

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
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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 <u>OHI GUIDESTONE DEFINED BENEFIT PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>11/01/1977</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OHI GUIDESTONE</u> <u>202 E BAGLEY RD</u> <u>BEREA, OH 44017-2058</u>	2b Employer Identification Number (EIN) <u>34-0720558</u> 2c Plan Sponsor's telephone number <u>216-234-2006</u> 2d Business code (see instructions) <u>624100</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>Filed with authorized/valid electronic signature.</u>	<u>10/17/2016</u>	<u>CHRISTINE EVANGELISTA</u>
	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)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 246
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) 203
a(2) Total number of active participants at the end of the plan year	6a(2) 188
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 48
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 236
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 236
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 1
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 11	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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 OHIOGUIDESTONE DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OHIOGUIDESTONE	D Employer Identification Number (EIN) 34-0720558

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 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	5074868	
b Actuarial value	2b	5074868	
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	0	0	0
b For terminated vested participants	43	284938	284938
c For active participants	203	4158741	4162967
d Total	246	4443679	4447905
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	6.43%	
6 Target normal cost	6	0	

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

SIGN HERE	10/11/2016
BRIAN PATRICK	Date
NATIONAL ASSOCIATES, INC.	14-07558
20325 CENTER RIDGE ROAD SUITE 405 CLEVELAND, OH 44116-3570	Most recent enrollment number
Address of the firm	440-333-0222
	Telephone number (including area code)

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

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)	21550	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	21550	0
10 Interest on line 9 using prior year's actual return of <u>6.51</u> %	1403	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		259191
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> %		17236
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.....		276427
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	22953	0

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	114.09 %
15 Adjusted funding target attainment percentage	15	114.60 %
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	113.85 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/06/2015	2000		08/26/2015	10000	
02/25/2015	4000		11/04/2015	46000	
04/29/2015	3000		12/03/2015	1100	
05/06/2015	125000				
06/18/2015	2000				
06/25/2015	41000				
			Totals ►	18(b)	234100
				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	227254
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	227254	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	227254	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan OHIOGUIDESTONE DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OHIOGUIDESTONE	D Employer Identification Number (EIN) 34-0720558	

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)

FIFTH THIRD BANK

600 SUPERIOR AVENUE
CLEVELAND, OH 44114

31-0676865

(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?
		26982	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

a Name:	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan OHIOGUIDESTONE DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 OHIOGUIDESTONE	D Employer Identification Number (EIN) 34-0720558	

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	767	313
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	13775	32473
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1597289	169339
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(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)	3463036	4912559
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5074867	5114684

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5074867	5114684
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	234100	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		234100
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	145043	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		145043
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-78276	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-78276

		(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		300867

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	193212	
(2) To insurance carriers for the provision of benefits	2e(2)	40856	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		234068
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)	26982	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		26982
j Total expenses. Add all expense amounts in column (b) and enter total	2j		261050

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		39817
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: RSM US LLP

(2) EIN: 42-0714325

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:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? 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	N/A	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		
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		
e Was this plan covered by a fidelity bond?	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>OHIUGUIDESTONE DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OHIUGUIDESTONE</u>	D Employer Identification Number (EIN) <u>34-0720558</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-1568863</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>9</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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

OhioGuidestone Defined Benefit Pension Plan

Financial Report
December 31, 2015

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Independent Auditor's Report

To the Plan Administrator
OhioGuidestone Defined Benefit Pension Plan
Berea, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of OhioGuidestone Defined Benefit Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 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 the audit 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 6, which was certified or provided by Fifth Third Bank, the custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian as of December 31, 2015 and 2014, and for the years then ended, that the information provided to the Plan Administrator by the custodian 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.

Independent Auditor's Report (Continued)

Emphasis of Matter – Adoption of New Accounting Pronouncements and Plan Termination

As discussed in Note 2 to the financial statements, the Plan adopted new accounting guidance related to disclosure of investments. Prior year disclosures have been revised to reflect the retrospective application of adopting these changes in accounting. Our disclaimer of opinion is not modified with respect to these matters.

As discussed in Note 10 to the financial statements, subsequent to year-end, the Board of Directors of the plan sponsor voted to terminate the Plan effective April 8, 2016. The Plan applied for approval for the termination from the IRS and the PBGC during 2016. Final approval was received in September 2016. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter – Supplemental Information

The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 31, 2015 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes 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.

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 or provided by the custodian, 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.

