Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE PMC PENSION TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/12/1963

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

PLASTIC MOLDINGS COMPANY, LLC

2181 GRAND AVENUE
CINCINNATI, OH 45214

2181 GRAND AVENUE
CINCINNATI, OH 45214

2b Employer Identification Number (EIN)
31-1689020

2c Sponsor's telephone number
513-921-5040

2d Business code (see instructions)
326100

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 accompanying schedules, statements and attachments, 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.	10/09/2013	SHELLY CARTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2013	LOUIS RIPLEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	298
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	76
b Retired or separated participants receiving benefits	**6b**	101
c Other retired or separated participants entitled to future benefits	**6c**	108
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	285
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	8
f Total. Add lines **6d** and **6e**	**6f**	293
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1G 1I

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
THE PMC PENSION TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLASTIC MOLDINGS COMPANY, LLC

D Employer Identification Number (EIN)
31-1689020

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

NEW YORK LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5582869	66915	GA01279	109	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	3417495
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	2977420
c	Additions: (1) Contributions deposited during the year	7c(1)	565000		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	170549		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	735549
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	3712969
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	283800		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	11674		
	▶ EXPENSE AND RELATED CHARGES				
	(5) Total deductions			7e(5)	295474
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3417495

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE PMC PENSION TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PLASTIC MOLDINGS COMPANY, LLC

D Employer Identification Number (EIN)
31-1689020

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2012

2 Assets:

a Market value	**2a**	6254752
b Actuarial value	**2b**	6233921

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	108	2828378
b For terminated vested participants	**3b**	107	1738935
c For active participants:			
(1) Non-vested benefits	**3c(1)**		11121
(2) Vested benefits	**3c(2)**		2417793
(3) Total active	**3c(3)**	83	2428914
d Total	**3d**	298	6996227

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	7.01 %
6 Target normal cost	**6**	61516

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/26/2013
Date

DAVID R. STOCK
Type or print name of actuary

11-05286
Most recent enrollment number

BUCK CONSULTANTS, LLC
Firm name

513-852-1680
Telephone number (including area code)

720 E. PETE ROSE WAY, SUITE 300
CINCINNATI, OH 45202
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.79%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		91
	b Interest on (a) using prior year's effective interest rate of 6.28% except as otherwise provided (see instructions)		6
	c Total available at beginning of current plan year to add to prefunding balance		97
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	89.10 %
15	Adjusted funding target attainment percentage	15	89.10 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	79.18 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/21/2012	2665	0			
04/12/2012	54350	0			
07/11/2012	54350	0			
			Totals ► 18(b)	111365	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	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	19c	108411

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.54%	6.85%	7.52 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	61516
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	762306	42342
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	103858

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	103858
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	108411

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	4553
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (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	☐ 2008 ☐ 2009 ☒ 2010	☒ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
THE PMC PENSION TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLASTIC MOLDINGS COMPANY, LLC

D Employer Identification Number (EIN)
31-1689020

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

RIVER CITIES CAPITAL FUND III LP

31-1760961

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

RIVER CITIES CAPITAL FUND IV NQP LP

20-8081174

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEW YORK LIFE INSURANCE COMPANY

13-5582869

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BUCK CONSULTANTS

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	13100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

OXFORD FINANCIAL GROUP, LTD.

35-1588335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	6899	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
THE PMC PENSION TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLASTIC MOLDINGS COMPANY, LLC

D Employer Identification Number (EIN)
31-1689020

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	111472	108414
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	784090	781952
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2252479	2382118
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2977420	3417495
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6125461	6689979
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6125461	6689979

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	245290	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		245290
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	73667	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		73667
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	451325	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	436451	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		14874
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	312009	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		312009

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		252566
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		898419
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	283800	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		283800
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	13100	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	6899	
(4) Other	2i(4)	30102	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		50101
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		333901
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		564518
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GREAR AND COMPANY **(2)** EIN: 31-1275871

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
THE PMC PENSION TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLASTIC MOLDINGS COMPANY, LLC

D Employer Identification Number (EIN)
31-1689020

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-5582869

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a	The current year	**14a**	
b	The plan year immediately preceding the current plan year	**14b**	
c	The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a	The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b	The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a	Enter the number of employers who withdrew during the preceding plan year	**16a**	
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

THE PMC PENSION TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Years Ended December 31, 2012 and 2011

GREAR & COMPANY, LLC
Certified Public Accountants

The PDF file of the financial statement and all accompanying schedules, letters, etc. being sent to you are for your internal use only. The PDF file may not be altered or changed in any way. Should you wish to publish the report, you must obtain our written permission, as we have a professional duty to review any documents in which the report is incorporated.

