

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 2015 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) ☐ a one-participant plan ☐ a foreign 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 <u>BEECH ACRES PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <div style="text-align: center;"><u>01/01/1970</u></div> </td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan <div style="text-align: center;"><u>01/01/1970</u></div>									
1b Three-digit plan number (PN) ►	<u>001</u>												
1c Effective date of plan <div style="text-align: center;"><u>01/01/1970</u></div>													
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BEECH ACRES</u> <u>6881 BEECHMONT AVENUE</u> <u>CINCINNATI, OH 45230-2093</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">2b Employer Identification Number (EIN) <u>31-0536663</u></td> <td style="width: 40%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <div style="text-align: center;"><u>513-231-6630</u></div> </td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <div style="text-align: center;"><u>624100</u></div> </td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0536663</u>		2c Sponsor's telephone number <div style="text-align: center;"><u>513-231-6630</u></div>		2d Business code (see instructions) <div style="text-align: center;"><u>624100</u></div>							
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3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3b Administrator's EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number									
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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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">4b EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN									
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5a	<u>17</u>												
5b Total number of participants at the end of the plan year	<u>16</u>												
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5d(2) Total number of active participants at the end of the plan year	<u>5</u>												
5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<u>0</u>												

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.	01/09/2017	JAMES R. MASON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/09/2017	JAMES R. MASON
	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)			Preparer's telephone number

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ 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.) ☒ 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)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	1226666	1190897
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1226666	1190897
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	42408	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-15572	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		26836
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	57011	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	5594	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		62605
i Net income (loss) (subtract line 8h from line 8c)	8i		-35769
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 3D

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	N/A	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			1000000
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		X		
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				
j Did the plan trust incur unrelated business taxable income?	10j				

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)..... ☒ Yes ☐ No

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... **11a** 0

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... ☐ Yes ☒ 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

- 14a** Name of trust **14b** Trust's EIN
- 14c** Name of trustee or custodian **14d** Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

- 15a** Is the plan a 401(k) plan? ☐ Yes ☐ No
- 15b** If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ☐ Design-based safe harbor method ☐ ADP/ACP test
- 15c** If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? ☐ Yes ☐ No
- 16a** Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ☐ Ratio percentage test ☐ Average benefit test
- 16b** Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No
- 17a** Has the plan been timely amended for all required tax law changes? ☐ Yes ☐ No ☐ N/A
- 17b** Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code ____ (See instructions for tax law changes and codes).
- 17c** If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number ____.
- 17d** If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.
- 18** Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? ☐ Yes ☐ No
- 19** Were in-service distributions made during the plan year? ☐ Yes ☐ No
- If "Yes," enter amount **19**
- 20** Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? ☐ Yes ☐ No ☐ N/A

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

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 BEECH ACRES PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BEECH ACRES	D Employer Identification Number (EIN) 31-0536663

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2015			
2 Assets:			
a Market value	2a	1226666	
b Actuarial value	2b	1226666	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	6	338696	338696
b For terminated vested participants	4	173527	173527
c For active participants	7	817982	817982
d Total	17	1330205	1330205
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	6.06%	
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.

<div>SIGN HERE</div>	<div>10/28/2016</div> <div>Signature of actuary</div> <div>HANS NIENABER</div> <div>Type or print name of actuary</div> <div>CUNI, RUST & STRENK, INC.</div> <div>Firm name</div> <div>4555 LAKE FOREST DRIVE, SUITE 620 CINCINNATI, OH 45242</div> <div>Address of the firm</div>	<div>10/28/2016</div> <div>Date</div> <div>14-05737</div> <div>Most recent enrollment number</div> <div>513-985-6164</div> <div>Telephone number (including area code)</div>
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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	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 _____ %	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)		6873
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.20</u> %		426
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		7299
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	92.21 %
15 Adjusted funding target attainment percentage	15	92.21 %
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	95.55 %
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
10/16/2015	16122				
01/13/2016	8762				
04/11/2016	8762				
06/29/2016	8762				
			Totals ►	18(b)	42408
				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	40968
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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	103539	40961	
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	40961	
	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	40961	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	40968	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	7	
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 (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> <hr/> 2015 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

