

Form 5500 <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 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 <div style="font-size: 24pt; font-weight: bold;">2016</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ 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:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information			
1a Name of plan	<u>THE PMC PENSION TRUST</u>		1b Three-digit plan number (PN) ▶	<u>001</u>
			1c Effective date of plan	<u>12/12/1963</u>
2a Plan sponsor's name (employer, if for a single-employer plan)	<u>PLASTIC MOLDINGS COMPANY, LLC</u>		2b Employer Identification Number (EIN)	<u>31-1689020</u>
Mailing address (include room, apt., suite no. and street, or P.O. Box)			2c Plan Sponsor's telephone number	<u>317-421-2522</u>
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)			2d Business code (see instructions)	<u>326100</u>
<u>9825 KENWOOD RD STE 302</u>	<u>9825 KENWOOD RD STE 302</u>	<u>9825 KENWOOD RD STE 302</u>		
<u>BLUE ASH, OH 45242-6252</u>	<u>BLUE ASH, OH 45242-6252</u>	<u>BLUE ASH, OH 45242-6252</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 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.	10/06/2017	<u>SHELLY CARTER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2017	<u>DALE TURNER</u>
	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)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
5 Total number of participants at the beginning of the plan year	5 279
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 65 6a(2) 55 6b 97 6c 105 6d 257 6e 15 6f 272 6g 0 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 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

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.
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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	112	01/01/2016	12/31/2016

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 <div style="text-align: center;">0</div>	(b) Total amount of fees paid <div style="text-align: center;">0</div>
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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

(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	

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** 4372507**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****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** 4345918**c** Additions: (1) Contributions deposited during the year **7c(1)** 230000
(2) Dividends and credits..... **7c(2)** 0
(3) Interest credited during the year..... **7c(3)** 200174
(4) Transferred from separate account **7c(4)** 0
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 430174**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 4776092**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 388828
(2) Administration charge made by carrier..... **7e(2)** 0
(3) Transferred to separate account..... **7e(3)** 0
(4) Other (specify below) **7e(4)** 14757

▶ ADMINISTRATIVE EXPENSE AND RELATED CHARGES

(5) Total deductions **7e(5)** 403585**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 4372507

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. Specify nature of costs.	10b	

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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **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 <u>THE PMC PENSION TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PLASTIC MOLDINGS COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>31-1689020</u>
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 <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>7172528</u>
b Actuarial value	2b <u>7172528</u>
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.....	<u>111</u> <u>3889211</u> <u>3889211</u>
b For terminated vested participants.....	<u>107</u> <u>2037189</u> <u>2037189</u>
c For active participants.....	<u>61</u> <u>2543113</u> <u>2543113</u>
d Total.....	<u>279</u> <u>8469513</u> <u>8469513</u>
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 <u>6.05 %</u>
6 Target normal cost.....	6 <u>110240</u>

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		<u>06/02/2017</u>
	Signature of actuary	Date
<u>ANDREA R. MUTTERS</u>	Type or print name of actuary	<u>17-08278</u>
<u>MCHENRY ADVISERS INC.</u>	Firm name	Most recent enrollment number
<u>134 E. MAIN ST.</u> <u>NEW ALBANY, OH 43054</u>	Address of the firm	<u>800-805-9538</u>
		Telephone number (including area code)

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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

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)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-2.04</u> %	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)		1481
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>6.26</u> %		93
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		1574
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	84.68%
15	Adjusted funding target attainment percentage	15	84.68%
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	93.27%
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
01/12/2016	43661	0			
04/12/2016	50460	0			
07/12/2016	50460	0			
10/11/2016	61537	0			
01/04/2017	61537	0			
			Totals ►	18(b)	267655
				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 258929
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	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">1st segment: 4.43%</div> <div style="text-align: center;">2nd segment: 5.91%</div> <div style="text-align: center;">3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
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	110240
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	1296985	146745
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
			256985
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)		36
			256985
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37
			258929
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	1944
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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

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)
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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)..... ☒ 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 NEW YORK LIFE INSURANCE CO.

13-5582869

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation RIVER CITIES CAPITAL FUND III LP
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31-1760961

(b) Enter name and EIN or address of person who provided you disclosures 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

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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)

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	7033	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 SERVICES	4942	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 ☐

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:	AUDREY CERVAS	b EIN:	13-3954297
c Position:	ACTUARY		
d Address:	BUCK CONSULTANTS - CONDUENT 600 FREEDOM SQUARE SUITE 100 INDEPENDENCE, OH 44131	e Telephone:	216-682-7581

Explanation: COST AND ORGANIZATION RESTRUCTURE.