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GREAR
& COMPANY
Certified Public Accountants
LLC

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of
The PMC Pension Trust

Report on the Financial Statements

We have audited the accompanying financial statements of The PMC Pension Trust, which comprise the statements of net assets available for plan benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for plan benefits for the years then ended, and the statement of accumulated plan benefits as of January 01, 2012, and the statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of The PMC Pension Trust as of December 31, 2012 and 2011, and the changes in its net assets available for plan benefits for the years then ended, and the accumulated plan benefits as of January 01, 2012, and the changes in accumulated plan benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Grear & Company

Cincinnati, Ohio
October 1, 2013

THE PMC PENSION TRUST
STATEMENTS OF NET ASSETS
AVAILABLE FOR PLAN BENEFITS
December 31, 2012 and 2011

ASSETS

	2012	2011
Investments, at fair value		
Money market funds	**$ 108,414**	$ 111,472
Mutual funds	**2,382,118**	2,252,479
Pension annuity contract with insurance company	**3,417,495**	2,977,420
Limited partnerships	**781,952**	784,090
Total investments	**6,689,979**	6,125,461
TOTAL ASSETS	**6,689,979**	6,125,461
NET ASSETS AVAILABLE FOR PLAN BENEFITS	**$ 6,689,979**	$ 6,125,461

The accompanying notes are an integral part of the financial statements.

THE PMC PENSION TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Years Ended December 31, 2012 and 2011

	2012	2011
ADDITIONS TO NET ASSETS		
Investment income		
Dividends and interest	**$ 73,680**	$ 94,519
Net unrealized appreciation (depreciation) in market value of investments	**564,575**	164,506
Realized gains (losses) on sale of mutual funds	**14,874**	11,308
Total investment income	**653,129**	270,333
Contributions		
Employer	**245,290**	245,129
Total contributions	**245,290**	245,129
Total additions	**898,419**	515,462
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	**283,800**	270,922
Administrative fees	**50,101**	52,576
Total deductions	**333,901**	323,498
NET INCREASE (DECREASE)	**564,518**	191,964
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT BEGINNING OF YEAR	**6,125,461**	5,933,497
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	**$ 6,689,979**	$ 6,125,461

The accompanying notes are an integral part of the financial statements.

THE PMC PENSION TRUST
STATEMENT OF ACCUMULATED PLAN BENEFITS
January 01, 2012

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
Vested benefits	
Participants currently receiving benefits (retirees)	$ 2,689,606
Participants entitled to future benefits (vested terminations)	1,649,183
Other participants (active)	2,295,409
Total vested benefits	6,634,198
Non-vested benefits	10,541
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 6,644,739

The accompanying notes are an integral part of the financial statements.

THE PMC PENSION TRUST
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the Year Ended January 01, 2012

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 01, 2011	$ 5,993,605
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:	
Benefits paid	(270,922)
Interest	468,860
Assumption changes	343,609
Plan experience	109,587
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 01, 2012	$ 6,644,739

The accompanying notes are an integral part of the financial statements.

NOTE A - DESCRIPTION OF THE TRUST

The following brief description of The PMC Pension Trust (the Trust) is provided for general information purposes only. Participants should refer to the Trust agreement for more complete information.

1. General

The Trust is a defined benefit pension plan covering substantially all employees of Plastic Moldings Company, LLC (the Company) who have completed one year of service and attained the age of 21. The Trust, which became effective December 12, 1963, and as amended from time to time, provides for pension, disability and death benefits for its participants. It is frozen to new entrants as of February 28, 2009. The Trust is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), and it is administered by the Company through a pension committee comprised of Company officers.

2. Pension Benefits

The Trust provides monthly retirement benefits to participating employees who have completed five years of service and have reached retirement age. The normal retirement age is 65; however, employees who have attained the age of 55 and completed five years of service are eligible to receive early retirement benefits. The amount of the benefit is based upon the participant's average monthly compensation, age at retirement and years of service at termination of employment. Early retirement benefits are reduced by a specific percentage for each month by which the commencement of payments precedes the normal retirement date. The form of payment is elected by the participant from the options provided by the Trust.

The Trust also provides pre-retirement disability and death benefits. A totally disabled participant who has completed ten years of credited service and who is an active employee of the Company is entitled to a monthly benefit beginning on the first month following the date of disability. The benefit equals the benefit accrued to the date of disability. A participant's beneficiary is entitled to a benefit equal to the deceased participant's accumulated contribution account. Or, if greater, for an employee who is vested and has been married for one year, the spouse is entitled to a monthly benefit as if the employee had terminated on the date of death and survived to retire early. The benefit is 50% of the actuarial equivalent of the accrued pension.

