

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 6047(e), 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
		2014
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>09/01/2014</u> and ending <u>08/31/2015</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); or ☒ 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 HORIZON TELCOM AND SUBSIDIARIES SALARIED EMPLOYEES' PENSION PLAN AND TRUST AGREEMENT	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>08/31/1959</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) HORIZON TELCOM, INC. 68 EAST MAIN STREET CHILLICOTHE, OH 45601	2b Employer Identification Number (EIN) <u>31-1449037</u> 2c Plan Sponsor's telephone number <u>740-772-8200</u> 2d Business code (see instructions) <u>517000</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.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
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) (optional)			Preparer's telephone number (optional)

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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	273
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		6a(1)	60
a(2) Total number of active participants at the end of the plan year		6a(2)	47
b Retired or separated participants receiving benefits		6b	85
c Other retired or separated participants entitled to future benefits.....		6c	130
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	262
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	10
f Total. Add lines 6d and 6e		6f	272
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		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 3H			
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)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ 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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 _____

<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>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 09/01/2014 and ending 08/31/2015

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.

<div>A Name of plan HORIZON TELCOM AND SUBSIDIARIES SALARIED EMPLOYEES' PENSION PLAN AND TRUST AGREEMENT</div>	<div>B Three-digit plan number (PN) 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HORIZON TELCOM, INC.</div>	<div>D Employer Identification Number (EIN) 31-1449037</div>

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 09 Day 01 Year 2014			
2 Assets:			
a Market value	2a	15156689	
b Actuarial value	2b	14589027	
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	90	11375210	11375210
b For terminated vested participants	123	3165922	3165922
c For active participants	60	2074074	2079834
d Total	273	16615206	16620966
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	6.45%	
6 Target normal cost	6	87000	

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>06/07/2016</div>
<div>Signature of actuary</div>	<div>Date</div>
<div>MICHAEL D. ANTOINE</div>	<div>14-06920</div>
<div>Type or print name of actuary</div>	<div>Most recent enrollment number</div>
<div>AON CONSULTING, INC.</div>	<div>312-381-4881</div>
<div>Firm name</div>	<div>Telephone number (including area code)</div>
<div>200 EAST RANDOLPH STREET, STE. 1400 CHICAGO, IL 60601</div>	
<div>Address of the firm</div>	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	8
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	8
10 Interest on line 9 using prior year's actual return of <u>13.53</u> %	0	1
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>6.65</u> %		0
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		0
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)	0	9

Part III Funding Percentages		
14 Funding target attainment percentage	14	87.77 %
15 Adjusted funding target attainment percentage	15	86.59 %
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	81.01 %
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
12/15/2014	300039	0			
03/15/2015	300039	0			
06/15/2015	300039	0			
09/15/2015	300039	0			
05/16/2016	202226	0			
			Totals ►	18(b)	1402382
				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	1333473
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 V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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	87000										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <tr> <td></td> <td>Outstanding Balance</td> <td>Installment</td> </tr> <tr> <td>a Net shortfall amortization installment.....</td> <td>2031948</td> <td>1246482</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	2031948	1246482	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	2031948	1246482										
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	1333482										
	Carryover balance	Prefunding balance	Total balance									
35 Balances elected for use to offset funding requirement.....	0	9	9									
36 Additional cash requirement (line 34 minus line 35).....	36	1333473										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1333473										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b											
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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning **09/01/2014** and ending **08/31/2015**

A Name of plan HORIZON TELCOM AND SUBSIDIARIES SALARIED EMPLOYEES' PENSION PLAN AND TRUST AGREEMENT	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 HORIZON TELCOM, INC.	D Employer Identification Number (EIN) 31-1449037	

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

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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)

HUNTINGTON BANK

31-0966785

(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?
21 50	NONE	87535	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 ☐

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (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>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 09/01/2014 and ending 08/31/2015		
A Name of plan HORIZON TELCOM AND SUBSIDIARIES SALARIED EMPLOYEES' PENSION PLAN AND TRUST AGREEMENT	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 HORIZON TELCOM, INC.	D Employer Identification Number (EIN) 31-1449037	

Part I	Asset and Liability Statement		
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)	455765
	(2) Participant contributions.....	1b(2)	
	(3) Other.....	1b(3)	39221
c	General investments:		
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	539377
	(2) U.S. Government securities	1c(2)	10042
	(3) Corporate debt instruments (other than employer securities):		
	(A) Preferred	1c(3)(A)	
	(B) All other	1c(3)(B)	2411310
	(4) Corporate stocks (other than employer securities):		
	(A) Preferred	1c(4)(A)	
	(B) Common.....	1c(4)(B)	4377458
	(5) Partnership/joint venture interests	1c(5)	
	(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)	7333158
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
	(15) Other.....	1c(15)	8348546

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	15166331	14976773

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	15166331	14976773
---	-----------	----------	----------

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)	1402382	
(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)		1402382
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)	79223	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		79223
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	422935	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		422935
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	-162413	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-162413
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-527029	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-527029

		(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1215098

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1317121	
(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)		1317121
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	87535	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		87535
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1404656