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) 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
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
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
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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)	18740	159358
(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)	591409	250999
(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)	2216461	2540022
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4345918	4372507
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	7172528	7322886

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7172528	7322886
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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)	206118	
(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)		206118
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		0
(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)	87174	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		87174
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	704152	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	675693	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		28459
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	135181	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		135181

		(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)		204174
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		661106

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	396677	
(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)		396677
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)	4942	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	7033	
(4) Other	2i(4)	102096	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		114071
j Total expenses. Add all expense amounts in column (b) and enter total	2j		510748

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		150358
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

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) ☒ 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 ☒ No

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

(1) Name: SCROGGINS GREAR INC.

(2) EIN: 31-0795487

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:

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.).....

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.)

	Yes	No	Amount
4a		X	
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			
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			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4024515. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 sections 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>THE PMC PENSION TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PLASTIC MOLDINGS COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>31-1689020</u>

Part I	Distributions
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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	<u>0</u>
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): <u>13-5582869</u>		
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	<u>3</u>

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

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
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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): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

THE PMC PENSION TRUST
FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

Years Ended December 31, 2016 and 2015

SCROGGINS GREAR
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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CONSULTANTS AND CPAs

The Power of Service

INDEPENDENT AUDITORS' 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 benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits as of January 1, 2016 and 2015, and the statement of changes in accumulated plan benefits for the period ended January 1, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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.

Auditors' 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.



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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 benefits of The PMC Pension Trust as of December 31, 2016 and 2015, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of January 1, 2016 and 2015, and the changes in accumulated plan benefits for the period ended January 1, 2016 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 at end of year) and schedule of reportable transactions, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are 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 audits 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.

Cincinnati, Ohio
October 2, 2017

THE PMC PENSION TRUST
STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS
December 31, 2016 and 2015

ASSETS	<u>2016</u>	<u>2015</u>
Investments, at fair value		
Money market funds	\$ 159,358	\$ 18,740
Mutual funds	2,540,022	2,216,461
Limited partnerships	250,999	591,409
<i>Total investments, at fair value</i>	<u>2,950,379</u>	<u>2,826,610</u>
Investments, at contract value		
Pension annuity contract with insurance company	4,372,507	4,345,918
<i>Total investments, at contract value</i>	<u>4,372,507</u>	<u>4,345,918</u>
 TOTAL ASSETS	 <u>7,322,886</u>	 <u>7,172,528</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 7,322,886</u>	 <u>\$ 7,172,528</u>

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

THE PMC PENSION TRUST
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ADDITIONS TO NET ASSETS		
Investment income		
Dividends and interest	\$ 87,174	\$ 70,345
Net appreciation (depreciation) in fair value of investments	<u>367,814</u>	<u>(113,884)</u>
<i>Total investment income</i>	454,988	(43,539)
Contributions		
Employer	<u>206,118</u>	<u>187,129</u>
<i>Total contributions</i>	<u>206,118</u>	<u>187,129</u>
<i>Total additions to net assets</i>	661,106	143,590
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	396,677	396,984
Administrative expenses	<u>114,071</u>	<u>110,241</u>
<i>Total deductions from net assets</i>	<u>510,748</u>	<u>507,225</u>
NET INCREASE (DECREASE)	150,358	(363,635)
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	<u>7,172,528</u>	<u>7,536,163</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 7,322,886</u>	<u>\$ 7,172,528</u>

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

THE PMC PENSION TRUST
STATEMENTS OF ACCUMULATED PLAN BENEFITS
January 1, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits		
Participants and beneficiaries currently receiving payments	\$ 3,582,711	\$ 3,589,610
Other vested benefits	<u>4,079,954</u>	<u>3,770,003</u>
<i>Total vested benefits</i>	7,662,665	7,359,613
Non-vested benefits	<u>-</u>	<u>-</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 7,662,665</u>	<u>\$ 7,359,613</u>

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

THE PMC PENSION TRUST
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the Period Ended January 1, 2016

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 1, 2015	\$ 7,359,613
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:	
Benefits paid	(396,984)
Interest	551,013
Change in actuarial assumptions	<u>149,023</u>
NET INCREASE	<u><u>303,052</u></u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 1, 2016	<u><u>\$ 7,662,665</u></u>

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

THE PMC PENSION TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

NOTE A - DESCRIPTION OF THE PLAN

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

1. General

The Plan is a defined benefit pension plan covering substantially all employees of Plastic Moldings Company, LLC (Company) hired before January 1, 2008. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. Pension Benefits

Employees who have completed five years of service are entitled to annual pension benefits at normal 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 Plan.

3. Disability and Death Benefits

The Plan 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 as of 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.

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 who were 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.