3. Trust Termination

Although the Company has no intention to terminate the Trust, in the event of termination, net assets attributable to benefits accumulated would be allocated among the participants and beneficiaries in the order prescribed by Section 4044 of ERISA.

NOTE A - DESCRIPTION OF THE TRUST (Continued)

3. Trust Termination (Continued)

Certain benefits under the Trust are insured by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Trust, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Trust are guaranteed at the level in effect on the date of the Trust's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits, should the Trust terminate at some future time, will depend on the sufficiency, at that time, of the Trust's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

4. Fixed Accrued Benefits

Effective February 28, 2009, the Company froze the accrued benefit of The PMC Pension Trust. Compensation after that date shall not be considered in the determination of the average monthly compensation. The social security benefit determined as of February 28, 2009 shall be frozen. Every employee who was a member of the plan on February 28, 2009 shall continue to be a member of the plan. Employees hired after January 1, 2008, except as provided under Section 2.04, shall not be eligible for membership in the plan. In addition, employees hired prior to March 1, 2009, but not members as of February 28, 2009, shall not be eligible for membership in the plan. Benefit service shall not include any service earned after February 28, 2009.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

2. Investments - Mutual Funds

Mutual fund investments are stated at their quoted, publicly traded market values. Gains and losses on dispositions of such investments are recognized at the time of disposition with the amount of gain or loss determined on the specific identification basis. Investments were diversified in various industries to reduce risk.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

3. Insurance Contract

The Trust also maintains an immediate participation guarantee contract with an insurance company which provides for an annual rate of return based upon the "new money rates." The insurance is valued at contract value, which represents contributions made under the contract, plus interest earned, less administrative expenses and retirement benefit payments, plus or minus experience rate adjustments. The contract value approximates fair market value at December 31, 2012 and 2011. If the insurance contract is terminated, the insurance company will retain the assets held and buy pension benefits equal to, and in the same form as, the pension benefits in force on the date of the contract termination for all pensioners under the insurance contract. Such action will discharge the insurance company from all liability with respect to the contract. The insurance contract is secured by the financial stability of the insurance company.

4. Funding

The Trust's actuary performs a valuation as of January 1 of each year to determine the Company contributions required to support the present and expected future benefit payments of the Trust. Funding is based on expected administrative expenses to be paid from the Trust during the year plus amortizations of the Plan's funding shortfall and changes in the funding shortfall as established each January 1. The Company follows a policy of funding the Trust in sufficient amounts to meet the "Minimum Funding Standards" of ERISA. The Company made the required quarterly contributions for the 2011 plan year as of December 31, 2011. On January 13, 2012, the Company made a payment to the Trust, and on September 13, 2012, the Company made an additional contribution to the Trust to meet the "Minimum Funding Standards" of ERISA. The 2012 minimum funding requirement has been satisfied as of December 31, 2012.

5. Administrative Fees

Most costs and expenses of administering the Trust have been paid by the Trust.

6. Participant Contributions

Prior to January 1, 1987, participating employees were required to contribute 1% of their salary to the Trust. Each participant could also make additional voluntary contributions to the Trust up to 10% of their compensation. Effective January 1, 1987, these required and voluntary contributions were eliminated. Employee contributions made to the Trust prior to January 1, 1987 remain fully vested and may be withdrawn at any time.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

7. Estimates & Assumptions

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities and the actuarial present value of accumulated Trust benefits at the date of the financial statements. Actual results could vary from those estimates.

8. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTE C - ACTUARIAL COST METHOD & ASSUMPTIONS

The Plan's funding requirements are determined using the Unit Credit Actuarial Cost Method. Under this Method, the Funding Target is the present value of accrued benefits of the plan participants. The Target Normal Cost includes a load for expected administrative expenses to be paid from the Trust during the year.

The actuarial assumptions used to determine employer contributions to the Trust are as follows:

Prescribed Funding/PBGC Assumptions and Methods

Funding Interest Rates

Current Year: Segment Rates with a 4-month look-back

Segment	Rate
1	2.06%
2	5.25%
3	6.32%

Funding Target liabilities were based on MAP-21. In accordance with MAP-21, the first, second and third Segment Rates are constrained to a 90%-110% Corridor around the average Segment Rates for the 25-year period ending September 30, 2011, or 5.54%, 6.85% and 7.52%, respectively, for minimum funding but not maximum tax-deductible purposes.