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-189558
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: SMITH & DEKAY PS

(2) EIN: 91-1343765

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.)		X	
4c			
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.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		5000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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?		X	
4g			
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?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
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.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
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			

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

Part V Trust Information (optional)

6a Name of trust
 HUNTINGTON BANK

6b Trust's EIN
 310966785

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 section 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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 09/01/2014 and ending 08/31/2015

A Name of plan <u>HORIZON TELCOM AND SUBSIDIARIES SALARIED EMPLOYEES' PENSION PLAN AND TRUST AGREEMENT</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HORIZON TELCOM, INC.</u>	D Employer Identification Number (EIN) <u>31-1449037</u>

Part I	Distributions
---------------	----------------------

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>31-6025293</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>0</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)
----------------	--

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
-----------------	-------------------

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
--	-----------------------------------	-----------------------------------	-------------------------------	--

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

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

- 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): _____

**HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT**

**FINANCIAL STATEMENTS
WITH INDEPENDENT AUDITORS' REPORT**
August 31, 2015 & 2014

SMITH & DEKAY PS
CERTIFIED PUBLIC ACCOUNTANTS

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Independent Auditors' Report

To the Trustees of
HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN AND TRUST AGREEMENT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of *Horizon Telecom and Subsidiaries Salaried Employees' Pension Plan and Trust Agreement* (the Plan), which comprise the statements of net assets available for benefits as of August 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5 which was certified by Huntington Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended August 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets held for investment purposes at end of year and the schedule of reportable transactions, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "Smith & DeKay PS".

SMITH & DeKAY PS
Bellevue, Washington
May 26, 2016

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
As of August 31, 2015 & 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Non-Participant Directed Investments		
Cash Management Funds	\$ 85,938	\$ 539,377
Equity Funds	5,433,373	5,616,357
Fixed Income Funds	2,914,927	1,716,379
U.S. Government Notes & Bonds	8,600	10,042
Corporate Obligations	2,222,481	2,411,310
Secured Mortgage Obligations	246	422
Common Stocks	3,768,821	4,377,458
Interest Receivable	40,122	39,221
Employer contributions receivable	<u>502,265</u>	<u>455,765</u>
Net Assets Available for Plan Benefits	<u>\$ 14,976,773</u>	<u>\$ 15,166,331</u>

*See the accompanying independent auditors'
report and the notes to the financial statements.*

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
Years Ended August 31, 2015 & 2014

	<u>2015</u>	<u>2014</u>
Additions To Net Assets Attributed To:		
Investments Income:		
Interest and dividends	\$ 502,158	\$ 530,710
Net appreciation (depreciation) in fair-market value of investments	<u>(689,442)</u>	<u>1,230,487</u>
Total investment income (loss)	(187,284)	1,761,197
Employer contributions	<u>1,402,382</u>	<u>1,394,295</u>
	1,215,098	3,155,492
Deductions From Net Assets Attributed To:		
Benefits paid to participants	(1,317,121)	(1,460,471)
Other administrative expenses	<u>(87,535)</u>	<u>(87,069)</u>
	<u>(1,404,656)</u>	<u>(1,547,540)</u>
Net Increase (Decrease)	(189,558)	1,607,952
Net Assets Available For Plan Benefits:		
Beginning of year	<u>15,166,331</u>	<u>13,558,379</u>
End of year	<u>\$ 14,976,773</u>	<u>\$ 15,166,331</u>

*See the accompanying independent auditors'
report and the notes to the financial statements.*

**HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
*Years Ended August 31, 2015 & 2014***

Note 1 - Description of Plan

The following brief description of *Horizon Telecom and Subsidiaries Salaried Employees' Pension Plan and Trust Agreement* (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a noncontributory defined benefit plan covering all eligible employees of *Horizon Telecom, Inc.* and subsidiaries (the Company), not covered by a collective bargaining agreement. Effective December 31, 2006, benefit accruals under the Plan were frozen and the Plan was closed to new entrants. Benefits continue to vest in accordance with the existing vesting schedule. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

All contributions to the Plan are made by the Company to Horizon Telecom and Subsidiaries Pension Trust No. 2 (the Trust). Under an agreement between the Trust and the Company, a committee has been appointed to administer the Trust, to interpret the Plan and to supervise the distribution of benefits. The Company bears most administrative costs of the Trust and the Plan. The Trustees of the Plan approve all trust asset transactions. Securities are held by a bank.

Funding Policy

Contributions by the Company are actuarially calculated to fund normal cost and the amount necessary to amortize unfunded prior service costs over a 10-year period. Contributions are calculated at the beginning of the plan year. Minimum contributions of \$1,333,503 and \$1,323,751 were due for the years beginning September 1, 2014 and 2013, respectively.

Eligibility

The Plan covers all eligible employees who are not covered by the terms of a collective bargaining agreement between the Company and an employee representative and were employed before September 1, 2006. Effective December 31, 2006, participation in the plan was frozen. Employees hired after September 1, 2006, will not be eligible for plan benefits. Existing participant's accrued benefits will not increase after December 31, 2006.

