

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2016 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>07/01/2016</u> and ending <u>06/30/2017</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a one-participant plan ☐ a foreign plan
B This return/report is	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information													
1a Name of plan <u>GROUP PENSION PLAN FOR EMPLOYEES OF BIRO MANUFACTURING COMPANY</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan 12/01/1955</td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan 12/01/1955									
1b Three-digit plan number (PN) ►	<u>001</u>												
1c Effective date of plan 12/01/1955													
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ISLAND LEASING COMPANY</u> <u>1114 WEST MAIN STREET</u> <u>MARBLEHEAD, OH 43440-2039</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">2b Employer Identification Number (EIN) <u>34-4189065</u></td> <td style="width: 40%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <u>419-798-4451</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>332900</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-4189065</u>		2c Sponsor's telephone number <u>419-798-4451</u>		2d Business code (see instructions) <u>332900</u>							
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2c Sponsor's telephone number <u>419-798-4451</u>													
2d Business code (see instructions) <u>332900</u>													
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3b Administrator's EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number									
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">4b EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN									
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4c PN													
5a Total number of participants at the beginning of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5a</td> <td style="width: 40%; text-align: right;"><u>116</u></td> </tr> <tr> <td>5b Total number of participants at the end of the plan year.....</td> <td style="text-align: right;"><u>119</u></td> </tr> <tr> <td>5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....</td> <td></td> </tr> <tr> <td>5d(1) Total number of active participants at the beginning of the plan year.....</td> <td style="text-align: right;"><u>85</u></td> </tr> <tr> <td>5d(2) Total number of active participants at the end of the plan year</td> <td style="text-align: right;"><u>85</u></td> </tr> <tr> <td>5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: right;"><u>1</u></td> </tr> </table>	5a	<u>116</u>	5b Total number of participants at the end of the plan year.....	<u>119</u>	5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		5d(1) Total number of active participants at the beginning of the plan year.....	<u>85</u>	5d(2) Total number of active participants at the end of the plan year	<u>85</u>	5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<u>1</u>
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5b Total number of participants at the end of the plan year.....	<u>119</u>												
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5d(1) Total number of active participants at the beginning of the plan year.....	<u>85</u>												
5d(2) Total number of active participants at the end of the plan year	<u>85</u>												
5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<u>1</u>												

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/06/2018	THERESA BAHM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/06/2018	THERESA BAHM
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	8180767	9257001
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	8180767	9257001
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	910202	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	772662	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1682864
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	560031	
e Certain deemed and/or corrective distributions (see instructions) ..	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	46599	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		606630
i Net income (loss) (subtract line 8h from line 8c)	8i		1076234
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

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

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?	10c	X			1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
	13c(3) PN(s)

Part VIII Trust Information

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

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? If "No," skip b.	☐ Yes ☐ No
15b 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
16a 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
16b 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
17a 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 _____.	
17b 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 ____/____/____.	
18 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?	☐ Yes ☐ No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	☐ Yes ☐ No

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 07/01/2016 and ending 06/30/2017

▶ **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>GROUP PENSION PLAN FOR EMPLOYEES OF BIRO MANUFACTURING COMPANY</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>ISLAND LEASING COMPANY</u>	D Employer Identification Number (EIN) <u>34-4189065</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>07</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>8178504</u>
b Actuarial value	2b <u>8178504</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>8</u> (2) Vested Funding Target <u>472676</u> (3) Total Funding Target <u>472676</u>
b For terminated vested participants	<u>23</u> <u>387993</u> <u>387993</u>
c For active participants	<u>88</u> <u>6041511</u> <u>6138693</u>
d Total	<u>119</u> <u>6902180</u> <u>6999362</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>6.15 %</u>
6 Target normal cost	6 <u>510653</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>10/03/2017</u>
	Signature of actuary	Date
<u>ALBERT R. MINOR, JR., ASA, EA</u>	Type or print name of actuary	<u>17-02734</u>
<u>AL MINOR & ASSOCIATES, INC.</u>	Firm name	Most recent enrollment number
<u>283 SOUTH STATE STREET</u> <u>WESTERVILLE, OH 43081</u>	Address of the firm	<u>614-899-0636</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	1586836
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1586836
10	Interest on line 9 using prior year's actual return of <u>0.67</u> %	0	10632
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		393433
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>6.34</u> %		24944
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		418377
d	Portion of (c) to be added to prefunding balance		418377
12	Other reductions in balances due to elections or deemed elections	0	836704
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1179141