Effective Interest Rate (Based on MAP-21 rates) 7.01%

NOTE C - ACTUARIAL COST METHOD & ASSUMPTIONS (Continued)

Funding Interest Rates (continued)

Prior Year: Segment Rates with a 4-month look-back

Segment	Rate
1	3.78%
2	6.31%
3	6.57%

Effective Interest Rate 6.28%

PBGC Variable Premium

Same as for funding without MAP-21 constraints.

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial Cost Method

The Funding Target is the present value of accrued benefits at the valuation date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, including expected plan-related expenses to be paid from plan assets during the year.

Non-Prescribed Funding Assumptions and Methods

Salary Increases

N/A (since accrued benefits are frozen).

Retirement Rates Retirements are assumed to occur in accordance with the following rates:

Age	Rate
55	2%
56-61	1%
62	8%
63-64	5%
65	100%

NOTE C - ACTUARIAL COST METHOD & ASSUMPTIONS (Continued)

Withdrawal Rates Turnover rates are based on Table T-8 termination rates from the Actuary's Pension Handbook. Specimen rates are as follows:

Attained Age	Rate
25	11.6%
30	11.2%
40	9.4%
50	4.8%
55	1.7%

Marital Percentage 80% of those employees eligible for early retirement are assumed to be married, with the male spouse three years older than the female spouse.

Maximum Benefit $200,000 per year at Normal Retirement Age

Expenses Expected plan-related expenses of $61,516 were added to the Target Normal Cost.

Frequency of Optional Payment Forms

Retired Participants are assumed to elect benefits as follows:

Optional Form	Percent Electing Option
Life Annuity	50%
Life with 10 years certain	10%
Life with 20 years certain	10%
Joint and 50% Survivor	15%
Joint and 100% Survivor	15%

Asset Valuation Method

The Valuation Assets are determined using a method that spreads asset gains/(losses) over 2 years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets.

NOTE C - ACTUARIAL COST METHOD & ASSUMPTIONS (Continued)

Asset Valuation Method (Continued)

The expected return on plan assets is 8.00% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2011 measurement period:	6.57%
2010 measurement period:	6.82%

Summary of Changes from the January 1, 2011 Valuation

The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with MAP-21.

The mortality tables were updated to comply with PPA for 2012 valuations.

The expense load assumption was changed from $68,623 for 2011 to $61,516 for 2012.

Assumptions and Methods for Accounting Purposes

The assumptions and methods for accounting purposes are the same as those for Funding with the following exceptions:

ASC 960 Discount Rate

Current Year:	7.50%
Prior Year:	8.00%

ASC 715 Discount Rate

Current Year for 2012 expense and 2011 year-end disclosure:	4.60%
Prior Year for 2011 expense and 2010 year-end disclosure:	5.56%

Expected Long-Term Rate of Return

Current Year:	7.50%
Prior Year:	8.00%

Expenses

Expected plan administrative and investment expenses are not added to the Service Cost.

Actuarial Cost Method

Projected Unit Credit Method

NOTE C - ACTUARIAL COST METHOD & ASSUMPTIONS (Continued)

Market-Related Value of Assets

A method which fully recognizes benefit payments, expenses, contributions, interest and dividends for the year, and spreads gains and losses from expected investment return over five years.

Summary of Changes from the January 1, 2011 Valuation

The discount rate for ASC 715 purposes was changed from 5.56% to 4.60%.

The expected return on assets was changed from 8.00% to 7.50%.

The mortality tables were updated to those applicable to the current plan year in accordance with PPA.

The discount rate for ASC 960 purposes was changed from 8.00% to 7.50%.

NOTE D - FEDERAL INCOME TAXES

The Trust obtained its determination letter on September 2, 2011, in which the Internal Revenue Service stated that the Trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Trust's financial statements.

NOTE E - INVESTMENTS

All investments exceeding 5% or more of the net assets available for benefits as of December 31 are as follows:

	2012	2011
New York Life Insurance Contract	**$ 3,417,495**	$ 2,977,420
Barclays Ishares TR Russell 1000 Growth Index	**$ 339,304**	$ -
River Cities Capital Fund III, L.P.	**$ -**	$ 377,936
River Cities Capital Fund IV (NQP), L.P.	**$ 472,131**	$ 406,154
Vanguard 500 Index Signal Shares	**$ 437,323**	$ 411,075
Vanguard International Equity Index FTSE	**$ 388,280**	$ 372,670

NOTE F - LIMITED PARTNERSHIPS

The Trust owns a limited partnership interest in River Cities Capital Fund III, L.P. and River Cities Capital Fund IV (NQP), L.P.

The total commitment of the Trust to River Cities Capital Fund III, L.P. is $500,000. As of December 31, 2012, the Trust has contributed $500,000 to this partnership to fulfill the commitment. The value of this limited partnership interest was $309,821 and $377,936 at December 31, 2012 and 2011, respectively.