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2015 & 2014

Note 1 - Description of Plan (Continued)

Death and Disability Benefits

Beneficiaries of vested participants in the Plan are entitled to death benefits from the Plan according to the Plan provisions. Active participants who become totally disabled receive monthly disability benefits that are equal to the normal retirement benefits had the employee continued his service with the Company to his normal retirement.

Pension Benefits

Participants have full vested rights to accrued benefits after completing 5 years of service. Full accrued benefits are provided at the normal retirement age of 65. Benefits are provided to employees electing early retirement at reduced amounts. Employees receive their pension benefits in the form of a joint and survivor annuity unless they elect another form of payment. The Trustees may elect to pay in one lump-sum the actuarial equivalent of the aggregate amount of unpaid monthly benefits.

The monthly pension of a participant who currently retires is the greater of 1) \$35 multiplied by the participant's years of credited service as of the earlier of their normal retirement date or December 31, 2006; or 2) 1% of the participant's base compensation multiplied by years of credited service ending prior to December 31, 2006, not to exceed 40 years.

Income Tax Status

The Internal Revenue Service has informed the Company that the plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan files an Annual Return of Employee Benefit Plan under Federal regulations with statutes of limitation generally three years. As of August 31, 2015, Plan management has determined the Plan had no uncertain tax positions that require recognition or disclosure in the financial statements pursuant to FASB ASC 740-10.

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2015 & 2014

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

The Plan has elected early adoption of the FASB Accounting Standards Codification amendments in Accounting Standards Updates 2015-7 and 2015-12. The amendments have been retrospectively applied. Therefore, certain amounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

Valuation of Investments

The Plan's investments are at fair-market value. Money market accounts have been valued at cost which approximates market value. Cash, certificates of accrual on treasury securities and certificates of deposit are presented at market value. Other notes, bond, bills, mutual funds, preferred stocks and common stocks have been valued at the closing market price as of the fiscal year-end.

In accordance with the Department of Labor regulations, realized and unrealized gains (losses) are based on the value of investments as of the later of the beginning of the Plan year or at the time of purchase, if purchased during the year, and are reflected currently in the statements of changes in net assets available for plan benefits.

Investment Valuation and Income Recognition

Investments are reported at fair value. 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 4 for discussion of fair value measurements.

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.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2015 & 2014

Note 2 - Summary of Significant Accounting Policies (Continued)

Subsequent Events

The plan trustees are not aware of any subsequent events requiring disclosure or adjustments in the financial statements as of May 26, 2016, the date the financial statements were available to be issued.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Note 3 – Risks and Uncertainties

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

Note 4 - Information Certified by Plan Custodian

The following information in the financial statements and supplemental schedules was certified to be complete and accurate by Huntington Bank, the custodian of the plan, within the meaning of 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for reporting and disclosure under ERISA:

Amounts included as investments in the Statements of Net Assets Available for Plan Benefits at August 31, 2015 and 2014 and Supplemental Information at August 31, 2015.

Investment income included in the Statements of Changes in Net Assets Available for Benefits for the years ended August 31, 2015 and 2014.

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2015 & 2014

Note 5 - Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

Fair Value Measurements at Reporting Date Using:

		Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs
	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
<u>August 31, 2015</u>				
Cash Management Funds	\$ 85,938	\$ 85,938	\$ -	\$ -
Equity Funds	5,433,373	5,433,373		
Fixed Income Funds	2,914,927	2,914,927		
U.S. Government Notes & Bonds	8,600	8,600		
Corporate Obligations	2,222,481	2,222,481		
Secured Mortgage Obligations	246		246	
Common Stock	<u>3,768,821</u>	<u>3,768,821</u>	<u>-</u>	<u>-</u>
Total Holdings	<u>\$ 14,434,386</u>	<u>\$ 14,434,140</u>	<u>\$ 246</u>	<u>\$ -</u>
<u>August 31, 2014</u>				
Cash Management Funds	\$ 539,377	\$ 539,377	\$ -	\$ -
Equity Funds	5,616,357	5,616,357		
Fixed Income Funds	1,716,379	1,716,379		
U.S. Government Notes & Bonds	10,042	10,042		
Corporate Obligations	2,411,310	2,411,310		
Secured Mortgage Obligations	422		422	
Common Stock	<u>4,377,458</u>	<u>4,377,458</u>	<u>-</u>	<u>-</u>
Total Holdings	<u>\$ 14,671,345</u>	<u>\$ 14,670,923</u>	<u>\$ 422</u>	<u>\$ -</u>

FASB ASC Topic 820, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2015 & 2014

Note 5 - Fair Value Measurements (Continued)

Level 1- Unadjusted quoted prices in active markets for identical assets. These assets include investments in money market, mutual funds, notes, bond, bills, and common stocks.

Level 2 - Significant other observable inputs, including quoted prices for similar securities, interest rates, credit risk, etc. that are determined for an asset, either directly or indirectly, based on independent market data. These assets include secured mortgage obligations.

Level 3 - Significant unobservable inputs for the asset or liability that reflect the plan's own assumptions market participants would use in pricing the asset based on the best information available. The plan currently has no Level 3 investments.