RSM US LLP

Cleveland, Ohio
October 17, 2016

OhioGuidestone Defined Benefit Pension Plan

**Statements of Net Assets Available for Benefits
December 31, 2015 and 2014**

	2015	2014
Assets		
Cash	\$ 313	\$ 767
Investments, at fair value	5,081,898	5,060,325
Investment income receivable	32,473	13,775
Net assets available for benefits	\$ 5,114,684	\$ 5,074,867

See notes to financial statements.

OhioGuidestone Defined Benefit Pension Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2015 and 2014

	2015	2014
Additions:		
Employer contributions	\$ 234,100	\$ 272,000
Investment (loss)/income:		
Net (depreciation) appreciation in fair value of investments	(78,276)	199,977
Interest and dividends	145,043	108,313
Total additions	300,867	580,290
Deductions:		
Benefits paid to participants	234,068	272,754
Administrative expenses	26,982	26,545
Total deductions	261,050	299,299
Net increase	39,817	280,991
Net assets available for benefits:		
Beginning	5,074,867	4,793,876
Ending	\$ 5,114,684	\$ 5,074,867

See notes to financial statements.

OhioGuidestone Defined Benefit Pension Plan

Notes to Financial Statements

Note 1. Description of Plan

The following brief description of OhioGuidestone Defined Benefit Pension Plan (the Plan) is provided for general information purposes only. For more complete information, participants should refer to the plan agreement.

General: The Plan, established January 1, 1977 and amended and restated January 1, 2002, is a defined benefit pension plan established for the employees of OhioGuidestone, (the Company and Plan Sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, the 2012 Pension Relief Act, including the provision of the Moving Ahead for Progress in the 21st Century Act (MAP-21), and the Pension Protection Act of 2006.

On April 25, 2009, the Board of Trustees of the Company adopted an amendment to freeze the Plan effective June 15, 2009. No new participants are allowed to enter the Plan after June 15, 2009. In addition, benefits ceased to accrue for service rendered after June 15, 2009.

Eligibility to participate: Employees who attained the age of 21 and completed 1,000 hours of continuous service in a twelve month period measured from each individual employee's date of hire and anniversaries thereafter, were eligible to participate in the Plan.

Pension benefits: Employees with five or more years of service are entitled to monthly pension benefits (based on years of service and level of "covered compensation") beginning at normal retirement age (65). The Plan permits early retirement with reduced benefits at ages 55-64. Generally, benefits are paid monthly in the form of a joint and survivor annuity for married participants or in the form of a life annuity for single participants. Participants also may elect to receive a lump-sum or other variations of monthly payments.

Death and disability benefits: If an active employee dies prior to the receipt of the first payment of benefits, the employee's beneficiary will generally receive the actuarial equivalent of the accrued benefit paid in the form of a life annuity or in one lump-sum payment. Active employees who become totally disabled are entitled to receive the present value of their accrued benefit.

Vesting: If a participant terminates before rendering five years of service, the participant forfeits the right to receive any portion of their accumulated plan benefits.

Note 2. Summary of Significant Accounting Policies

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

Use of estimates: The preparation of financial statement 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, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

OhioGuidestone Defined Benefit Pension Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Valuation of investments and income recognition: The Plan's investments are stated 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 7 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 (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as, held during the year.

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including distributions not yet elected to be received, that are attributable under the Plan's provisions to service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. The accumulated plan benefits are based on the Plan's provisions and each participant's service through the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by an independent actuary from National Associates, Inc. and results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the probability of payment (by means of decrements such as for death, disability, withdrawals, or retirement) and the time value of money (through discounts for interest) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the December 31, 2015 and 2014 valuations are as follows:

Actuarial Cost Method:	Unit Credit
Assumed Rate of Return on Investment:	Segmented interest rates of 1.76%; 4.15%; and 5.13% - 2015 Segmented interest rates of 1.40%; 3.88%; and 4.96% - 2014
Mortality Basis:	RP-2014 and Scale MP-2015 Mortality Tables – 2015 RP-2014 and Scale MP-2014 Mortality Tables – 2014
Retirement Age for Active Participants:	65

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial information is as of January 1, 2016, the most recent benefit information date. There were no significant amendments or demographic differences between the December 31, 2015 and the January 1, 2016 valuation report. The effect of the pending termination of the Plan is not included in the accumulated postretirement benefit obligation as of January 1, 2016. See Note 10.

Payment of benefits: Benefit payments to participants are recorded when paid.