► 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 Beech Acres Pension Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="height: 20px; background-color: #cccccc;"></td> </tr> </table>	B Three-digit plan number (PN) ►	001		
B Three-digit plan number (PN) ►	001				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Beech Acres	D Employer Identification Number (EIN) 31-0536663				

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other **F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2015</u>	
2 Assets:		
a Market value	2a	1,226,666
b Actuarial value	2b	1,226,666
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Funding Target
a For retired participants and beneficiaries receiving payment	6	338,696
b For terminated vested participants	4	173,527
c For active participants	7	817,982
d Total	17	1,330,205
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	6.06 %
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	<div style="text-align: center;"> Signature of actuary Hans Nienaber Type or print name of actuary Cuni, Rust & Strenk, Inc. Firm name 4555 Lake Forest Drive, Suite 620 US Cincinnati OH 45242 Address of the firm </div>	<div style="text-align: center;"> 10/28/2016 Date 14-05737 Most recent enrollment number (513) 985-6164 Telephone number (including area code) </div>
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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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2015
v. 150123

(b) Prefunding balance

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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %
			☐ 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	103,539		40,961
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	40,961
	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	40,961	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	40,968	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	7
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

2015 Schedule SB, line 19 – Discounted Employer Contributions.

Plan Name: Beech Acres Pension Plan

EIN: 31-0536663

PN: 001

Valuation Interest Rate: 6.06%

Valdate for contributions: 7/1/2015

<u>Date</u>	<u>Amount</u>	<u># Days to 7/1/2015</u>	<u>Discounted Contributions</u>
10/16/2015	\$16,122	107	\$15,846
1/13/2016	\$8,762	196	\$8,490
4/11/2016	\$8,762	285	\$8,369
6/29/2016	\$8,762	364	\$8,263
	<u>\$42,408</u>		<u>\$40,968</u>

2015 Schedule SB, line 22 - Description of Weighted Average Retirement Age
Plan Name: Beech Acres Pension Plan
EIN: 31-0536663
PN: 001

(A)	(B)	(C)	(D)	(E)
Retirement Age	Retirement Rates	Fraction Remaining	Probability Distribution	Sum Weighted Average Age
65	100.00%	0.00000	100.00%	65.00000
Weighted Average Retirement Age				65.0

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

PN: 001

[illegible]

2015 Schedule SB, Line 32 --Schedule of Amortization Bases**Plan Name: Beech Acres Pension Plan****EIN: 31-0536663****PN: 001**

<u>Type</u>	<u>Present Value of Remaining Installments</u>	<u>Date Established</u>	<u>Rem. Years</u>	<u>Amortization Installment</u>
Shortfall	\$ 111,143	06/30/2014	7	\$ 18,483
Shortfall	\$ (49,991)	06/30/2013	6	\$ (9,410)
Shortfall	\$ 19,026	07/01/2013	5	\$ 4,164
Shortfall	\$ 8,522	07/01/2012	4	\$ 2,280
Shortfall	\$ (1,115)	07/01/2011	6	\$ (389)
Shortfall	\$ (20,224)	07/01/2010	2	\$ (10,345)
Shortfall	\$ 36,178	07/01/2009	1	\$ 36,178
	<u>\$ 103,539</u>			<u>\$ 40,961</u>

2015 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Beech Acres Pension Plan

EIN: 31-0536663

PN: 001

1. Effective Date: January 1, 1970. Amended, Restated: January 1, 1984; Amendment: January 1, 1989; Amendment: December 31, 1997; Amendment: January 1, 2003; Amended and Restated effective January 1, 2014.

2. Plan Year: July 1st through June 30th.

3. Eligibility: First day of the Plan Year in which the employee attains age 21 and completes two Years of Service.

4. Average Monthly Compensation: Average monthly compensation for the five highest consecutive years out of the last 10 prior to retirement, termination, or cessation of benefit accrual by plan amendment.

5. Credited Service: One Year of Credited Service for each 12-month period commencing on the anniversary date of hire in which at least 1,000 Hours of Service are worked. After the first Year of Service, Years of Credited Service will be determined on a Plan Year basis.