Note 6 – Related Party and Party-in-Interest Transactions

The Plan has a number of service providers. Such parties are parties-in-interest under ERISA. All transactions were exempt from the prohibited transaction rules of ERISA.

The Plan utilizes a third-party administrator, Huntington National Bank (Huntington). Huntington is a named plan trustee, and provides investment management and custodial services to the plan. Transactions with Huntington qualify as party-in-interest transactions. Management fees of \$87,535 and \$87,069 were paid to Huntington during the years ended August 31, 2015 and 2014. In addition, as of August 31, 2015 and 2014, the Plan held \$85,938 and \$744,169 in Huntington money market, mutual funds, and common stocks, which are publicly traded.

Note 7 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable to the service which employees have rendered through December 31, 2006. 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 payable under all circumstances, retirement, death, disability and termination of employment, are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2015 & 2014

Note 7 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits for fiscal years 2015 and 2014, based on beginning of the year actuarial information, was determined by an actuary from AON Consulting. The significant actuarial assumptions used in the valuation as of September 1, 2014 and 2013, include: (1) an interest rate of 7.25% for 2014 and 7.25% for 2013, (2) mortality based upon the 2013 and 2014 static mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(e) and (3) all retirements at the normal retirement date under the plan or age at valuation date, if greater.

The following summarizes the actuarial present value of accumulated plan benefits as of:

	September 1, 2014	September 1, 2013
Actuarial present value of accumulated plan benefits:		
Participants currently receiving benefits	\$ 10,610,855	\$ 10,900,276
Vested benefits for other participants	<u>4,906,550</u>	<u>4,854,837</u>
Total vested benefits	15,517,405	15,755,113
Nonvested benefits	<u>31</u>	<u>46</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 15,517,436</u>	<u>\$ 15,775,159</u>

The change in the present value of accumulated plan benefits between the years is due to the following:

	September 1, 2014	September 1, 2013
Actuarial present value of accumulated plan benefits, beginning of year	\$ 15,755,159	\$ 15,462,739
Increase/(decrease) in benefits accumulated	106,931	81,459
Interest	1,090,273	1,112,119
Benefits paid	(1,459,351)	(1,292,332)
Change in actuarial assumption	<u>24,424</u>	<u>391,174</u>
Net change between years	<u>(237,723)</u>	<u>292,420</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 15,517,436</u>	<u>\$ 15,775,159</u>

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2015 & 2014

Note 7 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

The following changes in actuarial assumptions or methods have been made since the prior valuation:

Changes in valuation assumptions for the plan year beginning September 1, 2014

- 1) A change in the interest rate assumption from segment rates as of May 2013, each adjusted as applicable to fall within the 25-year average interest rate corridor under HAFTA to segment rates as of May 2014.
- 2) A change in the mortality assumption from the 2013 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) for healthy lives to the 2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) for healthy lives.
- 3) The discount rate for ASC 715-20 changed from 4.15% to 4.92% as of December 31, 2014.

Changes in valuation assumptions for the plan year beginning September 1, 2013

- 1) A change in the interest rate assumption from segment rates as of May 2012 to segment rates as of May 2013, each adjusted as applicable to fall within the 25-year average interest rate corridor under MAP-21.
- 2) A change in the mortality assumption from the 2012 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) for healthy lives to the 2013 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) for healthy lives.
- 3) The discount rate for ASC 715-20 changed from 4.95% to 4.15% as of December 31, 2013.
- 4) The interest rate for ASC 960 was changed from 7.50% to 7.25%

The above interest rates continue to be in the allowable range of funding rates.

Current liability interest rates were not applicable since the plan was frozen.

There is no salary adjustment for the current year, since the plan is frozen.

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2015 & 2014

Note 8 – Plan Termination and Pension Benefit Guaranty Corporation Matters

Effective December 31, 2006, benefit accruals under the Plan were frozen and the Plan was closed to new entrants. The Company intends to continue the Plan and the payment of contributions until the existing obligations are satisfied. However, the Company reserves the right under the Plan to terminate the Plan at any time. In the event of termination of the Plan, the net assets of the Plan shall be used for the exclusive benefits of the participants and their beneficiaries in a manner consistent with the requirements of ERISA. Additionally, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (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.