Administrative expenses: Administrative expenses of the Plan are paid from the Plan assets, unless paid by the Company, at their discretion.

OhioGuidestone Defined Benefit Pension Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

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

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

Recently adopted accounting pronouncements: In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (Update) No. 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent). The amendments in this update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. However, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the statement of financial position. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in this Update are effective for public business entities for fiscal years beginning after December 15, 2015. For all other entities, the amendments in this update are effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. Upon adoption, the amendments shall be applied retrospectively to all periods presented. The Plan adopted this Update for the plan year ending December 31, 2015, and it was retrospectively applied to December 31, 2014. Prior year disclosures have been revised to reflect the retrospective application of this Update. The impact of adopting this Update is reflected in Note 4.

In July 2015, the FASB issued Update No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force)*. The purpose of this Update is to simplify plan accounting.

- The amendments in Part I of this Update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at contract value; accordingly there will no longer be an adjustment from fair value to contract value on the face of the financial statements.
- The amendments in Part II of this Update will eliminate the requirements for plans to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate. In addition, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is in a fund that files a U.S. Department of Labor Form 5500, Annual Return/Report of Employee Benefit Plan, as a direct filing entity, disclosure of that investment's strategy will no longer be required.

OhioGuidestone Defined Benefit Pension Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

- The amendments in Part III of this Update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The Update may be adopted in whole or by part (I, II, and III) as applicable. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively. The Plan adopted amendments in Parts I and II of this Update for the plan year ending December 31, 2015, and the amendments in Parts I and II were retrospectively applied to December 31, 2014. Prior year disclosures in Notes 3 and 4 have been revised to reflect the retrospective application. The impact of adopting these amendments is reflected in the financial statements.

Subsequent events: The Plan has evaluated subsequent events for potential recognition and/or disclosure through October 17, 2016 the date the financial statements were available to be issued.

Note 3. Accumulated Plan Benefits

	2015	2014
Actuarial present value of accumulated plan benefits:		
Vested benefits - participants not receiving benefits	\$ 6,481,984	\$ 6,504,006
Nonvested benefits	1,022	7,830
Total actuarial present value of accumulated plan benefits	\$ 6,483,006	\$ 6,511,836
Actuarial present value of accumulated plan benefits at beginning of year	\$ 6,511,836	\$ 5,756,058
Benefits accumulated:		
Interest due to decrease in discount period	259,614	70,246
Benefits paid	(234,797)	(272,754)
Change in actuarial assumptions	-	511,879
Benefits accumulated and other actuarial experience	(53,647)	446,407
Net increase	(28,830)	755,778
Actuarial present value of accumulated plan benefits at end of year	\$ 6,483,006	\$ 6,511,836

Note 4. Funding Policy

The Company's funding policy is to make contributions to the Plan on the basis of an annual determination of the Plan's actuarial liabilities. The amounts of contributions are intended to maintain funding levels in the Plan, which will meet current obligations to participants of the Plan and amortize actuarial gains or losses. The Company's contributions for the years ended December 31, 2015 and 2014 have met or exceeded the minimum funding requirements under ERISA and the 2012 Pension Relief Act, including the provision of MAP-21.

OhioGuidestone Defined Benefit Pension Plan

Notes to Financial Statements

Note 5. Plan Termination

In January 2016, the Company voted to terminate the Plan, subject to the provisions set forth in ERISA. The net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the PBGC and on the level of benefits guaranteed by the PBGC.

Note 6. Information Certified and Provided by Fifth Third Bank

The following is a summary of the Plan's asset information as of December 31, 2015 and 2014, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules that were prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets.

OhioGuidestone Defined Benefit Pension Plan

Notes to Financial Statements

Note 6. Information Certified and Provided by Fifth Third Bank (Continued)

	2015	2014
Investments, at fair value:		
Corporate bonds and notes	\$ 2,374,927	\$ 969,579
U.S. government bonds and notes	595,863	432,079
Common stocks	1,702,926	1,858,950
Equity funds	238,844	202,428
Money market fund	169,338	1,597,289
	<u>\$ 5,081,898</u>	<u>\$ 5,060,325</u>

Fifth Third Bank also certified to the completeness and accuracy of the following information for the years ended December 31:

	2015	2014
Net (depreciation) appreciation in fair value of investments:	\$ (78,276)	\$ 199,977
Interest and dividends	<u>\$ 145,043</u>	<u>\$ 108,313</u>

Note 7. Fair Value Measurements

Accounting guidance establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data or correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

OhioGuidestone Defined Benefit Pension Plan

Notes to Financial Statements

Note 7. Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014:

Corporate bonds and notes: Certain of these investments are valued at the closing price reported in the market in which they are traded. When quoted prices are not available for identical or similar bonds, the bond or note is valued under a discounted cash flows approach that maximizes observable inputs such as current yields of similar instruments but includes adjustments for certain risks that may not be observable such as credit and liquidity risks.