THE PMC PENSION TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2016 and 2015

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Accounting

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

2. Investment Valuation and Income Recognition

Investments are reported at fair value, except for the Plan's contract with New York Life. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note H for a discussion of fair value measurements. The Plan's immediate participation guarantee contract with New York Life is valued at contract value. See Note G for a discussion of the immediate participation guarantee contract.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

3. Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

4. Participant Contributions

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

5. Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

THE PMC PENSION TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2016 and 2015

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

6. *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the average of an employee's monthly compensation over the five consecutive calendar years out of their last ten or fewer consecutive calendar years of benefit service which produces the highest average. The average monthly compensation is determined as of February 28, 2009. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary from McHenry Advisers, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2016 and 2015 are detailed in Note C. Those actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

7. *Payment of Benefits*

Benefit payments to participants are recorded upon distributions.

THE PMC PENSION TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2016 and 2015

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

8. New Accounting Standards

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts but will continue to provide certain disclosures that help users understand the nature and risks of fully benefit-responsive investment contracts. Upon adoption, contract value will be the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part II also removes the requirement to include investment strategy disclosures for those investments using NAV as a practical expedient. Part III provides a practical expedient to permit plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. The ASU is effective for fiscal years beginning after December 15, 2015; however, early adoption is allowed. The Plan adopted Part II of ASU 2015-12 in 2015 and its application was applied retrospectively. Parts I and III are not applicable to the Plan.

NOTE C - ACTUARIAL COST METHOD & ASSUMPTIONS

The Plan's funding requirements are determined using the Unit Credit funding method as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.

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

THE PMC PENSION TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2016 and 2015

NOTE C - ACTUARIAL COST METHOD & ASSUMPTIONS (Continued)

Prescribed Funding/PBGC Assumptions and Methods

Funding Interest Rates

Current Year: Segment Rates with a 4-month look-back
 Rates used for maximum contribution purposes

<u>Segment</u>	<u>Rate</u>
1	1.34%
2	4.03%
3	5.06%

In accordance with HATFA, 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, 2015, or 4.43%, 5.91% and 6.65%, respectively, for minimum funding but not maximum tax-deductible purposes.

Effective Interest Rate 6.05%
 (Based on HATFA rates)

Funding Interest Rates

Prior Year: Segment Rates with a 4-month look-back
 Rates used for maximum contribution purposes

<u>Segment</u>	<u>Rate</u>
1	1.15%
2	4.06%
3	5.15%

In accordance with HATFA, 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, 2014, or 4.72%, 6.11% and 6.81%, respectively, for minimum funding but not maximum tax-deductible purposes.

Effective Interest Rate 6.26%
 (Based on HATFA rates)

PBGC Variable Premium

Standard PBGC rates for the 2016 and 2015 plan year.

THE PMC PENSION TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2016 and 2015

NOTE C - ACTUARIAL COST METHOD & ASSUMPTIONS (Continued)

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans for the 2016 and 2015 plan year.

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 to be accrued during the current plan year, including expected plan related expenses to be paid from plan assets during the year for the 2016 and 2015 plan year.

Non-Prescribed Funding Assumptions and Methods

Salary Increases

N/A (since accrued benefits are frozen).

Retirement Rates

Retirements for active participants are assumed to occur in accordance with the following rates and 5 years of participation:

Current Year:	<table><tr><th>Age</th><th>Rate</th></tr><tr><td>65</td><td>100%</td></tr></table>	Age	Rate	65	100%
Age	Rate				
65	100%				

Prior Year:	<table><tr><th>Age</th><th>Rate</th></tr><tr><td>65</td><td>100%</td></tr></table>	Age	Rate	65	100%
Age	Rate				
65	100%				

Withdrawal Rates

Current Year: There are no pre-retirement turnover rates assumed.

Prior Year: There are no pre-retirement turnover rates assumed.

Marital Percentage

Current Year: 100% of employees eligible for early retirement are assumed to be married, with the male spouse and female spouse assumed to be the same age.

Prior Year: 100% of employees eligible for early retirement are assumed to be married, with the male spouse and female spouse assumed to be the same age.

THE PMC PENSION TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2016 and 2015

NOTE C - ACTUARIAL COST METHOD & ASSUMPTIONS (Continued)

Maximum Benefit At Normal Retirement Age, the lesser of \$210,000 per year or 100% of the highest 3-year average salary, subject to service requirements, for the 2016 and 2015 plan year.

Expenses

Current Year: Expected plan-related expenses of \$110,240 were added to the Target Normal Cost.

Prior Year: Expected plan-related expenses of \$110,240 were added to the Target Normal Cost.