The total commitment of the Trust to River Cities Capital Fund IV (NQP), L.P. is $500,000. As of December 31, 2012, the Trust has contributed $425,000 to this limited partnership, leaving an outstanding commitment of $75,000. The value of the limited partnership interest was $472,131 and $406,154 at December 31, 2012 and 2011, respectively.

NOTE G - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Trust has an investment contract with a life insurance company. The Trust uses this investment contract to pay retirees of Plastic Moldings Company, LLC their pension benefits. This contract guarantees a certain rate of return each year, and each year it is reviewed by an actuary to determine if it is properly funded. If it is over-funded, the overage is invested in other investment options and used to fund future retirees. If it is under-funded, the Trust will transfer monies into the account. At December 31, 2012, the contract was overfunded by $5,156, and at December 31, 2011, the contract was underfunded by $9,696. At December 31, 2012 and 2011, the value of the contract was $3,417,495 and $2,977,420, respectively.

NOTE H - UNREALIZED APPRECIATION (DEPRECIATION) BY INVESTMENT

The net unrealized appreciation (depreciation) in the market value of the investments as of December 31 is as follows:

	2012	2011
Mutual funds	**$ 252,566**	$ (188,487)
Pension annuity contract with insurance company	**158,876**	154,816
Limited partnerships	**153,133**	198,177
Total	**$ 564,575**	$ 164,506

NOTE I - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

	Fair Value	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Observable Inputs Other Than Quoted Prices (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2012				
Money market funds	**$ 108,414**	**$ 108,414**	**$ -**	**$ -**
Mutual funds	**2,382,118**	**2,382,118**	**-**	**-**
Pension annuity contract	**3,417,495**	**-**	**3,417,495**	**-**
Limited partnerships	**781,952**	**-**	**-**	**781,952**
Total	**$ 6,689,979**	**$ 2,490,532**	**$ 3,417,495**	**$ 781,952**
December 31, 2011				
Money market funds	$ 111,472	$ 111,472	$ -	$ -
Mutual funds	2,252,479	2,252,479	-	-
Pension annuity contract	2,977,420	-	2,977,420	-
Limited partnerships	784,090	-	-	784,090
Total	$ 6,125,461	$ 2,363,951	$ 2,977,420	$ 784,090

FASB Codification 820-10, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices in active markets for similar assets, and Level 3 inputs consist of significant unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs and Level 3 inputs were only used when Level 1 inputs were not available.

NOTE I - FAIR VALUE MEASUREMENTS (Continued)

Level 1 Fair Value Measurements

The fair values of money market funds and mutual funds are based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

The fair value of the pension annuity contract is determined by the contract value.

Level 3 Fair Value Measurements

The fair value of limited partnerships is based on the Trust's percentage ownership in the equity of the limited partnerships.

The following table presents the changes in the Level 3 limited partnerships for the years ended December 31, 2012 and 2011:

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	2012	2011
Beginning balance	**$ 784,090**	$ 731,111
Total gains or losses (realized and unrealized) included in the Statement of Changes in Net Assets Available for Plan Benefits	**153,134**	198,177
Purchases, sales, issuances, and settlements (net)	**(155,272)**	(145,198)
Ending Balance	**$ 781,952**	$ 784,090

There were no financial assets/liabilities measured at fair value on a non-recurring basis.

Fair Value of Financial Instruments

The carrying amounts of any remaining financial instruments of the Trust approximate fair value due to the short maturities of these financial instruments.

NOTE J - MARKET CONCENTRATION RISK

Due to the material amount of investments of the Trust, the Trust is at risk of the possibility that future changes in market prices and the volatility of the market may make investments less valuable.

NOTE K - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 1, 2013, the date on which the financial statements were available for issue.

No subsequent events were identified that would require an adjustment to or disclosure in the accompanying financial statements.

SUPPLEMENTAL INFORMATION

THE PMC PENSION TRUST
(EIN 31-1689020) (PN 001)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
(Form 5500, Schedule H, Line 4i)
December 31, 2012

Description	Cost	Current Value
Money Market Funds		
Fidelity Investments Money Market	$ 108,414	$ 108,414
Mutual Funds		
Barclays Ishares TR Russell 2000 Index	176,459	198,906
Barclays Ishares TR Russell 1000 Growth Index	285,619	339,304
Barclays Ishares TR Russell 1000 Value Index	267,717	330,093
JP Morgan Chase Alerian MLP Index	236,417	237,875
PIMCO Emerging Local Bond Fund	228,757	244,653
Vanguard International Equity Index FTSE	433,625	388,280
Vanguard 500 Index Signal Shares	426,717	437,323
Vanguard International Equity Index Emerging Markets MCSI	192,839	205,684
Total Mutual Funds	2,248,150	2,382,118
Limited Partnerships		
River Cities Capital Fund III, L.P.	500,000	309,821
River Cities Capital Fund IV (NQP), L.P.	425,000	472,131
Total Limited Partnerships	925,000	781,952
Pension Annuity Contract		
New York Life Insurance Contract	3,417,495	3,417,495
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES	$ 6,699,059	$ 6,689,979

There are no known parties-in-interest.