U.S. government bonds and notes: Valued at the closing price reported in the active market in which they are traded.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Equity and bond funds: Valued at the quoted market prices representing net asset value of shares held by the plan at year end.

Money market fund: Valued at cost which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value at December 31:

	2015			
	Level 1	Level 2	Level 3	Total
Investments, at fair value:				
Corporate bonds and notes	\$ 2,374,927	\$ -	\$ -	2,374,927
U.S. government bonds and notes	595,863	-	-	595,863
Common stocks	1,702,926	-	-	1,702,926
Equity funds	238,844	-	-	238,844
Money market fund	169,338	-	-	169,338
	<u>\$ 5,081,898</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,081,898</u>
	2014			
	Level 1	Level 2	Level 3	Total
Investments, at fair value:				
Corporate bonds and notes	\$ 969,579	\$ -	\$ -	\$ 969,579
U.S. government bonds and notes	432,079	-	-	432,079
Common stocks	1,858,950	-	-	1,858,950
Equity funds	202,428	-	-	202,428
Money market fund	1,597,289	-	-	1,597,289
	<u>\$ 5,060,325</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,060,325</u>

OhioGuidestone Defined Benefit Pension Plan

Notes to Financial Statements

Note 7. Fair Value Measurements (Continued)

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2015 and 2014, there were no transfers in or out of Level 1, 2, or 3.

Note 8. Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated May 3, 2004, that the Plan and related trust were designed in accordance with the applicable sections of the Internal Revenue Code (Code). The Plan has been amended since receiving this determination letter. However, the Plan's management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan. The plan administrator has analyzed the tax positions taken by the plan and has concluded that as of December 31, 2015 and 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

Note 9. Party-In-Interest Transactions

The Plan invests in a money market fund managed by Fifth Third Bank. Fifth Third Bank is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Custodian fees for the years ended December 31, 2015 and 2014 were \$26,982 and \$26,545, respectively.

Note 10. Subsequent Event

On January 26, 2016, the Board of Directors of the Company voted to terminate the Plan effective April 8, 2016. The Plan applied for approval for the termination from the IRS and PBGC during 2016. Final approval was received in September 2016. All participants became fully vested as of April 8, 2016 and have the option to receive a lump sum payment or an annuity for the value of their accumulated benefits, upon termination. The estimated effect of the plan termination on the accumulated benefit obligation is approximately \$6,300,000. There have been no distributions related to the Plan termination.