2015 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Beech Acres Pension Plan

EIN: 31-0536663

PN: 001

6. Normal Retirement:

- | | |
|--------------------|---|
| a. Eligibility | Later of attainment of Age 65 and 5 years of Plan Participation. |
| b. Monthly Benefit | 59% of Average Monthly Compensation, reduced for Years of Credited Service fewer than 30 years. No benefits accrue after December 31, 1997. |

7. Early Retirement:

- | | |
|--------------------|--|
| a. Eligibility | Age 55 and 10 Years of Service. |
| b. Monthly Benefit | Accrued benefit reduced by 1/15 of each of the first 5 years and 1/30 for each of the next 5 years by which the Early Retirement Date precedes the Normal Retirement Date. |

8. Vested Retirement:

- | | |
|--------------------|--|
| a. Eligibility | 100% immediate vesting upon plan entry. |
| b. Monthly Benefit | Calculated as for Normal Retirement based on Credited Service and Average Monthly Compensation as of date of separation, times the participant's vesting percentage. |

2015 Schedule SB, Part V – Summary of Plan Provisions
Plan Name: Beech Acres Pension Plan
EIN: 31-0536663
PN: 001

9. Disability Retirement:

- | | |
|--------------------|---|
| a. Eligibility | Complete and permanent disability. |
| b. Monthly Benefit | 100% of Accrued Benefit deferred to Normal Retirement Date. |

10. Pre-Retirement Death:

- | | |
|--------------------|--|
| a. Eligibility | A Participant with an Accrued Benefit. |
| b. Monthly Benefit | The Pre-Retirement Survivor Annuity plus the excess of the Present Value of the Accrued Benefit less the Present Value of the Pre-Retirement Survivor Annuity. |

11. Payment Forms:

- | | |
|-------------|---|
| a. Normal | Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants. |
| b. Optional | Actuarially equivalent single premium, nontransferable annuity, periodic installment payments, or lump sum distribution. |

2015 Schedule SB, Part V – Summary of Plan Provisions
Plan Name: Beech Acres Pension Plan
EIN: 31-0536663
PN: 001

12. Actuarial Equivalency:

a. Other than Lump Sums

1971 Group Annuity Mortality Table for males and 6% interest.

b. Lump Sums

The greater of the lump sum calculated under (a) and the lump sum calculated using the 417(e) Applicable Mortality Table and 417(e) Applicable Interest Rate determined as of the first day of the Plan Year in which the distribution occurs.

13. Maximum Annual Benefit:

\$210,000 per year for participants retiring at age 62 or later during the 2015 Plan Year.

14. Changes Since Last Year:

None.

2015 Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

Plan Name: Beech Acres Pension Plan

EIN: 31-0536663

PN: 001

1. Interest Rates:

Minimum Required

IRS Segment rates as of the valuation date subject to the MAP-21 90% - 110% corridor as amended by HATFA:

i. Tier 1 – Years 0-5

4.72% per year.

ii. Tier 2 – Years 5-20

6.11% per year.

iii. Tier 3 – Years 20+

6.81% per year.

Maximum Deductible

IRS Segment rates as of the valuation date:

i. Tier 1 – Years 0-5

1.31% per year.

ii. Tier 2 – Years 5-20

4.07% per year.

iii. Tier 3 – Years 20+

5.10% per year.

2. Mortality Rates:

IRS Small Plan Combined Static Mortality Table.

3. Salary Scale:

None.

4. Retirement Rates:

Normal Retirement Age under the Plan.

5. Termination Rates:

None.

6. Disability Rates:

None.

7. Plan Expenses:

None.