Frequency of Optional Payment Forms

Retired participants are assumed to elect benefits as follows:

Current Year: Retired participants are assumed to elect benefits at the Normal Plan Form Life Annuity with 10 Years Certain.

Prior Year: Retired participants are assumed to elect benefits at the Normal Plan Form Life Annuity with 10 Years Certain.

Asset Valuation Method

Current Year: The Actuarial Value of Assets is equal to the Market Value of Assets without any averaging or smoothing.

Prior Year: The Actuarial Value of Assets is equal to the Market Value of Assets without any averaging or smoothing.

The expected return on plan assets is 7.50% per annum for the 2016 and 2015 plan year.

Summary of Changes from the January 1, 2015 Valuation

The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1.

The mortality tables were updated to comply with PPA.

THE PMC PENSION TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2016 and 2015

NOTE C - ACTUARIAL COST METHOD & ASSUMPTIONS (Continued)

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 715 Discount Rate

Current Year for 2016 expense and 2015 year-end disclosure:	4.14%
Prior Year for 2015 expense and 2014 year-end disclosure:	4.34%

Expected Long-Term Rate of Return

For 2016 and 2015 expense:	7.50%
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ASC 960 Discount Rate

For January 1, 2016 and January 1, 2015 measurement date:	7.50%
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Expenses

Expected plan administrative and investment expenses are not added to the Service Cost for the 2016 and 2015 plan year.

Actuarial Cost Method

Projected Unit Credit Method in accordance with ASC 715 for the 2016 and 2015 plan year.

Market-Related Value of Assets

A method which fully recognizes benefit payments, expenses, contributions, interest and dividends in the 2016 and 2015 plan year.

NOTE D - TAX STATUS

The Internal Revenue Service had determined and informed the Company by a letter dated September 2, 2011, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter and has subsequently received a new favorable determination letter dated January 9, 2017 that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS.

THE PMC PENSION TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2016 and 2015

NOTE D - TAX STATUS (Continued)

The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

NOTE E - FUNDING

The Plan'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 Plan. Funding is based on expected administrative expenses to be paid from the Plan 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 Plan in sufficient amounts to meet the "Minimum Funding Standards" of ERISA. As of December 31, 2016 and 2015, the Company had met the "Minimum Funding Standards" of ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE F - LIMITED PARTNERSHIPS

The Plan owns limited partnership interests in River Cities Capital Fund III, L.P. and River Cities Capital Fund IV (NQP), L.P.

The total commitment of the Plan to River Cities Capital Fund III, L.P. is \$500,000. As of December 31, 2016, the Plan has contributed \$500,000 to this partnership to fulfill the commitment. The value of this limited partnership interest was \$66,209 and \$174,719 at December 31, 2016 and 2015, respectively.

The total commitment of the Plan to River Cities Capital Fund IV (NQP), L.P. is \$500,000. As of December 31, 2016, the Plan has contributed \$462,500 to this limited partnership, leaving an outstanding commitment of \$37,500. The value of the limited partnership interest was \$184,790 and \$416,690 at December 31, 2016 and 2015, respectively.

NOTE G - GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan maintains an immediate participation guarantee contract with an insurance company which provides for an annual rate of return based upon the "new money rates." 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 overfunded, the overage is invested in other investment options and used to fund future retirees. If it is underfunded, the Plan will transfer monies into the account.

THE PMC PENSION TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2016 and 2015

NOTE G - GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY
(Continued)

At December 31, 2016, the contract was underfunded by \$19,795, and at December 31, 2015, the contract was underfunded by \$3,197. At December 31, 2016 and 2015, the value of the contract was \$4,372,507 and \$4,345,918, respectively. 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.

The immediate participation guarantee contract is valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less funds used to pay administrative expenses and retirement benefit payments, plus or minus experience rate adjustments.

NOTE H - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits, except for the Plan's contract with New York Life. See Note G for a discussion of that contract. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements authoritative literature 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 for identical assets, and Level 3 inputs are unobservable 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 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

Mutual funds and money market funds - valued at the daily closing price as reported by the fund. Mutual funds and money market funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds and money market funds held by the Plan are deemed to be actively traded.