Supplemental Schedules

OhioGuidestone Defined Benefit Pension Plan

Employer No. 34-0720558

Plan No. 001

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lesser or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Corporate bonds and notes:				
	AT&T Inc Global Nt	Bonds and Notes, 3.40%, due 5/15/25	\$ 33,917	\$ 33,638
	Air Prods & Chems Inc	Bonds and Notes, 3.35%, due 7/31/24	78,632	74,822
	American Express Co.	Bonds and Notes, 7.00%, due 3/19/18	40,493	38,815
	Anheuser Busch	Bonds and Notes, 4.375%, due 2/15/21	83,992	81,365
	Archer Daniels Midland Co.	Bonds and Notes, 5.45%, due 3/15/18	23,392	22,693
	Bank of Nova Scotia	Bonds and Notes, 1.25%, due 4/11/17	74,991	74,867
	Bank of America Corp	Bonds and Notes, 3.875%, due 3/22/17	36,185	35,765
	BHP Billiton Finance	Bonds and Notes, 5.40%, due 3/29/17	81,856	78,130
	Blackrock Inc.	Bonds and Notes, 6.25%, due 9/15/17	84,342	81,050
	Boeing Co.	Bonds and Notes, 3.75%, due 11/20/16	36,838	35,826
	Caterpillar Financial Services Corp.	Bonds and Notes, 5.50%, due 3/15/16	36,997	35,310
	Cisco Sys Inc.	Bonds and Notes, 4.95%, due 2/15/19	39,118	38,248
	Citigroup Inc	Bonds and Notes, 3.75%, due 6/16/24	76,331	76,345
	Conocophillips	Bonds and Notes, 6.00%, due 1/15/20	58,801	55,706
	Conocophillips Company	Bonds and Notes, 3.35%, due 5/15/25	34,629	31,629
	Dupont Ei Nemour	Bonds and Notes, 6.00%, due 7/15/18	85,398	81,773
	Federal Natl Mtg Assn	Bonds and Notes, 1.625%, due 1/21/20	74,746	74,717
	Federal Home Ln Mtg Corp	Bonds and Notes, 3.75%, due 3/27/19	82,959	80,300
	Freddie Mac	Bonds and Notes, 0.875%, due 3/7/18	74,901	74,473
	Freddie Mac	Bonds and Notes, 1.375%, due 5/1/20	74,968	73,843
	General Electric Cap Corp.	Bonds and Notes, 5.55%, due 5/4/20	85,572	84,827
	Glaxosmithkline Cap	Bonds and Notes, 2.85%, due 5/8/22	35,002	35,272
	Goldman Sach	Bonds and Notes, 6.15%, due 4/1/18	84,527	81,444
	Honeywell International	Bonds and Notes, 5.30%, due 3/15/17	38,226	36,693
	HSBC Holdings PLC	Bonds and Notes, 4.875%, due 1/14/22	84,941	82,267
	JP Morgan Chase & Co.	Bonds and Notes, 6.30%, due 4/23/19	87,520	84,097
	Medtronic Inc.	Bonds and Notes, 2.75%, due 4/1/23	74,570	73,102
	Morgan Stanley	Bonds and Notes, 2.65%, due 1/27/20	50,024	49,864
	Occidental Petroleum Corp.	Bonds and Notes, 1.75%, due 2/15/17	75,801	75,150
	Oracle Corp	Bonds and Notes, 2.80%, due 7/8/21	35,435	35,452
	Pfizer Inc.	Bonds and Notes, 6.20%, due 3/15/19	85,614	84,375
	Philip Morris Intl. Inc.	Bonds and Notes, 2.50%, due 5/16/16	35,832	35,215
	Praxair Inc	Bonds and Notes, 5.20%, due 3/15/17	53,290	52,189
	Target Corp	Bonds and Notes, 2.90%, due 1/15/22	35,414	35,600
	Total Capital GTD NT	Bonds and Notes, 1.50%, due 2/17/17	75,676	75,134
	United Technologies Corp	Bonds and Notes, 6.125%, due 2/1/19	85,967	83,638
	Verizon Communications	Bonds and Notes, 6.35%, due 4/1/19	87,544	84,377
	Wells Fargo & Co.	Bonds and Notes, 4.60%, due 4/1/21	84,290	81,760
	Westpac Banking Corp	Bonds and Notes, 2.00%, due 8/14/17	25,482	25,156
	Total corporate bonds and notes		2,434,213	2,374,927
U.S. Government Bonds and Notes				
	U.S. Treasury Note	Bonds and Notes, 2.375%, due 8/15/24	76,031	75,782
	U.S. Treasury Note	Bonds and Notes, 3.125%, due 5/15/19	80,720	79,123
	U.S. Treasury Note	Bonds and Notes, 2.25%, due 11/15/25	75,196	74,833
	U.S. Treasury Note	Bonds and Notes, 1.875%, due 10/31/17	35,823	35,507
	U.S. Treasury Note	Bonds and Notes, 2.625%, due 4/30/18	36,589	36,177
	U.S. Treasury Note	Bonds and Notes, 3.50%, due 5/15/20	38,183	37,628
	U.S. Treasury Note	Bonds and Notes, 1.75%, due 5/15/22	75,099	73,772
	U.S. Treasury Note	Bonds and Notes, 1.25%, due 10/31/19	34,428	34,587
	U.S. Treasury Note	Bonds and Notes, 1.75%, due 10/31/20	34,844	34,945
	U.S. Treasury Note	Bonds and Notes, 2.75%, due 11/15/23	80,314	78,272
	U.S. Treasury Note	Bonds and Notes, 2.00%, due 5/31/21	35,175	35,237
	Total U.S. government bonds and notes		602,402	595,863

(Continued)