Schedule SB, Line 26 – Schedule Of Active Participant Data

Attachment to 2012 Schedule SB

PLAN SPONSOR: THE PLASTIC MOLDINGS COMPANY, LLC

PLAN NAME: THE PMC PENSION TRUST

EIN: 31-1689020

PLAN NUMBER: 001

AGE	CREDITED SERVICE										
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	Total
< 25	0	1	0	0	0	0	0	0	0	0	1
25 - 29	0	0	2	0	0	0	0	0	0	0	2
30 - 34	0	2	3	1	0	0	0	0	0	0	6
35 - 39	0	2	3	1	1	0	0	0	0	0	7
40 - 44	0	1	3	4	2	0	0	0	0	0	10
45 - 49	0	5	5	1	2	1	1	0	0	0	15
50 – 54	0	1	4	8	2	1	0	0	0	0	16
55 - 59	0	2	2	3	1	2	2	0	0	0	12
60 - 64	0	3	2	2	1	0	0	0	1	1	10
65 - 69	0	0	1	0	0	1	0	0	0	0	2
70+	0	0	1	0	0	0	0	0	0	1	2
Total	0	17	26	20	9	5	3	0	1	2	83

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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE PMC PENSION TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PLASTIC MOLDINGS COMPANY, LLC

D Employer Identification Number (EIN)
31-1689020

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2012			
2	Assets:			
	a Market value		2a	6254752
	b Actuarial value		2b	6233921
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	108	2828378
	b For terminated vested participants	3b	107	1738935
	c For active participants:			
	(1) Non-vested benefits	3c(1)		11121
	(2) Vested benefits	3c(2)		2417793
	(3) Total active	3c(3)	83	2428914
	d Total	3d	298	6996227
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5	Effective interest rate		5	7.01%
6	Target normal cost		6	61516

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE David R. Stock — Signature of actuary

09/26/2013 — Date

DAVID R. STOCK — Type or print name of actuary

1105286 — Most recent enrollment number

BUCK CONSULTANTS, LLC — Firm name

513-852-1680 — Telephone number (including area code)

720 E. PETE ROSE WAY, SUITE 300
CINCINNATI OH 45202-3586
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.79%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		91
	b Interest on (a) using prior year's effective interest rate of 6.28% except as otherwise provided (see instructions)		6
	c Total available at beginning of current plan year to add to prefunding balance		97
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	89.10%
15	Adjusted funding target attainment percentage	15	89.10%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	79.18%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/21/2012	2665	0			
04/12/2012	54350	0			
07/11/2012	54350	0			
		Totals ► 18(b)	111365	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	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	19c	108411

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.54%	6.85%	7.52%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	64

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	61516
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	762306	42342
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	103858

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	36	103858
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	108411

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	4553
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (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 ☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB, Line 32 – Schedule Of Amortization Bases

Attachment to 2012 Schedule SB

PLAN SPONSOR: THE PLASTIC MOLDINGS COMPANY, LLC

PLAN NAME: THE PMC PENSION TRUST

EIN: 31-1689020

PLAN NUMBER: 001

Shortfall Amortization Summary

Date Established	Initial Amount	Remaining Installments	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2012
January 1, 2010	682,793	13	68,113	620,494
January 1, 2011	833,032	14	80,663	768,910
January 1, 2012	(627,098)	7	(106,434)	(627,098)
Total			$ 42,342	$ 762,306

An election has been made under PRA 2010 to use the alternative 15-year amortization period for the bases established in 2010 and 2011.

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Attachment to 2012 Schedule SB

PLAN SPONSOR: THE PLASTIC MOLDINGS COMPANY, LLC

PLAN NAME: THE PMC PENSION TRUST

EIN: 31-1689020

PLAN NUMBER: 001

Funding interest rates

Current Year:	Segment Rates with four month lookback:	
	First Segment Rate	2.06%
	Second Segment Rate	5.25%
	Third Segment Rate	6.32%

Funding Target liabilities were based on MAP-21. In accordance with MAP-21, the first, second and third Segment Rates are constrained to a 90%-110% Corridor around the average Segment Rates for the 25-year period ending September 30, 2011, or **5.54%**, **6.85%** and **7.52%**, respectively for minimum funding but not maximum tax-deductible purposes.