* * * * *

SUPPLEMENTARY INFORMATION

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

As of August 31, 2015

Form 5500, Schedule H, Part IV, Line 4i

EIN: 31-1449037

Plan Number: 002

(a)	(b) Identity of Issuer/ (c) Description of Investment	Shares	(d) Cost	(e) Current Value
	<u>CASH MANAGEMENT FUNDS</u>			
*	HNB Conservative Deposit		\$ 85,938	\$ 85,938
			85,938	85,938
	<u>EQUITY FUNDS</u>			
	Aston Anchor Capital Enhanced Equity Fund I		281,469	280,359
	DFA US Small Cap Value		733,144	725,242
	American Europacific Growth Fund		143,901	137,222
	Fidelity Low Priced Stock		523,759	524,795
	Fidelity Advisor Small Cap Value		219,930	207,672
	Fidelity Real Estate Income Fund		415,698	417,475
	Harbor International Fund		1,156,942	1,123,798
	Mainstay Marketfield Fund		326,365	281,903
	Oppenheimer Developing Markets Fund - Class Y		459,365	367,578
	Sterling Capital Mid Value Fund I		500,000	487,033
	Vanguard Equity Income Fund Admiral		913,370	880,296
			5,673,943	5,433,373
	<u>FIXED INCOME FUNDS</u>			
	Blackrock Inflation Protected Bond Portfolio I		145,609	140,090
	Easton Vance Floating-Rate Fund I		218,556	209,935
	Federated Total Return Bond Fund I		358,137	351,844
	Lord Abbett Short Duration Income Fund I		289,600	285,054
	Pimco Low Duration Fund I		1,211,662	1,182,803
	Pimco Income Fund - Institutional Class		748,860	745,201
			2,972,424	2,914,927

*See the accompanying independent auditors'
report and the notes to the financial statements.*

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

As of August 31, 2015

Form 5500, Schedule H, Part IV, Line 4i
EIN: 31-1449037
Plan Number: 002

(a) (b) Identity of Issuer/ (c) Description of Investment	Shares	(d) Cost	(e) Current Value
<u>U.S. GOVERNMENT NOTES & BONDS</u>			
GNMA II Pool #3330 4.5% 12/20/2032		8,091	8,600
		8,091	8,600
<u>CORPORATE OBLIGATIONS</u>			
Amazon.com Inc .65% 11/27/2015		49,852	50,010
Amgen Inc 2.5% 11/15/2016		155,310	152,205
Autozone Inc 3.7% 04/15/2022		453,794	458,874
Branch Banking & Trust 2.85% 04/01/2021		200,668	201,774
Ecolab Inc 1.45% 12/08/2017		48,768	49,407
General Elec CapCorp Series Mtn 3.1% 01/09/2023		99,509	100,238
Goldman Sachs Group Inc 2.375% 01/22/2018		147,947	151,437
Coca Cola Enterprises 2.125% 09/15/2015		153,634	150,079
JP Morgan Chase & Co 3.375% 05/01/2023		197,678	192,116
Norfolk Southern Corp 3.25% 12/01/2021		254,920	251,090
Occidental Petroleum Corp 4.125% 06/01/2016		99,695	102,539
Parker-Hannifin Diversified Manufact OP 5.5% 05/15/2018		100,577	110,062
Scripps Networks Inter 2.7% 12/15/2016		103,813	101,435
US West Communications Inc 09/15/2006 @ 101.66 DTD			
09/15/93 6.875% 09/15/2033		154,500	151,215
		2,220,665	2,222,481
<u>SECURED MORTGAGE OBLIGATIONS</u>			
FHLMC SER-1091 CL-G CMO 7% 06/15/2021		425	246
		425	246

*See the accompanying independent auditors'
report and the notes to the financial statements.*

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

As of August 31, 2015

Form 5500, Schedule H, Part IV, Line 4i

EIN: 31-1449037

Plan Number: 002

(a) (b) Identity of Issuer/ (c) Description of Investment	Shares	(d) Cost	(e) Current Value
<u>COMMON STOCKS</u>			
Abbvie, Inc.	1,732	111,657	108,094
Ace Limited	1,065	99,502	108,800
Amgen, Inc.	723	116,040	109,737
Anadarko Petroleum Corp	1,000	83,450	71,580
Analog Devices, Inc.	1,500	88,605	83,790
Apple, Inc.	1,042	131,247	117,496
Becton Dickinson	800	110,610	112,816
Berkshire Hathaway Inc Cl B	840	94,495	112,594
Blackrock Inc.	300	110,724	90,741
CVS Caremark Corp	950	56,715	97,280
Chevron Corporation	850	89,562	68,842
Church & Dwight Co., Inc.	1,100	91,790	94,908
Cisco Systems	3,450	64,514	89,286
Comcast Corp Cl A	1,468	42,966	82,692
Constellation Brands Inc. Cl A	800	96,206	102,400
Cooper Companies Inc. Exp 10/29/2017	653	108,059	106,060
Dow Chemical	2,300	113,578	100,648
Ebay Inc	1,685	38,121	45,681
Facebook, Inc. - A	1,300	103,245	116,259
Fedex Corp	600	106,452	90,366
Honeywell International, Inc.	900	93,419	89,343
The Kroger Co	2,650	45,811	91,425
Lowes Companies Inc.	1,200	89,669	83,004
Marriott International Inc New Cl A	1,100	85,217	77,726
Mastercard Inc. Cl A	1,100	101,453	101,607

*See the accompanying independent auditors'
report and the notes to the financial statements.*