OhioGuidestone Defined Benefit Pension Plan

Employer No. 34-0720558

Plan No. 001

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lesser or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Common stocks:			
	Amdocs Limited	Common Stock, 700 shares	\$ 32,658	\$ 38,199
	Abbvie Inc.	Common Stock, 500 shares	32,720	29,620
	Alphabet Inc Cap Class A	Common Stock, 80 shares	42,454	62,242
	Alphabet Inc Cap Class C	Common Stock, 80 shares	42,112	60,710
	Applied Matls Inc.	Common Stock, 1,500 shares	37,380	28,006
	Bank of NY Mellon Corp.	Common Stock, 2,000 shares	81,140	82,440
	CVS Health Corporation	Common Stock, 1,000 shares	96,310	97,770
	Citigroup Inc	Common Stock, 1,000 shares	52,540	51,750
	Colgate Palmolive Co.	Common Stock, 500 shares	34,595	33,310
	Conocophillips	Common Stock, 934 shares	64,502	43,608
	DuPont E I De Nemours & Co.	Common Stock, 1,000 shares	70,367	66,600
	Duke Energy Corp.	Common Stock, 200 shares	16,708	14,278
	General Electric Co.	Common Stock, 3,800 shares	96,026	118,370
	General MLS Inc.	Common Stock, 1,000 shares	53,330	57,660
	Gilead Sciences Inc.	Common Stock, 1,000 shares	94,260	101,190
	Honeywell Intl.	Common Stock, 250 shares	24,980	25,892
	Illinois Tool Wks Inc.	Common Stock, 300 shares	28,410	27,804
	JP Morgan Chase & Co.	Common Stock, 900 shares	56,322	59,427
	Johnson & Johnson	Common Stock, 600 shares	61,278	61,632
	Johnson Ctls Inc.	Common Stock, 500 shares	24,170	19,745
	Microsoft Corp.	Common Stock, 2,000 shares	92,900	110,960
	Praxair Inc.	Common Stock, 400 shares	51,824	40,960
	Qualcomm Inc.	Common Stock, 500 shares	37,165	24,992
	Royal Dutch Shell	Common Stock, 1,100 shares	73,645	50,369
	Schlumberger LTD	Common Stock, 400 shares	34,164	27,900
	Starbucks Corp	Common Stock, 800 shares	46,572	48,024
	3M	Common Stock, 400 shares	65,728	60,256
	Target Corp	Common Stock, 500 shares	36,672	36,305
	TJX Cos Inc.	Common Stock, 1,200 shares	82,296	85,092
	US BanCorp	Common Stock, 1,000 shares	44,950	42,670
	Verizon Communications	Common Stock, 1,000 shares	46,780	46,220
	Wells Fargo & Company	Common Stock, 900 shares	49,338	48,925
	Total common stocks		1,704,296	1,702,926
	Equity funds:			
	Ishares Msci Eafe Index Fd	Equity Funds, 1,400 shares	91,084	82,208
	Pimco Commodity Real Return	Equity Funds, 4,753 shares	21,246	29,896
	Financial Select Sector	Equity Funds, 3,000 shares	74,190	71,490
	UBS	E-tracs Alerian MLP Infrastr, 2,112 shares	85,747	55,250
	Total equity funds		272,267	238,844
	Money market fund:			
*	Fifth Third	Fifth Third Banksafe Trust	169,338	169,338
			\$ 5,182,516	\$ 5,081,898

* Represents a party-in-interest

The above information has been certified by Fifth Third Bank, the custodian, as complete and accurate.

OhioGuidestone Defined Benefit Pension Plan

Employer No. 34-0720558

Plan No. 001

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2015

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain/ Net Loss

Category (iii) - Series of transactions in excess of 5 percent of beginning plan net assets:

* Fifth Third	Money market fund					
Purchases	21	\$ 1,560,452	\$ -	\$ 1,560,452	\$ 1,560,452	\$ -
Sales	12	-	2,988,402	2,988,402	2,988,402	-

* Represents a party-in-interest

There were no category (i), (ii), or (iv) transactions during the year ended December 31, 2015.

**OHIOGUIDESTONE
DEFINED BENEFIT PENSION PLAN**

Schedule of Active Participant Data

Plan Year: 1/1/2015 to 12/31/2015

Valuation Date: 1/1/2015

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	1	2	0	0	0	0	0	0	0	3
30-34	0	3	13	5	1	0	0	0	0	0	22
35-39	0	1	11	12	6	0	0	0	0	0	30
40-44	0	0	7	11	13	0	0	0	0	0	31
45-49	0	2	10	10	7	12	4	0	0	0	45
50-54	0	1	5	3	7	2	3	0	0	1	22
55-59	0	1	0	7	7	2	2	1	1	0	21
60-64	0	0	4	1	4	5	3	2	1	0	20
65-69	0	0	0	1	3	1	1	1	0	0	7
70+	0	0	1	0	1	0	0	0	0	0	2
Total	0	9	53	50	49	22	13	4	2	1	203