THE PMC PENSION TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2016 and 2015

NOTE H - FAIR VALUE MEASUREMENTS (Continued)

Level 3 Fair Value Measurements

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

Quantitative Information about Level 3 Fair Value Measurements

	Valuation Techniques	Unobservable Input	Range (Weighted Average)
<u>December 31, 2016</u>			
Limited Partnerships	Percentage ownership in equity of limited partnership	Third party valuations of companies in the limited partnership	N/A
<u>December 31, 2015</u>			
Limited Partnerships	Percentage ownership in equity of limited partnership	Third party valuations of companies in the limited partnership	N/A

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016 and 2015:

Fair Value Measurements at the End of the Reporting Period Using:				
	Quoted Prices in Active Markets for Identical Assets Fair Value	Significant Other Observable Inputs (Level 1)	Significant Unobservable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2016</u>				
Money market funds	\$ 159,358	\$ 159,358	\$ -	\$ -
Mutual funds	2,540,022	2,540,022	-	-
Limited partnerships	250,999	-	-	250,999
<i>Total investments at fair value</i>	<u>\$ 2,950,379</u>	<u>\$ 2,699,380</u>	<u>\$ -</u>	<u>\$ 250,999</u>
<u>December 31, 2015</u>				
Money market funds	\$ 18,740	\$ 18,740	\$ -	\$ -
Mutual funds	2,216,461	2,216,461	-	-
Limited partnerships	591,409	-	-	591,409
<i>Total investments at fair value</i>	<u>\$ 2,826,610</u>	<u>\$ 2,235,201</u>	<u>\$ -</u>	<u>\$ 591,409</u>

THE PMC PENSION TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2016 and 2015

NOTE H - FAIR VALUE MEASUREMENTS (Continued)

The following table reconciles the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3) for the years ended December 31, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Beginning balance of limited partnerships	\$ 591,409	\$ 696,923
Total gains or losses included in changes in net assets available for benefits	(50,237)	(36,252)
Purchases, issues, sales, and settlements:		
Purchases	-	-
Issues	-	-
Sales	-	-
Settlements	(290,173)	(69,262)
<i>Ending balance of limited partnerships</i>	<u>\$ 250,999</u>	<u>\$ 591,409</u>

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2016 and 2015 are reported in net appreciation in fair value of investments.

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

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2016 and 2015, there were no significant transfers in or out of levels 1, 2, or 3.

NOTE I - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

THE PMC PENSION TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2016 and 2015

NOTE I - RISKS AND UNCERTAINTIES (Continued)

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to the interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE J - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Benefits to be provided via contracts under which New York Life (Note G) is obligated to pay the benefits would be excluded for allocation purposes.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2016, that ceiling is \$5,011 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

THE PMC PENSION TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2016 and 2015

NOTE K - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are money market funds managed by Fidelity Investment Company. Fidelity Investment Company is the custodian as defined by the Plan. This investment and transactions in this investment qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA.

NOTE L - DATE OF MANAGEMENT'S REVIEW AND SUBSEQUENT EVENTS

Subsequent events were evaluated through October 2, 2017, which is the date on which the financial statements were available to be issued.

The Plan received a favorable determination letter dated January 9, 2017 that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

No other 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 H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500, Schedule H, Line 4i)
December 31, 2016

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Money Market Funds				
*	Fidelity Investments Money Market	Money market fund	\$ 159,358	\$ 159,358
Mutual Funds				
	IShares Russell 2000 ETF (IWM)	Registered investment company	124,173	223,851
	JPMorgan Chase & Co Alerian MLP Index	Registered investment company	166,586	131,118
	Victory Global Natural Resources Y Fund	Registered investment company	267,371	221,978
	Schwab Fundamental US Large Co Index	Registered investment company	528,525	525,445
	Vanguard 500 Index Admiral Mutual Fund	Registered investment company	769,529	847,447
	American Europacific Growth Fund CL F2	Registered investment company	<u>608,000</u>	<u>590,183</u>
	Total Mutual Funds		2,464,184	2,540,022
Limited Partnerships				
	River Cities Capital Fund III, L.P.	Private equity capital fund	500,000	66,209
	River Cities Capital Fund IV (NQP), L.P.	Private equity capital fund	<u>462,500</u>	<u>184,790</u>
	Total Limited Partnerships		962,500	250,999
Pension Annuity Contract				
	New York Life Insurance Contract	Annuity contract	<u>4,372,507</u>	<u>4,372,507</u>
TOTAL ASSETS (HELD AT END OF YEAR)			<u>\$ 7,958,549</u>	<u>\$ 7,322,886</u>

* Indicates party-in-interest to the Plan

THE PMC PENSION TRUST
(EIN 31-1689020) (PN 001)
SCHEDULE H, line 4j-SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2016

<u>(a)</u> <u>Identity</u> <u>of Party</u> <u>Involved</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u> <u>per Share</u>	<u>(d) Selling Price</u> <u>per Share</u>	<u>(e) Lease</u> <u>Rental</u>	<u>(f) Expense</u> <u>Incurred</u> <u>with Trans.</u>	<u>(g) Cost of</u> <u>Asset</u>	<u>(h) Current</u> <u>Value of Asset</u> <u>on Trans.</u> <u>Date</u>	<u>(i) Net Gain or</u> <u>(Loss)</u>
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Sale Transactions:

N/A	Vanguard Int'l Equity Index Fund	\$	49.357	\$	43.990	N/A	\$	54.26	\$	672,186	\$	599,046	\$	(73,140)
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<u>(a)</u> <u>Identity</u> <u>of Party</u> <u>Involved</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u> <u>per Share</u>	<u>(d) Selling Price</u> <u>per Share</u>	<u>(e) Lease</u> <u>Rental</u>	<u>(f) Expense</u> <u>Incurred</u> <u>with Trans.</u>	<u>(g) Number</u> <u>of Shares</u> <u>Purchased</u>	<u>(h) Current</u> <u>Value of Asset</u> <u>on Trans.</u> <u>Date</u>	<u>(i) Net Gain or</u> <u>(Loss)</u>
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Purchase Transactions:

N/A	American EuroPacific Growth Fund	\$	46.350	N/A	N/A	N/A	12,924.380	\$	599,045	N/A
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THE PMC PENSION TRUST

Schedule of Active Participant Data

Plan Year: 1/1/2016 to 12/31/2016

Valuation Date: 1/1/2016

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	0	0	0	0	0	0	0	0	0	0	0
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
30-34	0	0	0	1	1	0	0	0	0	0	2
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
35-39	0	0	0	4	0	0	0	0	0	0	4
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40-44	0	0	0	1	2	2	0	0	0	0	5
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
45-49	0	0	0	1	2	1	1	0	0	0	5
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
50-54	0	0	1	7	1	1	0	2	0	0	12
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
55-59	0	0	1	4	6	3	0	1	0	1	16
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
60-64	0	0	2	3	3	1	1	1	0	0	11
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65-69	0	0	1	2	1	0	0	0	0	2	6
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70+	0	0	0	0	0	0	0	0	0	0	0
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	0	0	5	23	16	8	2	4	0	3	61
Avg Comp	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a	0

*Employees who have not met the minimum eligibility requirements are excluded

Average Age: 53.8

Average Service: 18

THE PMC PENSION TRUST

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2016 to 12/31/2016

Valuation Date: 1/1/2016

	For Funding		For 417(e)	For Actuarial Equiv.		
	<u>Min</u>	<u>Max</u>				
Interest Rates	Seg 1:	4.43%	1.34%	Seg 1:	1.82%	Pre-Retirement: 7.00%
	Seg 2:	5.91%	4.03%	Seg 2:	4.12%	Post-Retirement: 7.00%
	Seg 3:	6.65%	5.06%	Seg 3:	5.01%	
Pre-Retirement						
Turnover	None			None		None
Mortality	None			None		None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation			Normal retirement age 65 and 5 years of participation		Normal retirement age 65 and 5 years of participation
Pln-reltd expenses	\$110,240.00					
Post-Retirement						
Mortality	Male-modified RP2000 combined healthy male projected 31 & 23 years Female-modified RP2000 combined healthy female projected 31 & 23 years			2016 Applicable Mortality Table from Notice 2015-53		2016 Applicable Mortality Table from Notice 2015-53
Assumed Benefit Form For Funding				Normal Form		
Calculated Effective Interest Rate				6.05%		
Actuarial Cost Method				The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.		

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

THE PMC PENSION TRUST

Shortfall Amortization

Plan Year: 1/1/2016 to 12/31/2016

Valuation Date: 1/1/2016

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
01/01/2010	15-year	9	\$68,113	\$500,843
01/01/2011	15-year	10	\$80,663	\$641,236
01/01/2012	7-year	3	\$(106,434)	\$(305,948)
01/01/2013	7-year	4	\$116,519	\$437,249
01/01/2014	7-year	5	\$(59,045)	\$(271,218)
01/01/2015	7-year	6	\$(15,230)	\$(81,387)
01/01/2016	7-year	7	<u>\$62,159</u>	<u>\$376,210</u>
Total			\$146,745	\$1,296,985