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

As of August 31, 2015

Form 5500, Schedule H, Part IV, Line 4i

EIN: 31-1449037

Plan Number: 002

(a) (b) Identity of Issuer/ (c) Description of Investment	Shares	(d) Cost	(e) Current Value
<u>COMMON STOCKS (continued)</u>			
Microsoft Corp	2,081	93,914	90,565
Nike Inc. Cl B	819	80,972	91,523
PNC Financial Services	1,240	178,853	112,989
Phillips 66	1,100	85,329	86,977
Schlumberger Ltd	900	66,056	69,633
Sempra Energy	865	80,512	82,045
Stericycle Inc.	700	94,899	98,798
TJX Companies Inc.	1,334	89,572	93,807
T-Mobile US Inc.	2,400	92,832	95,064
United Technologies Corp	882	99,593	80,800
UnitedHealth Group Inc.	978	99,894	113,155
V F Corp	1,280	47,825	92,710
Valero Energy Corp	1,500	86,220	89,010
Visa Inc Class A	1,500	102,015	106,950
Wells Fargo & Co	2,093	81,532	111,620
		\$ 3,653,125	\$ 3,768,821

* Denotes Party in Interest

*See the accompanying independent auditors'
report and the notes to the financial statements.*

**HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
SCHEDULE OF REPORTABLE TRANSACTIONS
As of August 31, 2015**

Form 5500, Schedule H, Part IV, Line 4j

EIN: 31-1449037

Plan Number: 002

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Assets on TXN Date	(i) Net Gain or (Loss)
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Security Transactions Exceeding 5%

Mutual Funds - Fixed Income

Pimco

Low Duration Fund	\$ 774,272	\$ -	\$ 774,272	\$ 774,272
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Pimco

Income Fund	\$ 748,860	\$ -	\$ 748,860	\$ 748,860
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Mutual Funds - Equity

Harbor International Fund	\$ 1,156,942	\$ -	\$ 1,156,942	\$ 1,156,942
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Denotes Party in Interest

*See the accompanying independent auditors'
report and the notes to the financial statements.*

Schedule SB Attachment (Form 5500)—2014 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement

EIN: 31-1449037 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of September 1, 2014

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		1								
35-39		1	9	1						
40-44		3	10		1					
45-49		1	3	2						
50-54			4	2	1	1				
55-59		1	3		2	2	1	2		
60-64			1		1	1		3	2	
65-69								1		
70+										

Schedule SB Attachment (Form 5500)—2014 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement

EIN: 31-1449037 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of May 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of May 2014), without regard to interest rate stabilization
1st Segment Rate	1.18%
2nd Segment Rate	4.05%
3rd Segment Rate	5.11%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy	2014 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e)
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement
EIN: 31-1449037 PN: 002

For ERISA Requirements

Benefit Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Trust Expenses Included in Target Normal Cost

\$87,000

Actuarial Method

Standard unit credit cost method

Valuation Date

September 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement
EIN: 31-1449037 PN: 002

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
65+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
 Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
 Trust Agreement
 EIN: 31-1449037 PN: 002

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
18	6.5775%	48	2.3544%
19	6.5775%	49	1.9386%
20	6.5775%	50	1.5245%
21	6.2179%	51	1.1813%
22	5.9081%	52	0.9082%
23	5.6482%	53	0.6879%
24	5.4379%	54	0.4787%
25	5.2040%	55	0.3344%
26	5.1387%	56	0.2074%
27	5.0358%	57	0.1172%
28	4.9547%	58	0.0538%
29	4.8888%	59	0.0161%
30	4.8312%	60+	0.0000%
31	4.7756%		
32	4.7165%		
33	4.6488%		
34	4.5687%		
35	4.4736%		
36	4.3629%		
37	4.2376%		
38	4.1036%		
39	3.9690%		
40	3.8412%		
41	3.7229%		
42	3.6139%		
43	3.5048%		
44	3.3784%		
45	3.2149%		
46	2.9962%		
47	2.7100%		

Schedule SB Attachment (Form 5500)—2014 Plan Year
 Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
 Trust Agreement
 EIN: 31-1449037 PN: 002

Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.000%	45	0.365%
16	0.000%	46	0.378%
17	0.000%	47	0.394%
18	0.215%	48	0.413%
19	0.215%	49	0.436%
20	0.215%	50	0.465%
21	0.215%	51	0.506%
22	0.215%	52	0.545%
23	0.215%	53	0.593%
24	0.215%	54	0.648%
25	0.215%	55	0.698%
26	0.215%	56	0.754%
27	0.215%	57	0.756%
28	0.215%	58	0.756%
29	0.215%	59	0.732%
30	0.215%	60	0.750%
31	0.223%	61	0.663%
32	0.230%	62	0.557%
33	0.237%	63	0.412%
34	0.243%	64	0.197%
35	0.253%	65+	0.000%
36	0.263%		
37	0.272%		
38	0.284%		
39	0.295%		
40	0.307%		
41	0.318%		
42	0.331%		
43	0.343%		
44	0.354%		

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 6047(e), 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 2014 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning <u>09/01/2014</u> and ending <u>08/31/2015</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); or ☒ 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 Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and Trust Agreement	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>08/31/1959</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Horizon Telcom, Inc. 68 East Main Street Chillicothe OH 45601	2b Employer Identification Number (EIN) <u>31-1449037</u> 2c Plan Sponsor's telephone number <u>740-772-8200</u> 2d Business code (see instructions) <u>517000</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	<u>Scott Moon</u>	<u>6/13/16</u>	Scott Moon
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
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) (optional)			Preparer's telephone number (optional)

