

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A	This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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)
D	If the plan is a collectively-bargained plan, check here ▶ ☐
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan GROUP PENSION PLAN FOR EMPLOYEES OF BIRO MANUFACTURING COMPANY	1b Three-digit plan number (PN) ▶ 001
		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) ISLAND LEASING COMPANY 1114 WEST MAIN STREET MARBLEHEAD, OH 43440-2039	2b Employer Identification Number (EIN) 34-4189065
		2c Sponsor's telephone number 419-798-4451
		2d Business code (see instructions) 332900
3a	Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN
		3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN
		4d PN
5a	Total number of participants at the beginning of the plan year	5a 90
b	Total number of participants at the end of the plan year	5b 85
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)
d(1)	Total number of active participants at the beginning of the plan year	5d(1) 68
d(2)	Total number of active participants at the end of the plan year	5d(2) 60
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 4

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/28/2025	THERESA BAHM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/28/2025	THERESA BAHM
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 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
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 535972. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	10876916	10593529
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	10876916	10593529
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	2743282	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	716613	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		3459895
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3743282	
e Certain deemed and/or corrective distributions (see instructions) ..	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3743282
i Net income (loss) (subtract line 8h from line 8c)	8i		-283387
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 3D 3H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (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 lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.....	☒ Yes ☐ No
a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a 0
b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation _____	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	☐ Yes ☒ No
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
a 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 IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☐ "Current year" ADP test	
☒ N/A	
15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>03 / 30 / 2018</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J501327A</u> .	

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
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) 001
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 07 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	10876916	
b	Actuarial value	2b	10876916	
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	1	49693	49693
b	For terminated vested participants	21	862187	862187
c	For active participants	68	9708214	9819602
d	Total	90	10620094	10731482
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	5.25 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	495236	
b	Expected plan-related expenses	6b	45626	
c	Target normal cost	6c	540862	

Statement by Enrolled Actuary

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

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>ALBERT R. MINOR, JR., ASA, EA</div> <div>Type or print name of actuary</div> <div>AL MINOR & ASSOCIATES, INC.</div> <div>Firm name</div> <div>283 SOUTH STATE STREET WESTERVILLE, OH 43081</div> <div>Address of the firm</div>	<div>11/01/2024</div> <div>Date</div> <div>23-02734</div> <div>Most recent enrollment number</div> <div>614-899-0636</div> <div>Telephone number (including area code)</div>
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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	1033963
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	1033963
10 Interest on line 9 using prior year's actual return of <u>6.40</u> %	0	66174
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		415472
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>5.41</u> %		22477
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		437949
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	1100137

Part III Funding Percentages			
14 Funding target attainment percentage	14	91.10 %	
15 Adjusted funding target attainment percentage	15	101.35 %	
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	80.00 %	
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
07/01/2023	935	0	12/01/2023	935	0
08/01/2023	935	0	01/01/2024	935	0
09/01/2023	935	0	01/31/2024	66170	0
10/01/2023	935	0	02/01/2024	935	0
11/01/2023	935	0	03/01/2024	4201	0
11/12/2023	541626	0	04/01/2024	221116	0
			Totals ▶	18(b)	2743282
				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	2628971
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
0	0	0
(4) 4th	0	

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
05/01/2024	4201	0			
05/20/2024	64216	0			
06/01/2024	4200	0			
06/30/2024	1830072	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
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 % ☐ 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
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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 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? 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
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	540862	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	954703	96900	
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	637762	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	637762	637762
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2628971	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2628971	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	637762	
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 the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
► 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) ►	001
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>2023</u>			
2 Assets:			
a Market value	2a	10,876,916	
b Actuarial value	2b	10,876,916	
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	1	49,693	49,693
b For terminated vested participants	21	862,187	862,187
c For active participants	68	9,708,214	9,819,602
d Total	90	10,620,094	10,731,482
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	5.25 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	495,236	
b Expected plan-related expenses	6b	45,626	
c Target normal cost	6c	540,862	

Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
<div>SIGN HERE</div>	<div>Albert R. Minor, Jr.</div> <div>Signature of actuary</div> <div>Albert R. Minor, Jr., ASA, EA</div> <div>Type or print name of actuary</div> <div>Al Minor & Associates, Inc.</div> <div>Firm name</div> <div>283 South State Street</div> <div>US Westerville OH 43081</div> <div>Address of the firm</div>
	<div>11/01/2024</div> <div>Date</div> <div>23-02734</div> <div>Most recent enrollment number</div> <div>(614) 899-0636</div> <div>Telephone number (including area code)</div>

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	1,033,963
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	1,033,963
10 Interest on line 9 using prior year's actual return of <u>6.40</u> %	0	66,174
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		415,472
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>5.41</u> % ...		22,477
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		437,949
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	1,100,137

