# Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2013**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 12/31/2013 and ending 12/30/2014

**A** This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) [ ] a one-participant plan

**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** Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
THE OHIO ART COMPANY EMPLOYEES' RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 12/31/1957

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

ONE TOY STREET
PO BOX 111
BRYAN, OH 43506-0111

**2b** Employer Identification Number (EIN) 34-4319140

**2c** Sponsor's telephone number 419-636-3141

**2d** Business code (see instructions) 339900

**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.
**a** Sponsor's name

**4b** EIN

**4c** PN

| | | |
|---|---|---|
| **5a** Total number of participants at the beginning of the plan year | **5a** | 71 |
| **b** Total number of participants at the end of the plan year | **5b** | 70 |
| **c** Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) | **5c** | |

**6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

**b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

**If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**

**c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 07/28/2015 | THONDA JAMES |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |

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

Preparer's telephone number (optional)

## Part III Financial Information

| 7 Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| a Total plan assets | 7a | 5511359 | 5534729 |
| b Total plan liabilities | 7b | | |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 5511359 | 5534729 |
| **8** Income, Expenses, and Transfers for this Plan Year | | **(a) Amount** | **(b) Total** |
| a Contributions received or receivable from: (1) Employers | 8a(1) | 325172 | |
| (2) Participants | 8a(2) | | |
| (3) Others (including rollovers) | 8a(3) | | |
| b Other income (loss) | 8b | 284684 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 609856 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 554702 | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 31784 | |
| g Other expenses | 8g | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 586486 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | 23370 |
| j Transfers to (from) the plan (see instructions) | 8j | | |

## Part IV Plan Characteristics

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I

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

## Part V Compliance Questions

| 10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | |
| c Was the plan covered by a fidelity bond? | 10c | X | | 500000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | | X | |
| f Has the plan failed to provide any benefit when due under the plan? | 10f | | X | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | X | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | |

## Part VI Pension Funding Compliance

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) — [X] Yes [ ] No

**11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 — 11a: 0

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? — [ ] Yes [X] No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year — 12b:

| | | |
|---|---|---|
| **c** Enter the amount contributed by the employer to the plan for this plan year | **12c** | |
| **d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | **12d** | |
| **e** Will the minimum funding amount reported on line 12d be met by the funding deadline? | | ☐ Yes ☐ No ☐ N/A |

## Part VII Plan Terminations and Transfers of Assets

| | | |
|---|---|---|
| **13a** Has a resolution to terminate the plan been adopted in any plan year? | | ☐ Yes ☒ No |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | **13a** | |
| **b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | ☐ Yes ☒ No |

**c** 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.)

| **13c(1)** Name of plan(s): | **13c(2)** EIN(s) | **13c(3)** PN(s) |
|---|---|---|
| | | |

## Part VIII Trust Information (optional)

| **14a** Name of trust | **14b** Trust's EIN |
|---|---|
| | |

# 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

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 12/31/2013 and ending 12/30/2014

▶ **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 OHIO ART COMPANY EMPLOYEES' RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE OHIO ART COMPANY

**D** Employer Identification Number (EIN)
34-4319140

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

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

## Part I Basic Information

| | | | | |
|---|---|---|---|---|
| **1** | Enter the valuation date: Month 12 Day 31 Year 2013 | | | |
| **2** | Assets: | | | |
| | **a** Market value | **2a** | | 5511315 |
| | **b** Actuarial value | **2b** | | 5372864 |
| **3** | Funding target/participant count breakdown: | | **(1)** Number of participants | **(2)** Funding Target |
| | **a** For retired participants and beneficiaries receiving payment | **3a** | 20 | 2402543 |
| | **b** For terminated vested participants | **3b** | 36 | 1253037 |
| | **c** For active participants: | | | |
| | **(1)** Non-vested benefits | **3c(1)** | | 0 |
| | **(2)** Vested benefits | **3c(2)** | | 1714698 |
| | **(3)** Total active | **3c(3)** | 15 | 1714698 |
| | **d** Total | **3d** | 71 | 5370278 |
| **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** | | 6.18 % |
| **6** | Target normal cost | **6** | | 0 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary

07/20/2015
Date

AMY KENNEDY
Type or print name of actuary

14-07365
Most recent enrollment number

FINDLEY DAVIES, INC.
Firm name

419-255-1360
Telephone number (including area code)

ONE SEAGATE, SUITE 2050
TOLDEO, OH 43604
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 and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 500 |
| 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 | 500 |
| 10 | Interest on line 9 using prior year's actual return of 9.01 % | 0 | 45 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 159820 |
| | b Interest on (a) using prior year's effective interest rate of 6.88 % except as otherwise provided (see instructions) | | 10996 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 170816 |
| | d Portion of (c) to be added to prefunding balance | | 14788 |
| 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 | 15333 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 99.76 % |
| 15 | Adjusted funding target attainment percentage | 15 | 100.04 % |
| 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 | 95.88 % |
| 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 |
|---|---|---|---|---|---|
| 04/14/2014 | 81293 | 0 | | | |
| 07/07/2014 | 81293 | 0 | | | |
| 10/14/2014 | 81293 | 0 | | | |
| 01/13/2015 | 81293 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 325172 | 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 | 312684 |

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 |
|---|---|---|---|
| | | | |

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 4.94% | 6.15% | 6.76 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 65 |

**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** | 0 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 40880 | 151724 |
| **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** | 151724 |

| | 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** | 151724 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 312684 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 160960 |
| **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** | 0 |
| **43** Excess installment acceleration amount to be carried over to future plan years | **43** | 0 |

Schedule SB, Line 26 - Schedule of Active Participant Data

December 31, 2013 Valuation
The Ohio Art Employee's Retirement Plan
(EIN: 34-4319140; PN: 002)

| Attained Age | Years of Credited Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |
| Under 25 | - | - | - | - | - | - | - | - | - | - |
| 25 to 29 | - | - | - | - | - | - | - | - | - | - |
| 30 to 34 | - | - | - | - | - | - | - | - | - | - |
| 35 to 39 | - | - | - | 1 (*) | - | - | - | - | - | - |
| 40 to 44 | - | - | - | 1 (*) | 1 (*) | - | - | - | - | - |
| 45 to 49 | - | - | - | - | - | 1 (*) | 1 (*) | - | - | - |
| 50 to 54 | - | - | - | 1 (*) | - | 1 (*) | - | 1 (*) | - | - |
| 55 to 59 | - | - | 1 (*) | - | - | - | - | 1 (*) | 1 (*) | 1 (*) |
| 60 to 64 | - | - | - | - | 1 (*) | - | - | - | - | 1 (*) |
| 65 to 69 | - | - | - | - | - | - | - | - | 1 (*) | - |
| 70 & up | - | - | - | - | - | - | - | - | - | - |

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

# Appendix B

# Statement of Actuarial Assumptions and Methods

***Interest Rates***

Funding: 24-month segment rates averaged through the end of November 2013, and published in December 2013:

| | | Pre MAP-21 | Reflecting MAP-21 |
|---|---|---|---|
| a. | First Rate, Years 1-5 | 1.28% | 4.94% |
| b. | Second Rate, Years 5-20 | 4.05% | 6.15% |
| c. | Third Rate, Years 20+ | 5.07% | 6.76% |
| d. | Effective Interest Rate using the above rates | 4.12% | 6.18% |
| e. | Expected return on assets | | 8.00% |
| f. | Interest rate for developing expected value of assets, (limited by statute) | | 7.52% |

***Salary Scale***

N/A

***Mortality***

Healthy: RP-2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA, male and female, with combined rates for annuitants and nonannuitants.

Disabled: Disabled Mortality Table per Revenue Ruling 96-7.