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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	273
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		6a(1)	60
a(2) Total number of active participants at the end of the plan year		6a(2)	47
b Retired or separated participants receiving benefits		6b	85
c Other retired or separated participants entitled to future benefits		6c	130
d Subtotal. Add lines 6a(2), 6b, and 6c.		6d	262
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	10
f Total. Add lines 6d and 6e.		6f	272
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		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 3H			
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)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information - Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ 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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 _____

Plan Name	Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and Trust Agreement
Plan Sponsor EIN	31-1449037
ERISA Plan No.	002
Plan Year End	8/31/2015

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 09/01/2014 and ending 08/31/2015

► **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 HORIZON TELCOM AND SUBSIDIARIES SALARIED EMPLOYEES' PENSION PLAN AND TRUST AGREEMENT	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HORIZON TELCOM, INC.	D Employer Identification Number (EIN) 31-1449037	
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>09</u> Day <u>01</u> Year <u>2014</u>		
2	Assets:		
	a Market value	2a	15,156,689
	b Actuarial value	2b	14,589,027
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	90	11,375,210
	b For terminated vested participants	123	3,165,922
	c For active participants	60	2,074,074
	d Total	273	16,615,206
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	6.45%
6	Target normal cost	6	87,000

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

SIGN HERE	 Signature of actuary	<u>06/07/2016</u> Date <u>1406920</u> Most recent enrollment number <u>312-381-4881</u> Telephone number (including area code)
<u>MICHAEL D. ANTOINE</u> Type or print name of actuary <u>AON CONSULTING, INC.</u> Firm name <u>200 EAST RANDOLPH STREET, STE. 1400</u> <u>CHICAGO IL 60601</u> Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%
			☐ 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	87,000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance Installment	
a Net shortfall amortization installment		2,031,948	1,246,482
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	1,333,482
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	9	9
36 Additional cash requirement (line 34 minus line 35)		36	1,333,473
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	1,333,473
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
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 Attachment (Form 5500)—2014 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement

EIN: 31-1449037 PN: 002

Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and
Amounts Used to Calculate AFTAP

The AFTAP for the Plan was originally issued Nov 26, 2014 and included only the contributions that had been made by that date in the Value of Plan Assets. Subsequent contributions were made for the 2013 plan year up through May 15, 2015 and were included in the 9/1/2014 actuarial valuation. The AFTAP was not recertified, because the change in the AFTAP did not result in a material change.

The inputs used in the original certification and final valuations are shown below:

	11/26/2014 Certification	9/1/2014 Valuation
Funding Target	\$ 16,620,966	\$ 16,620,966
Value of Plan Assets	14,393,709	14,589,027
Funding Standard Carryover Balance	0	0
Prefunding Balance	9	9
Annuities Purchased for NHCE's	0	0
Security Posted	0	0
Certified AFTAP	86.59%	87.77%

Schedule SB Attachment (Form 5500)—2014 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement

EIN: 31-1449037 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 9/1/2014 at 6.45%	Interest Adjusted Contribution
December 15, 2014	\$ 300,039	105	\$ 294,692
March 15, 2015	300,039	195	290,185
June 15, 2015	300,039	287	285,649
September 15, 2015	300,039	379	281,184
May 16, 2016	202,226	623	181,763
Total Contribution	\$ 1,402,382		\$ 1,333,473

Schedule SB Attachment (Form 5500)—2014 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement
EIN: 31-1449037 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age
All active participants are assumed to retire at age 65.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement

EIN: 31-1449037 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date	August 31, 1959
Effective Date of Last Amendments	September 1, 2010
Plan Year	September 1 to August 31
Employer Fiscal Year	January 1 to December 31
Employer ID Number	31-1449037
Plan Administrator's ID Number	31-1449037
Plan Number	002
Plan Administrator	Horizon Telcom, Inc.

Eligibility

Each eligible employee of the employer who was an active participant in the plan on September 1, 1989, shall continue to participate. Any other eligible employee shall participate on the later of September 1, 1989 or the first day of the plan year that next follows his employment commencement date. The plan was closed to new entrants effective January 1, 2007.

Service

Service shall equal total years of service with the employer. For periods of employment prior to August 31, 1976, service shall be granted on days. For periods of employment from September 1, 1976 until August 31, 1995, a year of service is credited for each plan year in which an employee works 1,000 hours. On or after September 1, 1995, a year of service is credited for each plan year an employee worked 1,000 hours. A partial year of service may be granted in the year of hire or termination.

A break in service occurs at the start of any employment year in which the employee works 500 hours or less for the employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the employer;
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted;

Schedule SB Attachment (Form 5500)—2014 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement
EIN: 31-1449037 PN: 002

(3) A period of disability during which the participant is being paid directly or indirectly by the employer; or

(4) Maternity or paternity leave.

An employee will be given credit for his pre break service if either of the following occurs:

(1) The employee had a vested interest in his accrued benefit at the time of his break in service; or

(2) The employee's period of absence was less than his pre break service or less than five years.