	Effective Interest Rate (Based on MAP-21 rates)	7.01%

Prior Year:	Segment Rates with four month lookback:	
	First Segment Rate	3.78%
	Second Segment Rate	6.31%
	Third Segment Rate	6.57%
	Effective Interest Rate	6.28%

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial cost method

The Funding Target is the present value of accrued benefits earned to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year and including expected plan related expenses to be paid from plan assets during the year.

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Attachment to 2012 Schedule SB

PLAN SPONSOR: THE PLASTIC MOLDINGS COMPANY, LLC

PLAN NAME: THE PMC PENSION TRUST

EIN: 31-1689020

PLAN NUMBER: 001

Salary increases

N/A (since accrued benefits are frozen).

Retirement rates: Retirements are assumed to occur in accordance with the following rates:

Age	Rate
55	2%
56 - 61	1%
62	8%
63 - 64	5%
65	100%

Withdrawal rates: Turnover rates are based on Table T-8 termination rates from the Actuary's Pension Handbook. Specimen rates are as follows:

Attained Age	Rate
25	11.6%
30	11.2%
40	9.4%
50	4.8%
55	1.7%

Marital percentage: 80% of those employees eligible for early retirement are assumed to be married, with the male spouse three years older than the female spouse.

Maximum Benefit $200,000 per year at Normal Retirement Age.

Expenses

Expected plan related expenses of $61,516 were added to the Target Normal Cost.

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Attachment to 2012 Schedule SB

PLAN SPONSOR: THE PLASTIC MOLDINGS COMPANY, LLC

PLAN NAME: THE PMC PENSION TRUST

EIN: 31-1689020

PLAN NUMBER: 001

Frequency of optional payment forms

Retired Participants are assumed to elect benefits as follows:

Optional Form	Percent electing option
Life Annuity	50%
Life with 10 years certain	10%
Life with 20 years certain	10%
Joint and 50% Survivor	15%
Joint and 100% Survivor	15%

Asset valuation method

The Valuation Assets are determined using a method that spreads asset gains/(losses) over 2 years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets.

The expected return on plan assets is 8.00% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2011 measurement period:	6.57%
2010 measurement period:	6.82%

Schedule SB, Part V – Summary of Plan Provisions

Attachment to 2012 Schedule SB

PLAN SPONSOR: THE PLASTIC MOLDINGS COMPANY, LLC

PLAN NAME: THE PMC PENSION TRUST

EIN: 31-1689020

PLAN NUMBER: 001

Effective Date

The plan was originally effective December 12, 1963, most recently restated January 1, 2011.

Eligibility Requirements

An employee is eligible to participate in the plan on the January 1 or July 1 coinciding with or immediately following completion of one year of service and attainment of age 21. **Plan is frozen to new entrants after February 28, 2009.**

Alternative Retirement Dates

(a) **Normal** - Attainment of age sixty-five and completion of five years of participation.

(b) **Early** - Attainment of age fifty-five and completion of five years of service.

(c) **Late** - The first day of any month subsequent to the normal retirement date.

Compensation Definition

Base pay for plan years ending prior to January 1, 1986. W-2 pay for subsequent plan years. The maximum allowable compensation is $200,000 for the 1994 - 2003 plan years, 205,000 for the 2004 plan year, $210,000 for the 2005 plan year, $220,000 for the 2006 plan year, $225,000 for the 2007 plan year, $230,000 for the 2008 plan year, and $245,000 for the 2009 plan year. Accrued benefits were frozen 2/28/2009.

Monthly Retirement Benefits

Benefits are based on compensation for the highest five consecutive years out of the ten years preceding retirement.

(a) **Normal** - The highest of the following amounts:

(1) 1% of monthly plan compensation less 1% of the Primary Social Security benefit times years of service,

(2) $3.00 times years of service, or

(3) The benefit earned at December 31, 1993 (prior to the $150,000 indexed salary limitation), plus the formula in (1) based only on years of service after January 1, 1994.

(b) **Early** - The benefit earned as of the early retirement date reduced 1/180th for each of the first sixty months and 1/360th for each additional month by which commencement of payments precedes normal retirement date.

Schedule SB, Part V – Summary of Plan Provisions

Attachment to 2012 Schedule SB

PLAN SPONSOR: THE PLASTIC MOLDINGS COMPANY, LLC

PLAN NAME: THE PMC PENSION TRUST

EIN: 31-1689020

PLAN NUMBER: 001

(c) **Late** - The benefit earned as of late retirement date using salary and service earned to actual commencement of benefit payments.