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.00%
15	Adjusted funding target attainment percentage	15	116.84%
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	100.00%
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
07/01/2016	3428	0	12/01/2016	4730	0
08/01/2016	3428	0	12/16/2016	50068	0
09/01/2016	3306	0	01/01/2017	4400	0
10/01/2016	3306	0	02/01/2017	4400	0
11/01/2016	4400	0	02/21/2017	69932	0
11/14/2016	80000	0	03/01/2017	4400	0
			Totals ▶	18(b)	910202
				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 863609
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

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)		
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)		
10	Interest on line 9 using prior year's actual return of _____ %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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 _____ %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages			
14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
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	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/30/2017	40000	0			
04/01/2017	4400	0			
04/27/2017	40000	0			
08/01/2017	590004	0			
Totals ▶			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	
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		

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>1st segment: 4.43%</div> <div>2nd segment: 5.91%</div> <div>3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	0
22	Weighted average retirement age	22	65
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	510653
b	Excess assets, if applicable, but not greater than line 31a	31b	1
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	510652
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	510652
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	863609
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	352957
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	
43	Excess installment acceleration amount to be carried over to future plan years	43	

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form Is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

► 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 Group Pension Plan For Employees Of Biro Manufacturing Company	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 Island Leasing Company	D Employer Identification Number (EIN) 34-4189065	

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>07</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value	2a	8,178,504	
b Actuarial value	2b	8,178,504	
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	8	472,676	472,676
b For terminated vested participants	23	387,993	387,993
c For active participants	88	6,041,511	6,138,693
d Total	119	6,902,180	6,999,362
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	6.15 %	
6 Target normal cost	6	510,653	

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 Albert R. Minor, Jr., ASA, EA Type or print name of actuary Al Minor & Associates, Inc. Firm name 283 South State Street US Westerville OH 43081 Address of the firm </div>	<div style="text-align: center;"> <u>10/03/2017</u> Date <u>17-02734</u> Most recent enrollment number (614) 899-0636 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.

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	1,586,836
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1,586,836
10 Interest on line 9 using prior year's actual return of <u>0.67%</u>	0	10,632
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		393,433
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>6.34%</u>		24,944
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		418,377
d Portion of (c) to be added to prefunding balance		418,377
12 Other reductions in balances due to elections or deemed elections	0	836,704
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	1,179,141

Part III Funding Percentages

14 Funding target attainment percentage	14	100.00 %
15 Adjusted funding target attainment percentage	15	116.84 %
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	100.00 %
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

(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
07/01/2016	3,428		01/01/2017	4,400	
08/01/2016	3,428		02/01/2017	4,400	
09/01/2016	3,306		02/21/2017	69,932	
10/01/2016	3,306		03/01/2017	4,400	
11/01/2016	4,400		03/30/2017	40,000	
11/14/2016	80,000		04/01/2017	4,400	
12/01/2016	4,730		04/27/2017	40,000	
12/16/2016	50,068		08/01/2017	590,004	
Totals ▶			18(b)	910,202	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	863,609

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

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 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	510,653
b Excess assets, if applicable, but not greater than line 31a		31b	1
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	510,652
	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	510,652
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	863,609
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	352,957
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	

Form 5500 Schedule SB Attachment - 19c.