***Rates of Retirement***

All participants are assumed to retire at age 65.

***Rates of Disability***

None.

***Rates of Turnover***

Based on the Crocker-Sarason T-5 Table with sample rates below:

| Age | Rate |
|---|---|
| 20 | 7.938% |
| 30 | 7.222 |
| 40 | 5.150 |
| 50 | 2.563 |
| 60 | 0.090 |

# Appendix B (Continued)

| | |
|---|---|
| ***Assumptions Made In Valuing Spouse's Benefit*** | Eighty percent of all employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband. |
| ***Optional Form Election*** | 90% of benefits are assumed to be lump sums, with the remaining 10% being the normal annuity form. |
| ***Annual Increases to Maximum Benefits and Plan Compensation Limits*** | 0.00% |
| ***Annual Increases to Social Security*** | N/A |
| ***Provision for Expenses*** | The expected administrative (i.e. non-investment) expenses are assumed to equal actual expenses paid from plan assets during the prior year. These were included in the Target Normal Cost for minimum contribution purposes. |
| ***Standing Elections*** | The Ohio Art Company has not signed an election that provides for the automatic use of the Carryover and/or Prefunding Balance if necessary at the end of the plan year to meet the minimum funding requirement. The Ohio Art Company also has not signed an election to automatically add the maximum amount possible to the Prefunding Balance. |
| ***MAP-21 Elections*** | The MAP-21 segment rates have been used for minimum funding purposes as well as for the calculation of the AFTAP. |
| ***Asset Method*** | Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets. |

# Appendix B (Continued)

| | |
|---|---|
| ***Employees Valued*** | Only participants as of the valuation date were valued. |
| ***Changes in Assumptions and Methods since the Last Actuarial Valuation*** | The segmented interest rates used for determining the funding target were 1.66%, 4.77% and 5.52% with MAP-21 these rates were 5.54%, 6.85%, and 7.52%. These rates were updated to the rates required for the current plan year and also reflect MAP-21.<br><br>The mortality table for the funding target was changed as required under PPA '06. |
| ***Justification for Changes in Actuarial Assumptions*** | The only assumption changes were to prescribed actuarial assumptions. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions." |

| SCHEDULE SB (Form 5500) | Single-Employer Defined Benefit Plan Actuarial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ File as an attachment to Form 5500 or 5500-SF. | 2013<br>This Form is Open to Public Inspection |

For calendar plan year 2013 or fiscal plan year beginning 12/31/2013 and ending 12/30/2014

▶ **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 | B Three-digit plan number (PN) ▶ | |
|---|---|---|
| The Ohio Art Company Employees' Retirement Plan | | 002 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF | **D** Employer Identification Number (EIN) | |
| The Ohio Art Company | 34-4319140 | |

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

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

## Part I Basic Information

**1** Enter the valuation date: Month 12 Day 31 Year 2013

| | | | | |
|---|---|---|---|---|
| **2** | Assets: | | | |
| | **a** Market value | | 2a | 5511315 |
| | **b** Actuarial value | | 2b | 5372864 |
| **3** | Funding target/participant count breakdown: | | (1) Number of participants | (2) Funding Target |
| | **a** For retired participants and beneficiaries receiving payment | 3a | 20 | 2402543 |
| | **b** For terminated vested participants | 3b | 36 | 1253037 |
| | **c** For active participants: | | | |
| | (1) Non-vested benefits | 3c(1) | | 0 |
| | (2) Vested benefits | 3c(2) | | 1714698 |
| | (3) Total active | 3c(3) | 15 | 1714698 |
| | **d** Total | 3d | 71 | 5370278 |
| **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 | 6.18% |
| **6** | Target normal cost | | 6 | 0 |