2015 Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

Plan Name: Beech Acres Pension Plan

EIN: 31-0536663

PN: 001

- | | |
|---|---|
| 8. <u>Asset Valuation Method:</u> | Market Value. |
| | |
| 9. <u>Assumed Form of Distribution:</u> | Single Life Annuity. |
| | |
| 10. <u>Changes Since Last Year:</u> | Interest rates and mortality tables updated as required by PPA. |

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016		
► 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 Beech Acres Pension Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Beech Acres	D Employer Identification Number (EIN) 31-0536663	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	1,226,666	
b Actuarial value	2b	1,226,666	
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	6	338,696	338,696
b For terminated vested participants	4	173,527	173,527
c For active participants	7	817,982	817,982
d Total	17	1,330,205	1,330,205
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	6.06 %	
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.	
<div style="background-color: #cccccc; padding: 5px; display: inline-block;">SIGN HERE</div> <div style="text-align: center; margin-top: 20px;"> Signature of actuary Hans Nienaber Type or print name of actuary Cuni, Rust & Strenk, Inc. Firm name 4555 Lake Forest Drive, Suite 620 US Cincinnati OH 45242 Address of the firm </div>	<div style="text-align: center; margin-top: 20px;"> 10/28/2016 Date 14-05737 Most recent enrollment number (513) 985-6164 Telephone number (including area code) </div>

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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	103,539	40,961	
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	40,961	
	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	40,961	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	40,968	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	7	
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		

2015 Schedule SB, line 19 – Discounted Employer Contributions.

Plan Name: Beech Acres Pension Plan

EIN: 31-0536663

PN: 001

Valuation Interest Rate: 6.06%

Valdate for contributions: 7/1/2015

<u>Date</u>	<u>Amount</u>	<u># Days to 7/1/2015</u>	<u>Discounted Contributions</u>
10/16/2015	\$16,122	107	\$15,846
1/13/2016	\$8,762	196	\$8,490
4/11/2016	\$8,762	285	\$8,369
6/29/2016	<u>\$8,762</u>	364	<u>\$8,263</u>
	\$42,408		\$40,968

2015 Schedule SB, line 22 - Description of Weighted Average Retirement Age
Plan Name: Beech Acres Pension Plan
EIN: 31-0536663
PN: 001

(A)	(B)	(C)	(D)	(E)
Retirement Age	Retirement Rates	Fraction Remaining	Probability Distribution	Sum Weighted Average Age
65	100.00%	0.00000	100.00%	65.00000
Weighted Average Retirement Age				65.0

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

PN: 001

[illegible]

2015 Schedule SB, Line 32 --Schedule of Amortization Bases
Plan Name: Beech Acres Pension Plan
EIN: 31-0536663
PN: 001

<u>Type</u>	<u>Present Value of Remaining Installments</u>	<u>Date Established</u>	<u>Rem. Years</u>	<u>Amortization Installment</u>
Shortfall	\$ 111,143	06/30/2014	7	\$ 18,483
Shortfall	\$ (49,991)	06/30/2013	6	\$ (9,410)
Shortfall	\$ 19,026	07/01/2013	5	\$ 4,164
Shortfall	\$ 8,522	07/01/2012	4	\$ 2,280
Shortfall	\$ (1,115)	07/01/2011	6	\$ (389)
Shortfall	\$ (20,224)	07/01/2010	2	\$ (10,345)
Shortfall	\$ 36,178	07/01/2009	1	\$ 36,178
	<u>\$ 103,539</u>			<u>\$ 40,961</u>

2015 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Beech Acres Pension Plan

EIN: 31-0536663

PN: 001

1. Effective Date: January 1, 1970. Amended, Restated: January 1, 1984; Amendment: January 1, 1989; Amendment: December 31, 1997; Amendment: January 1, 2003; Amended and Restated effective January 1, 2014.

2. Plan Year: July 1st through June 30th.

3. Eligibility: First day of the Plan Year in which the employee attains age 21 and completes two Years of Service.

4. Average Monthly Compensation: Average monthly compensation for the five highest consecutive years out of the last 10 prior to retirement, termination, or cessation of benefit accrual by plan amendment.

5. Credited Service: One Year of Credited Service for each 12-month period commencing on the anniversary date of hire in which at least 1,000 Hours of Service are worked. After the first Year of Service, Years of Credited Service will be determined on a Plan Year basis.