Plan Name: Group Pension Plan for Employees of BIRO Manufacturing Company

EIN/PN: 34-4189065 / 001

Plan Year: 7/1/2016 - 6/30/2017

<u>Date of</u> <u>Contribution</u>	<u>Amount of</u> <u>Contribution</u>	<u>Year Applied</u>	<u>Effective</u> <u>Interest</u> <u>Rate</u>	<u>Interest</u> <u>Adjusted</u> <u>Contribution</u>
7/1/2016	3,428	7/1/2016 - 6/30/2017	6.15%	3,428
8/1/2016	3,428	7/1/2016 - 6/30/2017	6.15%	3,410
9/1/2016	3,306	7/1/2016 - 6/30/2017	6.15%	3,272
10/1/2016	3,306	7/1/2016 - 6/30/2017	6.15%	3,256
11/1/2016	4,400	7/1/2016 - 6/30/2017	6.15%	4,312
11/14/2016	80,000	7/1/2016 - 6/30/2017	6.15%	78,228
12/1/2016	4,730	7/1/2016 - 6/30/2017	6.15%	4,612
12/16/2016	50,068	7/1/2016 - 6/30/2017	6.15%	48,703
1/1/2017	4,400	7/1/2016 - 6/30/2017	6.15%	4,269
2/1/2017	4,400	7/1/2016 - 6/30/2017	6.15%	4,247
2/21/2017	69,932	7/1/2016 - 6/30/2017	6.15%	67,285
3/1/2017	4,400	7/1/2016 - 6/30/2017	6.15%	4,228
3/30/2017	40,000	7/1/2016 - 6/30/2017	6.15%	38,254
4/1/2017	4,400	7/1/2016 - 6/30/2017	6.15%	4,207
4/27/2017	40,000	7/1/2016 - 6/30/2017	6.15%	38,079
5/1/2017	4,400	7/1/2016 - 6/30/2017	6.15%	4,186
5/22/2017	40,000	7/1/2016 - 6/30/2017	6.15%	37,924
6/1/2017	5,604	7/1/2016 - 6/30/2017	6.15%	5,305
6/6/2017	40,000	7/1/2016 - 6/30/2017	6.15%	37,831
8/1/2017	500,000	7/1/2016 - 6/30/2017	6.15%	468,573
	910,202			863,609

Form 5500 Schedule SB Attachment - 18 - Contributions Made to Plan

Plan Name: Group Pension Plan for Employees of BIRO Manufacturing Company

EIN/PN: 34-4189065 / 001

Plan Year: 7/1/2016 - 6/30/2017

<u>(a) Date</u>	<u>(b) Amount paid by Employer</u>	<u>(c) Amount paid by Employees</u>
5/1/2017	4,400	0
5/22/2017	40,000	0
6/1/2017	5,604	0
6/6/2017	40,000	0
8/1/2017	500,000	0

590,004

Form 5500 Schedule SB, line 22 – Description of Weighted Average Retirement Age

Plan Name: Group Pension Plan for Employees of BIRO Manufacturing Company

EIN/PN: 34-4189065 / 001

Plan Year: 7/1/2016 - 6/30/2017

Age 65 – Normal retirement Age

Form 5500 Schedule SB, Part V Summary of Plan Provisions

Plan Name: Group Pension Plan for Employees of BIRO Manufacturing Company

EIN/PN: 34-4189065 / 001

Plan Year: 7/1/2016 - 6/30/2017

Summary of Plan Provisions

Effective Date

December 1, 1955

Plan Year

The Plan Year was originally December 1st to November 30th. The Plan Year was amended to July 1st to June 30th effective June 30, 2003. There was a short Plan Year for the period December 1, 2002 to June 30, 2003.

Eligibility

An employee shall become a participant on the January 1st or July 1st next following the date he has completed 1 Year of Service and attainment of age 21.

Effective 01/01/2009 Members of the UAW became eligible for the Plan.

Normal Retirement Benefit

On the 1st day of the month following a participant's 65th birthday he will be entitled to his Normal Retirement Benefit in accordance with one of the formulas listed below:

Salaried Participants who entered the Plan prior to 7/01/2008 will be entitled to a benefit of 40% of their Average Monthly Compensation reduced for Years of Service less than 16.

Salaried Participants who entered the Plan on or after 7/01/2008 will be entitled to a benefit of 40% of their Average Monthly Compensation reduced for Years of Service less than 25.