**Statement by Enrolled Actuary**

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

| SIGN HERE | AMK | 7/20/2015 |
|---|---|---|
| | Signature of actuary | Date |
| Amy Kennedy | | 1407365 |
| Type or print name of actuary | | Most recent enrollment number |
| Findley Davies, Inc. | | 419-255-1360 |
| Firm name | | Telephone number (including area code) |

One Seagate, Suite 2050

Toldeo OH 43604

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 | 500 |
| 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 | 500 |
| 10 | Interest on line 9 using prior year's actual return of 9.01% | 0 | 45 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 159820 |
| | b Interest on (a) using prior year's effective interest rate of 6.88% except as otherwise provided (see instructions) | | 10996 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 170816 |
| | d Portion of (c) to be added to prefunding balance | | 14788 |
| 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 | 15333 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 99.76 % |
| 15 | Adjusted funding target attainment percentage | 15 | 100.04 % |
| 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 | 95.88 % |
| 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 |
|---|---|---|---|---|---|
| 04/14/2014 | 81293 | 0 | | | |
| 07/07/2014 | 81293 | 0 | | | |
| 10/14/2014 | 81293 | 0 | | | |
| 01/13/2015 | 81293 | 0 | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ▶ 18(b) | 325172 | 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 | 312684 |

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 |
|---|---|---|---|
| | | | |

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

**21** Discount rate:

| | 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|---|
| **a** Segment rates: | 4.94% | 6.15% | 6.76% | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 65 |

**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** | 0 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 40880 | 151724 |
| **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** | 151724 |

| | 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** | 151724 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 312684 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 160960 |
| **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** | 0 |
| **43** Excess installment acceleration amount to be carried over to future plan years | **43** | 0 |

Schedule SB, line 22 – Description of Weighted Average Retirement Age
The Ohio Art Company Employees' Retirement Plan
December 31, 2013 Valuation
EIN/PN: 34-4319140/ 002

| | |
|---|---|
| ***Rates of Retirement*** | All participants are assumed to retire at age 65. |

# Appendix A

# Summary of Principal Plan Provisions

| | |
|---|---|
| ***Plan Sponsor*** | The Ohio Art Company |
| ***EIN/PN*** | 34-4319140/002 |
| ***Effective Date*** | December 31, 1951 |
| ***Plan Year*** | The 12-month period beginning each December 31. |
| ***Participation*** | Provided that he is a salaried employee, a covered employee shall become a participant on the June 30 or December 31 coincident with or next following the completion of one full year of service and reaching age 25 (age 21 for plan years beginning on or after December 31, 1985). A covered employee is one who is a member of a group of employees of an Employer to which the plan has been and continues to be extended either by the Employer unilaterally or by collective bargaining.<br><br>Effective December 31, 2007, the plan was closed to new participants unless the participant is part of a group of employees to which the plan is extended by collective bargaining. |
| ***Earnings*** | Plan year compensation as limited by IRC Section 401(a)(17). Earnings for periods after December 31, 2007 will not be considered. |
| ***Final Average Earnings*** | The average of Earnings during the highest 5 consecutive plan years over the participant's last 10 Years of Service. |
| ***Year of Service*** | Service for all purposes is currently credited on the basis of completed years and months of employment. Service for benefit accrual purposes was frozen as of December 31, 2007 unless the participant is part of a group of employees to which the plan is extended by collective bargaining. |
| ***Accrued Benefit*** | 1.2% of the participant's Final Average Earnings multiplied by total Years of Service, not in excess of 30 years.<br><br>Benefits were frozen as of December 31, 2007 unless the participant is part of a group of employees to which the plan is extended by collective bargaining. |