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

Average Age: 46.7 Average Service: 14

**OHIOGUIDESTONE
DEFINED BENEFIT PENSION PLAN**

Summary of Actuarial Assumptions and Method
Plan Year: 1/1/2015 to 12/31/2015
Valuation Date: 1/1/2015

	For Funding					
		<u>Min</u>	<u>Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>	
Interest Rates	Seg 1:	4.72%	1.22%	Seg 1:	1.40%	Pre-Retirement: 7.50%
	Seg 2:	6.11%	4.11%	Seg 2:	3.88%	Post-Retirement: 7.50%
	Seg 3:	6.81%	5.20%	Seg 3:	4.96%	
Pre-Retirement						
Turnover	None			None		None
Mortality	None			None		None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation			Normal retirement age 65 and 5 years of participation		Normal retirement age 65 and 5 years of participation
Future Wage Base	3% Increase per year			None		None
Post-Retirement						
Mortality	Male-modified RP2000 combined healthy male projected 30 & 22 years Female-modified RP2000 combined healthy female projected 30 & 22 years			2015 Applicable Mortality Table from Notice 2013-49		1971 Group Annuity Mortality Table - Male , Setback 3
Assumed Benefit Form For Funding				Normal Form		
Calculated Effective Interest Rate				6.43%		
Actuarial Cost Method				The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.		

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

OhioGuidestone Defined Benefit Pension Plan

Employer No. 34-0720558

Plan No. 001

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2015

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain/ (Loss)

Category (iii) - Series of transactions in excess of 5 percent of beginning plan net assets:

* Fifth Third	Money market fund					
Purchases	21	\$ 1,560,452	\$ -	\$ 1,560,452	\$ 1,560,452	\$ -
Sales	12	-	2,988,402	2,988,402	2,988,402	-

* Represents a party-in-interest

There were no category (i), (ii), or (iv) transactions during the year ended December 31, 2015.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

► **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 OHIOGUIDESTONE DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OHIOGUIDESTONE	D Employer Identification Number (EIN) 34-0720558	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	5074868	
b Actuarial value	2b	5074868	
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	0	0	0
b For terminated vested participants	43	284938	284938
c For active participants	203	4158741	4162967
d Total	246	4443679	4447905
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	6.43 %	
6 Target normal cost	6	0	

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary BRIAN PATRICK	<u>10.11.2016</u> Date 14-07558
	Type or print name of actuary NATIONAL ASSOCIATES, INC.	Most recent enrollment number (440) 333-0222
	Firm name 20325 CENTER RIDGE ROAD SUITE 405 CLEVELAND, OH 44116-3570	Telephone number (including area code)
	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 ☐

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

Schedule SB (Form 5500) 2015

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. 1510-0110 1510-0089 2015 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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 OHIOGUIDESTONE DEFINED BENEFIT PENSION PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OHIOGUIDESTONE 202 E BAGLEY RD BERE A, OH 44017-2058	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="padding: 2px; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 11/01/1977</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) 34-0720558</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number (216) 234-2006</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) 624100</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 11/01/1977		2b Employer Identification Number (EIN) 34-0720558		2c Plan Sponsor's telephone number (216) 234-2006		2d Business code (see instructions) 624100	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 11/01/1977											
2b Employer Identification Number (EIN) 34-0720558											
2c Plan Sponsor's telephone number (216) 234-2006											
2d Business code (see instructions) 624100											

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>10/14/14</u>	CHRISTINE EVANGELISTA
	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)			Preparer's telephone number

**OHIOGUIDESTONE
DEFINED BENEFIT PENSION PLAN**

Summary of Plan Provisions
Plan Year: 1/1/2015 to 12/31/2015
Valuation Date: 1/1/2015

Plan Effective Date	January 1, 1977
Plan Year	From January 1 to December 31
Eligibility	All employees are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements: 1 year of service Minimum age 21 Employees covered by a collective bargaining unit under which pension benefits were a subject of good faith bargaining are excluded by class.
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following: Attainment of age 65 Completion of 5 years of participation from beginning of entry year
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following: Maximum benefit is \$17,500.00 per month Maximum percent of salary is 100% Benefit is based on average salary during the highest 5 consecutive years of employment
Early Retirement Age	Attainment of age 55
Early Retirement Benefit	1/15th, 1/30th
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	A fraction, not exceeding one, of the normal retirement benefit, calculated based on average salary on the calculation date. The numerator of the fraction is equal to the participant's credited years earned on the calculation date, and the denominator is equal to the participant's total projected credited years at normal retirement, up to a maximum of 1 credited years. Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following: Years with less than 1,000 hours