Members of the Northwest Ohio Area UAW will be entitled to a benefit for Years of Service completed after 01/01/2009 as a Union Employee:

- (1) \$38 for each Year of Benefit Service as a Union Employee from January 1, 2009 thru June 30, 2013
- (2) \$40 for each Year of Benefit Service as a Union Employee for the period July 1, 2013 thru June 30, 2014
- (3) \$42 for each Year of Benefit Service as a Union Employee earned after July 1, 2014
- (4) The non-vested portion of the Participant's Accrued Benefit earned under the Northwest Ohio Area Industries UAW Retirement Income Plan.

Average Monthly Compensation

The average of the Participant's highest five consecutive years during which the Participant completed a Year of Service

Accrued Benefit

The accrued benefit is a fraction of the Normal Retirement Benefit based on the Participants Years of Service to date divided by their expected number of Years of Service at their Normal Retirement Date.

Summary of Plan Provisions- cont.

Normal Form of Payment

Life with a minimum of 60 payments guaranteed

Vesting Benefits

0% until a Participant is credited with 5 Years of Service upon which time the Participant will be 100% vested.

Early Retirement Benefit

Upon the completion of ten Years of Service and the attainment of age 57, a participant will be entitled to receive his accrued benefit actuarially reduced to his early retirement date

Postponed Retirement

A Participant may elect to defer the payment of his benefit. The Postponed Retirement Benefit will be based on the greater of (1) his benefit determined under the benefit formula as of his Postponed Retirement Date or (2) His benefit as of his Normal Retirement Date actuarially increased to his Postponed Retirement Date.

Death Benefit

Upon the death of a Participant who was covered under the Northwest Ohio Area Industries UAW Retirement Income Plan on December 31, 2008 and whose benefit has fully commenced, a supplemental death benefit of \$2,500, offset by any death benefit due from Northwest Ohio Area Industries UAW Retirement Income Plan, will be payable.

There will be no other death benefit payable other than a Qualified Pre-Retirement Survivor Annuity upon the death of a Participant prior to the commencement of benefits.

Form 5500 Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Name: Group Pension Plan for Employees of BIRO Manufacturing Company

EIN/PN: 34-4189065 / 001

Plan Year: 7/1/2016 - 6/30/2017

The Funding Target and Target Normal Cost were determined in accordance with the regulations set forth in the Pension Protection Act. The following assumptions were used in valuing the benefits under the plan.

**Assumptions for Funding
Target and Target Normal Cost**

Salary Scale	N/A
Social Security Projection	N/A
Withdrawal	None
Asset Method	Fair Market Value
Probability of Lump Sum Payout	100%
Effective Rate of Interest	6.15%
Segment Rates (Maximum Deduction)	1.51% / 3.86% / 4.86%
Segment Rates (Minimum Funding)	4.43% / 5.91% / 6.65%
Lookback Period	0 months prior to the valuation date
Mortality	Pre-Retirement – 2016 Small Plan Combined Tables, sex distinct Post-Retirement <u>Non Annuitant</u> – 2016 Applicable Mortality Table <u>Annuitant</u> – 2016 Small Plan Tables, sex distinct

**Assumptions for FAS 35
Present Value of
Accrued Benefit**

Segment Rates	1.44% / 3.46% / 4.48%
Asset Method	Fair Market Value
Pre-retirement Mortality	2016 Applicable Mortality Table
Post-retirement Mortality	2016 Applicable Mortality Table
Lookback Period	1 month prior to the valuation date

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1 Avg.		1 To 4 Avg.		5 To 9 Avg.		10 To 14 Avg.		15 To 19 Avg.		20 To 24 Avg.		25 To 29 Avg.		30 To 34 Avg.		35 To 39 Avg.		40 & Up Avg.	
	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp
Under 25	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	2	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	2	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	1	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
45 to 49	0	0	3	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	3	0	5	0	1	0	4	0	1	0	3	0	1	0	0	0	0	0
55 to 59	0	0	2	0	1	0	1	0	1	0	2	0	2	0	0	0	5	0	1	0
60 to 64	0	0	2	0	2	0	2	0	4	0	3	0	0	0	3	0	1	0	3	0
65 to 69	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	2	0
70 & Up	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0

Name of plan: GROUP PENSION PLAN FOR EMPLOYEES OF BIRO
Plan sponsor's name: ISLAND LEASING COMPANY

Plan number: 001
EIN: 34-4189065