Part III Funding Percentages

14 Funding target attainment percentage	14	91.10 %
15 Adjusted funding target attainment percentage	15	101.35 %
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	80.00 %
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
07/01/2023	935		01/31/2024	66,170	
08/01/2023	935		02/01/2024	935	
09/01/2023	935		03/01/2024	4,201	
10/01/2023	935		04/01/2024	221,116	
11/01/2023	935		05/01/2024	4,201	
11/12/2023	541,626		05/20/2024	64,216	
12/01/2023	935		06/01/2024	4,200	
01/01/2024	935		06/30/2024	1,830,072	
			Totals ▶ 18(b)	2,743,282	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	2,628,971

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: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	☐ 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** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? 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 6c)**31a**

540,862

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

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

954,703

96,900

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**

637,762

Carryover balance

Prefunding Balance

Total balance

35 Balances elected for use to offset funding requirement

0

637,762

637,762

36 Additional cash requirement (line 34 minus line 35)**36**

0

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

2,628,971

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

2,628,971

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

637,762

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 the American Rescue Plan Act of 2021 (See Instructions)**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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: 7/1/2023 - 6/30/2024

<u>(a) Date</u>	<u>(b) Amount paid by Employer</u>	<u>(c) Amount paid by Employees</u>
6/24/2024	271,162	0
6/25/2024	1,455,147	0
6/28/2024	103,763	0

1,830,072

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

Age 65 – Normal retirement Age

Form 5500 Schedule SB Attachment - 19c.

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

EIN/PN: 34-4189065 / 001

Plan Year: 7/1/2023 - 6/30/2024

<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>
7/1/2023	935.00	7/1/2023 - 6/30/2024	5.25%	935
8/1/2023	935.00	7/1/2023 - 6/30/2024	5.25%	931
9/1/2023	935.00	7/1/2023 - 6/30/2024	5.25%	927
10/1/2023	935.00	7/1/2023 - 6/30/2024	5.25%	923
11/1/2023	935.00	7/1/2023 - 6/30/2024	5.25%	919
11/12/2023	541,626.00	7/1/2023 - 6/30/2024	5.25%	531,472
12/1/2023	935.00	7/1/2023 - 6/30/2024	5.25%	915
1/1/2024	935.00	7/1/2023 - 6/30/2024	5.25%	911
1/31/2024	66,170.00	7/1/2023 - 6/30/2024	5.25%	64,205
2/1/2024	935.00	7/1/2023 - 6/30/2024	5.25%	907
3/1/2024	4,201.00	7/1/2023 - 6/30/2024	5.25%	4,059
4/1/2024	216,916.00	7/1/2023 - 6/30/2024	5.25%	208,683
4/1/2024	4,200.00	7/1/2023 - 6/30/2024	5.25%	4,041
5/1/2024	4,201.00	7/1/2023 - 6/30/2024	5.25%	4,025
5/20/2024	64,216.00	7/1/2023 - 6/30/2024	5.25%	61,356
6/1/2024	4,200.00	7/1/2023 - 6/30/2024	5.25%	4,006
6/24/2024	271,162.00	7/1/2023 - 6/30/2024	5.25%	257,817
6/25/2024	1,455,147.00	7/1/2023 - 6/30/2024	5.25%	1,383,338
6/28/2024	103,763.00	7/1/2023 - 6/30/2024	5.25%	98,601
	2,743,282.00			2,628,971

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: 7/1/2023 - 6/30/2024

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 of assets.
Probability of Lump Sum Payout	100%
Effective Rate of Interest	5.25%
Segment Rates (Maximum Deduction)	3.22% / 4.22% / 4.34%
Segment Rates (Minimum Funding)	4.75% / 5.00% / 5.74%
Lookback Period	0 months prior to the valuation date
Mortality	Pre-Retirement – 2023 Optional Small Plan Tables, sex distinct Post-Retirement <i>Non Annuitant</i> – 2023 Applicable Mortality Table <i>Annuitant</i> – 2023 Optional Small Plan Tables, sex distinct

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

Segment Rates	5.26% / 5.23% / 5.16%
Asset Method	Fair Market Value
Pre-retirement Mortality	2023 Applicable Mortality Table
Post-retirement Mortality	2023 Applicable Mortality Table
Lookback Period	1 month prior to the valuation date

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: 7/1/2023 - 6/30/2024

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 for the period July 1, 2014 thru June 30, 2018
- (4) \$44 for each Year of Benefit Service as a Union Employee for the period July 1, 2018 thru June 30, 2021
- (5) \$46 for each Year of Benefit Service as a Union Employee for the period July 1, 2021 thru June 30, 2023
- (6) \$48 for each Year of Benefit Service as a Union Employee earned after July 1, 2023
- (7) 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

Summary of Plan Provisions- cont.

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.

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, Line 32 - Schedule of Amortization Bases

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

EIN/PN: 34-4189065 / 001

Plan Year: 7/1/2023 - 6/30/2024

Type of Base	Present Value of Any		Years Remaining	Amortization Installment
	Remaining Installments	Valuation Date		
Shortfall	2,131,581	7/1/2022	14	204,679
Shortfall	(1,176,878)	7/1/2023	15	(107,779)
Totals	954,703			96,900

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

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

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

Plan number: 001
EIN: 34-4189065