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 12-31-2016

(a)	<u>(b) Identity of issue, borrower, lessor or similar party</u>	<u>(c) Description of investment</u>	<u>(d) Cost</u>	<u>(e) 2016 Year-end Value</u>
	Vanguard 500 Index Admiral	Mutual Fund	\$ 769,529	\$ 847,447
	IShares TR Russell 2000 Small Cap Index	Exchange Traded Fund	\$ 124,173	\$ 223,851
	American Europacific Growth Fund CL F2	Mutual Fund	\$ 608,000	\$ 590,183
	JP Morgan Chase Alerian MLP Index	Mutual Fund	\$ 166,586	\$ 131,118
	Schwab Fundamental US Large Co Index	Mutual Fund	\$ 528,525	\$ 525,445
	Victory Global Natural Resources Y Fund	Mutual Fund	\$ 267,371	\$ 221,978
	Fidelity Investments Government Cash Reserves	Cash Account	\$ 159,358	\$ 159,358
	River Cities Capital Fund III L.P.	Capital Fund Limited Partnership	\$ 500,000	\$ 66,209
	River Cities Capital Fund IV (N.Q.P.) L.P.	Capital Fund Limited Partnership	\$ 462,500	\$ 184,790
	New York Life Insurance Co.	Insurance Co. Annuity Contract	\$ 4,372,507	\$ 4,372,507
	Total Assets Held at End of Year 12-31-2016		\$ 7,958,549	\$ 7,322,886
	Note: For the River Cities Capital Funds, accumulated distributions of \$920,977 from Fund III and \$573,977 from Fund IV are not reflected in the Year-end Value, nor are the costs shown reduced by these distributions received.			

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

► **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 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: ☒ 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 <u>01</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value.....	2a	7,172,528	
b Actuarial value.....	2b	7,172,528	
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.....	111	3,889,211	3,889,211
b For terminated vested participants.....	107	2,037,189	2,037,189
c For active participants.....	61	2,543,113	2,543,113
d Total.....	279	8,469,513	8,469,513
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		6.05%
6 Target normal cost.....	6		110,240

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 </div> <div style="text-align: center;"> Andrea R. Mutters Type or print name of actuary </div> <div style="text-align: center;"> McHenry Advisers, Inc. Firm name </div> <div style="text-align: center;"> 134 E. Main Street New Albany OH 43054 Address of the firm </div>	<div style="text-align: center;"> <u>6/2/2017</u> Date </div> <div style="text-align: center;"> 1708278 Most recent enrollment number </div> <div style="text-align: center;"> 800-805-9538 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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

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)		
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>-2.04%</u>	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).....		1,481
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>6.26%</u>		93
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.....		1,574
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	84.68%
15 Adjusted funding target attainment percentage.....	15	84.68%
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	93.27%
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
01/12/2016	43,661	0			
04/12/2016	50,460	0			
07/12/2016	50,460	0			
10/11/2016	61,537	0			
01/04/2017	61,537	0			
Totals ►			18(b)	267,655	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	258,929

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	(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: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
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	110,240	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	1,296,985		146,745
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	256,985	
	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	256,985	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	258,929	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,944	
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		

THE PMC PENSION TRUST

Summary of Plan Provisions
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 1/1/2016

Plan Effective Date	December 12, 1963
Plan Year	From January 1 to December 31
Eligibility	<p>All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:</p> <p>1 year of service Minimum age 21</p> <p>Eligibility Frozen to New Participants 2/28/2009</p>
Normal Retirement Age	<p>All participants are eligible to retire with their full retirement benefit on the later of the following:</p> <p>Attainment of age 65 Completion of 5 years of participation from entry date</p>
Normal Retirement Benefit	<p>Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:</p> <p>The maximum monthly benefit is the lesser of \$17,500 and 100% of the highest 3-year average salary, subject to service requirements.</p> <p>The benefit is based on average salary during the highest 5 consecutive years of service during the last 10 years.</p>
Early Retirement Age	<p>Attainment of age 55 Completion of 5 years of participation from entry date</p>
Early Retirement Benefit	Actuarial Equivalence
Normal Form of Benefit	A benefit payable for the life of the participant and payments guaranteed for 10 years
Accrued Benefit	The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.
Termination Benefit	Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

<u>Credited Years</u>	<u>Vested Percent</u>
1	0
2	0
3	0
4	0
5	100

Credited years are plan years from date of hire excluding the

THE PMC PENSION TRUST

Summary of Plan Provisions
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 1/1/2016

following:

Years with less than 1,000 hours

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

THE PMC PENSION TRUST

Summary of Plan Provisions
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 1/1/2016