2015 Schedule SB, Part V – Summary of Plan Provisions
Plan Name: Beech Acres Pension Plan
EIN: 31-0536663
PN: 001

6. Normal Retirement:

- | | |
|--------------------|---|
| a. Eligibility | Later of attainment of Age 65 and 5 years of Plan Participation. |
| b. Monthly Benefit | 59% of Average Monthly Compensation, reduced for Years of Credited Service fewer than 30 years. No benefits accrue after December 31, 1997. |

7. Early Retirement:

- | | |
|--------------------|--|
| a. Eligibility | Age 55 and 10 Years of Service. |
| b. Monthly Benefit | Accrued benefit reduced by 1/15 of each of the first 5 years and 1/30 for each of the next 5 years by which the Early Retirement Date precedes the Normal Retirement Date. |

8. Vested Retirement:

- | | |
|--------------------|--|
| a. Eligibility | 100% immediate vesting upon plan entry. |
| b. Monthly Benefit | Calculated as for Normal Retirement based on Credited Service and Average Monthly Compensation as of date of separation, times the participant's vesting percentage. |

2015 Schedule SB, Part V – Summary of Plan Provisions
Plan Name: Beech Acres Pension Plan
EIN: 31-0536663
PN: 001

9. Disability Retirement:

- | | |
|--------------------|---|
| a. Eligibility | Complete and permanent disability. |
| b. Monthly Benefit | 100% of Accrued Benefit deferred to Normal Retirement Date. |

10. Pre-Retirement Death:

- | | |
|--------------------|--|
| a. Eligibility | A Participant with an Accrued Benefit. |
| b. Monthly Benefit | The Pre-Retirement Survivor Annuity plus the excess of the Present Value of the Accrued Benefit less the Present Value of the Pre-Retirement Survivor Annuity. |

11. Payment Forms:

- | | |
|-------------|---|
| a. Normal | Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants. |
| b. Optional | Actuarially equivalent single premium, nontransferable annuity, periodic installment payments, or lump sum distribution. |

2015 Schedule SB, Part V – Summary of Plan Provisions
Plan Name: Beech Acres Pension Plan
EIN: 31-0536663
PN: 001

12. Actuarial Equivalency:

- | | |
|-------------------------|--|
| a. Other than Lump Sums | 1971 Group Annuity Mortality Table for males and 6% interest. |
| b. Lump Sums | The greater of the lump sum calculated under (a) and the lump sum calculated using the 417(e) Applicable Mortality Table and 417(e) Applicable Interest Rate determined as of the first day of the Plan Year in which the distribution occurs. |

13. Maximum Annual Benefit: \$210,000 per year for participants retiring at age 62 or later during the 2015 Plan Year.

14. Changes Since Last Year: None.

2015 Schedule SB, Part V – Summary of Actuarial Assumptions and Methods
Plan Name: Beech Acres Pension Plan
EIN: 31-0536663
PN: 001

1. Interest Rates:

Minimum Required

IRS Segment rates as of the valuation date subject to the MAP-21 90% - 110% corridor as amended by HATFA:

- i. Tier 1 – Years 0-5
- ii. Tier 2 – Years 5-20
- iii. Tier 3 – Years 20+

4.72% per year.
6.11% per year.
6.81% per year.

Maximum Deductible

IRS Segment rates as of the valuation date:

- i. Tier 1 – Years 0-5
- ii. Tier 2 – Years 5-20
- iii. Tier 3 – Years 20+

1.31% per year.
4.07% per year.
5.10% per year.

2. Mortality Rates:

IRS Small Plan Combined Static Mortality Table.

3. Salary Scale:

None.

4. Retirement Rates:

Normal Retirement Age under the Plan.

5. Termination Rates:

None.

6. Disability Rates:

None.

7. Plan Expenses:

None.

2015 Schedule SB, Part V – Summary of Actuarial Assumptions and Methods
Plan Name: Beech Acres Pension Plan
EIN: 31-0536663
PN: 001

- | | |
|---|---|
| 8. <u>Asset Valuation Method:</u> | Market Value. |
| 9. <u>Assumed Form of Distribution:</u> | Single Life Annuity. |
| 10. <u>Changes Since Last Year:</u> | Interest rates and mortality tables updated as required by PPA. |