NOTE: Accrued Benefits were frozen as of February 28, 2009.

Normal Form

A monthly benefit payable for ten years certain and for life thereafter.

Pre-retirement Death Benefits

A participant's beneficiary is entitled to a benefit equal to the deceased participant's accumulated contribution account. Or, if greater, for an employee who is vested and has been married for one year, his spouse is entitled to a monthly benefit as if the employee had terminated on the date of death and survived to retire early. The benefit is 50% of the actuarial equivalent of the accrued pension.

Disability Benefits

A totally and permanently disabled member who has completed ten years of credited service is entitled to a monthly benefit beginning on the first of the month following date of disability. The benefit will be the February 28, 2009 frozen accrued benefit.

Termination Benefits

An employee who completes five years of service is entitled to a monthly benefit commencing the first of any month following his fifty-fifth birthday, equal to the benefit earned at his date of termination, reduced as for early retirement if benefits begin before normal retirement date.

Employee Contributions

Prior to January 1, 1987, each participant was required to contribute one percent of his total compensation during his participation in the plan. Prior to January 1, 1987, each participant was also allowed to make additional voluntary contributions to the Trust in integral dollar amounts up to 10% of his compensation.

Schedule SB, Line 24 – Change in Actuarial Assumptions

Attachment to 2012 Schedule SB

PLAN SPONSOR: THE PLASTIC MOLDINGS COMPANY, LLC

PLAN NAME: THE PMC PENSION TRUST

EIN: 31-1689020

PLAN NUMBER: 001

- The expense load assumption was changed from $68,623 for 2011 to $61,516 for 2012.

The PMC Pension Trust
Plan # 001 EIN 31-1689020
Form 5500, Schedule H - Line 4i -
Schedule of Assets (Held At End of Year)
As of 12-31-2012

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) 2012 Year-end Value
	Vanguard 500 Index Signal SHS	Mutual Fund	$ 426,717	$ 437,323
	IShares TR Russell 1000 Value Index	Mutual Fund	$ 267,717	$ 330,093
	IShares TR Russell 1000 Growth Index	Mutual Fund	$ 285,619	$ 339,304
	IShares TR Russell 2000 Index	Mutual Fund	$ 176,459	$ 198,906
	Vanguard International Equity Index FTSE	Mutual Fund	$ 433,625	$ 388,280
	Vanguard Intl Equity Index Emerging Mkts MSCI	Mutual Fund	$ 192,839	$ 205,684
	JP Morgan Chase Alerian MLP Index	Mutual Fund	$ 236,417	$ 237,875
	PIMCO Emerging Local Bond Fund	Mutual Fund	$ 228,757	$ 244,653
	Fidelity Investments Money Market	Money Market Cash Account	$ 108,414	$ 108,414
	River Cities Capital Fund III L.P.	Capital Fund Limited Partnership	$ 500,000	$ 309,821
	River Cities Capital Fund IV (N.Q.P.) L.P.	Capital Fund Limited Partnership	$ 425,000	$ 472,131
	New York Life Insurance Co.	Insurance Co. General Account	$ 3,417,495	$ 3,417,495
	Total Assets Held at End of Year 12-31-2012		**$ 6,699,059**	**$ 6,689,979**

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Attachment to 2012 Schedule SB

PLAN SPONSOR: THE PLASTIC MOLDINGS COMPANY, LLC
PLAN NAME: THE PMC PENSION TRUST
EIN: 31-1689020
PLAN NUMBER: 001

The retirement age of 64 shown is based on an employee who fulfilled the retirement for early eligibility who is assumed to have entered the Plan at the average entry age of the population and is calculated in accordance with the following formula which generally assumes employees terminate at the middle of the year.

$$\frac{\sum_{t=0}^{FRA-ERA} ({}_tp_{ERA}) * (q^r_{ERA+t}) * (ERA + t + \frac{1}{2})}{\sum_{t=0}^{FRA-ERA} ({}_tp_{ERA}) * (q^r_{ERA+t})}$$

note (1)

note (1) the ½ in the formula shown above is not used for t = FRA-ERA.

In the formula shown above, ${}_tp_{ERA}$ is calculated using all of the decrements, and the q^r_{ERA+t} represents the sum of the applicable retirement decrements.

Also, ERA represents the earliest retirement age and FRA represents the age at which everyone is assumed to retire.

Retirements rates at each age are as follows:

55	2%	61	1%
56	1%	62	8%
57	1%	63	5%
58	1%	64	5%
59	1%	65	100%
60	1%		