# Appendix A (Continued)

| | |
|---|---|
| ***Normal Retirement Benefit*** | *Eligibility:*<br><br>Age 65 and 5 years of plan participation.<br><br>*Monthly Benefit:*<br><br>The Accrued Benefit. |
| ***Early Retirement Benefit*** | *Eligibility:*<br><br>Age 60 and 10 Years of Service.<br><br>*Monthly Benefit:*<br><br>The Accrued Benefit, starting at age 65, or starting immediately but reduced by 1/180 for each month preceding age 65. |
| ***Late Retirement Benefit*** | *Eligibility:*<br><br>Older than age 65.<br><br>*Monthly Benefit:*<br><br>The greater of the Accrued Benefit at date of termination of employment or the Normal Retirement Benefit actuarially increased for delayed commencement. |
| ***Disability Benefit*** | *Eligibility:*<br><br>Age 55 and 15 Years of Service and eligible for Social Security disability benefits.<br><br>*Monthly Benefit:*<br><br>The Accrued Benefit, using Years of Service assuming continued employment to benefit commencement date, or December 31, 2007 if earlier, starting at age 65, or starting immediately but reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding age 65. |

# Appendix A (Continued)

| | |
|---|---|
| ***Termination Benefit*** | *Eligibility:*<br><br>Upon termination of employment prior to retirement after completion of at least five Years of Service.<br><br>*Monthly Benefit:*<br><br>The benefit commences in full at age 65 or, in a reduced amount, as early as age 60, in accordance with the early retirement provisions. |
| ***Death Benefit*** | If a vested active or former employee dies and is married on the date of death, his surviving spouse shall receive a monthly benefit for life commencing at the time the employee would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor annuity form of payment. |
| ***Employee Contributions*** | Voluntary employee contributions ranging from 2% to 10% of compensation are permitted. |
| ***Normal Form of Benefit*** | Life Annuity with 60 payments guaranteed for a single participant and actuarially equivalent 50% Joint and Survivor for a married participant. |
| ***Optional Forms of Payment*** | Single Life Annuity – this form provides monthly payments during the participant's lifetime.<br><br>Joint & Survivor 50%, 75%, and 100% Annuity – This form provides reduced monthly payments during the participant's lifetime with monthly payments to the surviving beneficiary after the participant's death equal to 50%, 75%, and 100%, respectively, of the amount paid during the participant's lifetime. The payments are the Actuarial Equivalent Value of the Life Annuity Form of Benefit.<br><br>Life Annuity with 60, 120, or 180 payments guaranteed – This form provides reduced monthly payment during the participant's lifetime with 60, 120, or 180 payments guaranteed to the participant's beneficiary. The payments are the Actuarial Equivalent Value of the Life Annuity Form of Benefit.<br><br>The conversion factors are based on GAR 1994 Mortality and 6.00% interest rate. |

# Appendix A (Continued)

| | |
|---|---|
| ***Benefits Available as Lump Sums*** | The participant's total benefit, unless restricted by PPA '06 due to the plan's funded status, is available as a single sum distribution.<br><br>The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate from the October preceding each valuation date as required under IRC Section 417(e)(3). |
| ***Funding of the Plan*** | Employer pays all costs. |
| ***Changes in Plan Provisions*** | None. |

Schedule SB, Line 32 – Schedule of Amortization Bases
The Ohio Art Company Employees' Retirement Plan
December 31, 2013 Valuation
EIN/PN: 34-4319140/ 002

# Exhibit VII

## Schedule of Amortization Bases

**Plan Year Beginning** **12/31/2013**

| | Date Established | Present Value of Payments | Remaining Years | Amortization Installment |
|---|---|---|---|---|
| ***Shortfall Amortization Bases*** | 12/31/2013 | $ 0 | 7 | $ 0 |
| | 12/31/2012 | (868,092) | 6 | (164,011) |
| | 12/31/2011 | 16,442 | 5 | 3,613 |
| | 12/31/2010 | 368,622 | 6 | 98,924 |
| | 12/31/2009 | 338,847 | 5 | 118,437 |
| | 12/31/2008 | 185,061 | 2 | 94,761 |
| | Total | $ 40,880 | | $ 151,724 |
| ***Waiver Amortization Bases*** | 12/31/2013 | $ 0 | | $ 0 |