Funding Interest Rates	For the Current Plan Year, the rates shown on the Summary of Actuarial Assumptions and Method Page are the prescribed rates for Funding using a 4-month look-back. The Minimum rates are those after the application of the MAP-21 Corridor as extended by HATFA and constrained to a 90% - 110% Corridor around the average Segment Rates for the 25-year period Ending September 30, 2015.
PBGC Variable Premium Rates	The Standard PBGC rates were used for the 2016 premium filing which is consistent with the 2015 premium filing. These rates are the same as for funding without MAP-21 / HATFA constraints for the 2015 plan year.
Mortality	Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans.
Actuarial Cost Methods	The Funding Target is the present value of accrued benefits earned to date. The Target Normal Cost is the present value of benefits to be accrued during the current plan year, including expected plan-related expenses to be paid from plan assets during the year.
Retirement Rates	Retirements for active participants are assumed to occur 100% at the Normal Retirement Age of 65 and 5 Years of Participation.
Withdrawal Rates	There are no pre-retirement Turnover rates assumed.
Marital Percentage	100% of employees eligible for Early Retirement are assumed to be Married, with the male spouse and female spouse assumed to be the same age.
Expenses	Plan-related expenses totaling \$110,240 are assumed to be paid from Plan Assets and accordingly are added to the Target Normal Cost.
Frequency of Optional Payment Forms	Retired Participants are assumed to elect benefits at the Normal Plan Form Life Annuity with 10 Years Certain.
Asset Valuation Method	The Actuarial Value of Assets is equal to the Market Value of Assets without any averaging or smoothing.

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 715 Discount Rate

Current Year for 2016 expense and 2015 year-end disclosure:	4.34%
Prior Year for 2015 expense and 2014 year-end disclosure:	3.95%

THE PMC PENSION TRUST

Summary of Plan Provisions
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 1/1/2016

Expected Long-Term Rate of Return

For 2016 expense: 7.50%
For 2015 expense: 7.50%

ASC 960 Discount Rate

For January 1, 2016 measurement date: 7.50%
For January 1, 2015 measurement date: 7.50%

Expenses

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

Actuarial Cost Method

Projected Unit Credit Method in accordance with ASC 715.

Market Related Value of Assets

The Market Value of Assets is used which fully recognizes benefit payments, expenses, contributions, interest and dividends in the current year.

Summary of Changes from the January 1, 2015 Valuation

The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1.

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

THE PMC PENSION TRUST
Employer ID# 31-1689020: Plan No. 001

Quarterly Installment Payment: \$0.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: January 1, 2016

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Period</u>	<u>Adj Ctb</u>
01-12-2016	43,661.00	2016	6.05%	01-12-2016 to 01-01-2016	43,585.23
04-12-2016	50,460.00	2016	6.05%	04-12-2016 to 01-01-2016	49,638.11
07-12-2016	50,460.00	2016	6.05%	07-12-2016 to 01-01-2016	48,914.49
10-11-2016	61,537.00	2016	6.05%	10-11-2016 to 01-01-2016	58,791.91
01-04-2017	61,537.00	2016	6.05%	01-04-2017 to 01-01-2016	57,998.92
Totals:	267,655.00				258,928.66

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 contribution from prior years	19a			0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b			0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c			258,928.66

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

Plan: The PMC Pension Trust

Sponsor: Plastic Moldings Company, LLC

EIN: 31-1689020

Plan Number: 001

Plan Year: 01/01/2016 - 12/31/2016

Line 22

The Weighted Average Retirement Age is calculated based upon the PPA Funding Target for Participants not yet in pay status:

Retirement Age	PPA Funding Target
65	3,268,092
66	1,467
68	1,310,743

The PMC Pension Trust
Plan # 001 EIN 31-1689020
Form 5500, Schedule H - Line 4j -
Schedule of Reportable Transactions
for 2016

<u>(a)</u> <u>Identity of</u> <u>Party</u> <u>Involved</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase</u> <u>Price per</u> <u>Share</u>	<u>(d) Selling</u> <u>Price per</u> <u>Share</u>	<u>(e) Lease</u> <u>Rental</u>	<u>(f) Expense</u> <u>Incurred</u> <u>with Trans.</u>	<u>(g) Cost of</u> <u>Asset</u>	<u>(h) Current</u> <u>Value of Asset</u> <u>on Trans. Date</u>	<u>(i) Net Gain</u> <u>or (Loss)</u>
	<u>Sale Transactions:</u>							
n/a	Vanguard Int'l. Equity Index Fund	\$ 49.357	\$ 43.990	n/a	\$ 54.26	\$ 672,186	\$ 599,046	\$ (73,140)
<u>(a)</u> <u>Identity of</u> <u>Party</u> <u>Involved</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase</u> <u>Price per</u> <u>Share</u>	<u>(d) Selling</u> <u>Price per</u> <u>Share</u>	<u>(e) Lease</u> <u>Rental</u>	<u>(f) Expense</u> <u>Incurred</u> <u>with Trans.</u>	<u>(g) Number</u> <u>of Shares</u> <u>Purchased</u>	<u>(h) Current</u> <u>Value of Asset</u> <u>on Trans. Date</u>	<u>(i) Net Gain</u> <u>or (Loss)</u>
	<u>Purchase Transactions:</u>							
n/a	American EuroPacific Growth Fund	\$ 46.350	n/a	n/a	n/a	12,924.380	\$ 599,045	n/a