Normal Retirement Date

Normal retirement date is the first of the month coincident with or which immediately precedes a participant's 65th birthday.

Normal Retirement Benefit

The amount of the benefit to be paid in monthly installments for life is the greater of (1) and (2) described below.

(1) \$35.00 times all years of service.

(2) 1% of base compensation times years of service, not to exceed 40 years.

This benefit will be offset by any benefit payable from the Horizon Telcom and Subsidiaries Union Employees' Pension Plan and Trust Agreement.

Benefits were frozen effective December 31, 2006.

Delayed Retirement

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement the greater of (1) his accrued benefit as of his delayed retirement date based on his service at that date, or (2) the actuarial equivalent of his normal retirement benefit.

Benefits were frozen effective December 31, 2006.

Base Compensation

Base compensation is equal to the highest average for the five consecutive monthly rates of pay in effect on each July 1 during the 10 plan years up to and including the plan year in which occurs his retirement or separation from service.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement
EIN: 31-1449037 PN: 002

Compensation after December 31, 2006 will not be considered.

Accrued Benefit

The accrued benefit at any time prior to a participant's normal retirement date shall be the benefit earned as of the accrual date. The benefit is calculated according to the formulas in the normal retirement benefit section above, with the exception that formula (2) is multiplied by a fraction (not to exceed one) of the service at the accrual date over the participant's service projected to normal retirement.

Benefits were frozen effective December 31, 2006.

Early Retirement Benefit

Upon the attainment of age 60 and the completion of 10 years of vesting service, a participant may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date based on his years of service at his early retirement date. Payments may commence prior to his normal retirement date, with the benefit calculated as of his early retirement date and being reduced by $\frac{1}{2}\%$ for each full month by which the commencement date precedes the normal retirement date.

Benefits were frozen effective December 31, 2006.

Disability Retirement Benefit

A participant who becomes totally and permanently disabled before his normal retirement date may receive a monthly benefit as described in normal retirement benefit based on continued service through the benefit commencement date and base compensation as of the date of disability. The benefit is payable at normal retirement. Reduced payments may begin prior to the normal retirement date.

Benefits were frozen effective December 31, 2006.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement
EIN: 31-1449037 PN: 002

Death Benefit

In the event of a vested active participant's death, a spouse's benefit will be payable assuming the participant had terminated on the day prior to death and elected a joint and one-half contingent annuitant survivor benefit commencing at the earliest possible retirement date. Reductions may apply to this benefit. For nonqualified spouses and children under age 21, an annuity equal to the participant's accrued benefit as of the date of death to commence the second month following death to be paid until there is no longer a surviving spouse, any child under age 21 or a total of 120 monthly payments have been made, whichever occurs first.

Benefits were frozen effective December 31, 2006.

Severance Benefits

Upon the termination of employment after five or more years of service, a participant shall have a vested interest in his accrued benefit which will be payable at the normal retirement date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

Normal Form of Payment

The normal form of payment is an annuity paid in monthly installments for life.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall be automatically paid under option (1) below. The options are:

- (1) An adjusted benefit to be paid during the participant's lifetime with one-half benefit to be continued to his spouse for her lifetime after his death.
- (2) An adjusted benefit to be paid during the participant's lifetime with three-fourths benefit to be continued to his spouse for her lifetime after his death.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement
EIN: 31-1449037 PN: 002

- (3) An adjusted benefit to be paid during the participant's lifetime with the same adjusted benefit to be continued to his spouse for her lifetime after his death.
- (4) An adjusted benefit to be paid for 180 months certain and thereafter for life.
- (5) A lump sum benefit of less than \$5,000.

Optional forms of payment are actuarially equivalent based on the 1971 Group Annuity Mortality Table for males, with no mortality from age 59 to 64, and a 6% interest assumption. Lump sum benefits are based on the applicable mortality table and the applicable interest rates for the second month preceding the first day of the plan year.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Per advice received by the plan sponsor from the trustee, Huntington Bank, the May 16, 2016 contribution is being treated as timely based on IRS Regulation 7503 which holds that performance of acts required by the taxpayer will be considered timely if done on the next succeeding day that is not a Saturday, Sunday or legal holiday when the last day falls on a Saturday, Sunday or legal holiday.

Plan Name	Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and Trust Agreement
Plan Sponsor EIN	31-1449037
ERISA Plan No.	002
Plan Year End	8/31/2015

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Schedule SB Attachment (Form 5500)—2014 Plan Year
 Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
 Trust Agreement
 EIN: 31-1449037 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 480,518	September 1, 2008	1	\$ 480,518
Shortfall	\$ 1,004,390	September 1, 2009	2	\$ 514,420
Shortfall	\$ 603,726	September 1, 2010	3	\$ 211,117
Shortfall	\$ 1,313,511	September 1, 2011	4	\$ 352,738
Shortfall	\$ (1,700,553)	September 1, 2012	5	\$ (374,013)
Shortfall	\$ 292,459	September 1, 2013	6	\$ 55,360
Shortfall	\$ 37,897	September 1, 2014	7	\$ 6,342