMENT, LLC	46-484	2022		<u> </u>
E	Type of plan: 🗵 Single 🗌 Multiple-A 📗 Multiple-B 📕 F Prior year plan size:	: X 100 or fewer	101-	500 More th	an 500
F	Part I Basic Information				
1	Enter the valuation date: Month 12 Day 31 Year 2018				
2	Assets:				
	a Market value	••••••	2a		532,935
	<b>b</b> Actuarial value		2b		532,935
3		1) Number of participants		sted Funding Farget	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	0		0	, 0
	<b>b</b> For terminated vested participants	0		0	0
	C For active participants	2		420,018	420,018
	d Total	2		420,018	420,018
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)			and the second	a contrata de la Contrata del Contrata de la Contrata del Contrata de la Contrata del Contrata de la Contrata de la Contrata del Contrata de la Contrata del Contrata del Contrata de la Contrata de la Contrata de la C
	a Funding target disregarding prescribed at-risk assumptions		4a		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that at-risk status for fewer than five consecutive years and disregarding loading factor		4b		
5	Effective interest rate		5		5.31%
6	Target normal cost		6		84,005
Sta	tement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attach accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the combination, offer my best estimate of anticipated experience under the plan.	ments, if any, is complete experience of the plan ar	and accurand reasonal	ate. Each prescribed ole expectations) and	assumption was applied in such other assumptions, in
200000	SIGN /C/F			09/27/20	19
	Signature of actuary			Date	
THO	DMAS C. HOLMAN	· ,		1707119	<del></del>
Но	Type or print name of actuary  LmanFarmer, Inc.			ecent enrollmer 678-493-4	
	Firm name	Te	lephone	number (includi	ng area code)
604	1 LYNDHURST CIRCLE				
<u>Ca</u> ı	nton GA 30115-6403				7
	Address of the firm				
lf th	e actuary has not fully reflected any regulation or ruling promulgated under the statute in comp	leting this schedule	e, check	the box and see	· []

Page	2	-	

Р	art II	Begir	nning of Year	Carryove	er and Prefunding Ba	alances								
							(a) Carryover balance			е	(b) Prefunding balance			
7		-							0	0				
8			•	•	ding requirement (line 35 fr	•				0			0	
9	Amount	remainin	g (line 7 minus line	8)					0	0				
10	Interest	on line 9	using prior year's	actual returi	n of <u>10.65</u> %					0			0	
11	11 Prior year's excess contributions to be added to prefunding balance:													
	<b>a</b> Prese	nt value c	of excess contribut	ions (line 38	8a from prior year)								128,245	
					over line 38b from prior year interest rate of5 . 369								0	
				-	dule SB, using prior year's a								0	
					r to add to prefunding balance								128,245	
	<b>d</b> Portio	n of (c) to	be added to prefu	unding bala	nce		•						0	
12	Other re	ductions i	in balances due to	elections of	or deemed elections					0			0	
13	Balance	at beginn	ning of current yea	r (line 9 + li	ne 10 + line 11d – line 12)					0			0	
F	Part III	Fun	ding Percenta	ages										
				_								14	126.88%	
15												15	131.30%	
16	Prior yea	ar's fundir	ng percentage for	purposes of	f determining whether carry	over/prefur	nding	g balance	es may be used	to reduce	current	16	150.12%	
17					ess than 70 percent of the f							17	%	
F	Part IV	Con	tributions and	d Liquidi	ty Shortfalls								•	
18	Contribu	_		-	ar by employer(s) and emplo	oyees:								
	(a) Dat	е	(b) Amount p	aid by	(c) Amount paid by	(a)	Dat		(b) Amount		(c	(c) Amount paid by		
(MM-DD-YYYY) employer				(s) 30,000	employees 0	(MM-D	D-Y	YYY)	employe	er(s)		empl	oyees	
	3/03/2	1019		30,000	0									
				+										
						Totals ▶	•	18(b)		130,00	0 <b>18(c)</b>		0	
19	Discoun	ted emplo	yer contributions	– see instru	ctions for small plan with a	valuation d	late	after the	beginning of the	e year:				
a Contributions allocated toward unpaid minimum required contributions from price				rom prior y	ears	S		19a			0			
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date						19b			0					
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date								128,826					
20 Quarterly contributions and liquidity shortfalls:														
	a Did the plan have a "funding shortfall" for the prior year?									Yes X No				
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?									Yes No				
	C If line	20a is "Y	es," see instruction	ns and com	plete the following table as	applicable:								
					Liquidity shortfall as of end			his plan	/ear					
		(1) 1s	t		(2) 2nd			(3)	3rd			(4) 4th	า	

P	art V	Assumpti	ions Used t	to Determine	Funding Target	and Targ	et Norm	al Cost		
21	Discount	t rate:								
	<b>a</b> Segm	ent rates:		egment: 3.92%	2nd segmen 5.52		3	ord segment: 6.29%		N/A, full yield curve used
	<b>b</b> Applic	able month (e	nter code)						21b	1
22	Weighte	d average retir	ement age						22	65
23		table(s) (see		Prior regulation		bed - comb	-	Prescribed	d - separa	te Substitute
	,	(-) (	,	•		bed - comb	ا لممد	_		
				Current regulat	ion: X Prescri	bea - comb	inea	Prescribed	ı - separa	te Substitute
Pá	art VI	Miscellane	ous Items							
24	Has a ch	nange been ma	ade in the non-	prescribed actua	rial assumptions for th	e current pl	an year? It	"Yes," see i	nstruction	s regarding required
	attachme	ent								Yes 🗓 No
25	Has a m	ethod change	heen made for	the current plan	year? If "Yes," see in:	structions re	egarding re	guired attach	ment	Yes X No
26	Is the pla	an required to p	provide a Sche	edule of Active Pa	articipants? If "Yes," s	ee instructio	ns regardi	ng required a	ittachmen	tYes X No
27		•		-	applicable code and s	ee instruction	ons regardi	ng	27	
_							- F D-			
	art VII			•	m Required Con				00	
					ars				28	0
29					npaid minimum require		•	•	29	0
30	`	,			butions (line 28 minus				30	0
Pa	art VIII	Minimum	Required (	Contribution	For Current Year	•				
31				ts (see instruction						
									31a	84,005
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		e 31a				31b	84,005
32		ation installmer		a greater than iii	0014			tanding Bala		Installment
-				nt					0	0
									0	0
33					the date of the ruling		ng the appi	oval	33	
	(Month _	D	ay	Year	) and the waived a	amount			33	
34	Total fun	nding requirem	ent before refle	ecting carryover/p	orefunding balances (li	nes 31a - 3	1b + 32a +	32b - 33)	34	0
					Carryover bala	nce	Pref	unding balar	nce	Total balance
35	Balances	s elected for us	se to offset fun	dina						
		nent		-						0
36	Addition	al cash require	ment (line 34 r	minus line 35)					36	0
37					ribution for current yea	•		,	37	128,826
38	Present	value of exces	s contributions	for current year	(see instructions)					
-	<b>a</b> Total (	excess, if any,	of line 37 over	r line 36)					38a	128,826
-					funding and funding s				38b	0
39					(excess, if any, of line				39	0
40									40	0
	rt IX				ension Relief Ac				;)	
				2010 funding relie			•		•	
<u> </u>									Γ	2 plus 7 years 15 years
-										
	<b>D</b> Eligible	e plan year(s) i	for which the e	lection in line 41	a was made				20	08 2009 2010 2011