**OHIOGUIDESTONE
DEFINED BENEFIT PENSION PLAN**

Summary of Plan Provisions
Plan Year: 1/1/2015 to 12/31/2015
Valuation Date: 1/1/2015

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

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

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Status

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

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Disability

Equal to present value of the accrued benefit

OhioGuidestone Defined Benefit Pension Plan

Employer No. 34-0720558

Plan No. 001

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lesser or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Corporate bonds and notes:				
	AT&T Inc Global Nt	Bonds and Notes, 3.40%, due 5/15/25	\$ 33,917	\$ 33,638
	Air Prods & Chems Inc	Bonds and Notes, 3.35%, due 7/31/24	78,632	74,822
	American Express Co.	Bonds and Notes, 7.00%, due 3/19/18	40,493	38,815
	Anheuser Busch	Bonds and Notes, 4.375%, due 2/15/21	83,992	81,365
	Archer Daniels Midland Co.	Bonds and Notes, 5.45%, due 3/15/18	23,392	22,693
	Bank of Nova Scotia	Bonds and Notes, 1.25%, due 4/11/17	74,991	74,867
	Bank of America Corp	Bonds and Notes, 3.875%, due 3/22/17	36,185	35,765
	BHP Billiton Finance	Bonds and Notes, 5.40%, due 3/29/17	81,856	78,130
	Blackrock Inc.	Bonds and Notes, 6.25%, due 9/15/17	84,342	81,050
	Boeing Co.	Bonds and Notes, 3.75%, due 11/20/16	36,838	35,826
	Caterpillar Financial Services Corp.	Bonds and Notes, 5.50%, due 3/15/16	36,997	35,310
	Cisco Sys Inc.	Bonds and Notes, 4.95%, due 2/15/19	39,118	38,248
	Citigroup Inc	Bonds and Notes, 3.75%, due 6/16/24	76,331	76,345
	Conocophillips	Bonds and Notes, 6.00%, due 1/15/20	58,801	55,706
	Conocophillips Company	Bonds and Notes, 3.35%, due 5/15/25	34,629	31,629
	Dupont Ei Nemour	Bonds and Notes, 6.00%, due 7/15/18	85,398	81,773
	Federal Natl Mtg Assn	Bonds and Notes, 1.625%, due 1/21/20	74,746	74,717
	Federal Home Ln Mtg Corp	Bonds and Notes, 3.75%, due 3/27/19	82,959	80,300
	Freddie Mac	Bonds and Notes, 0.875%, due 3/7/18	74,901	74,473
	Freddie Mac	Bonds and Notes, 1.375%, due 5/1/20	74,968	73,843
	General Electric Cap Corp.	Bonds and Notes, 5.55%, due 5/4/20	85,572	84,827
	Glaxosmithkline Cap	Bonds and Notes, 2.85%, due 5/8/22	35,002	35,272
	Goldman Sach	Bonds and Notes, 6.15%, due 4/1/18	84,527	81,444
	Honeywell International	Bonds and Notes, 5.30%, due 3/15/17	38,226	36,693
	HSBC Holdings PLC	Bonds and Notes, 4.875%, due 1/14/22	84,941	82,267
	JP Morgan Chase & Co.	Bonds and Notes, 6.30%, due 4/23/19	87,520	84,097
	Medtronic Inc.	Bonds and Notes, 2.75%, due 4/1/23	74,570	73,102
	Morgan Stanley	Bonds and Notes, 2.65%, due 1/27/20	50,024	49,864
	Occidental Petroleum Corp.	Bonds and Notes, 1.75%, due 2/15/17	75,801	75,150
	Oracle Corp	Bonds and Notes, 2.80%, due 7/8/21	35,435	35,452
	Pfizer Inc.	Bonds and Notes, 6.20%, due 3/15/19	85,614	84,375
	Philip Morris Intl. Inc.	Bonds and Notes, 2.50%, due 5/16/16	35,832	35,215
	Praxair Inc	Bonds and Notes, 5.20%, due 3/15/17	53,290	52,189
	Target Corp	Bonds and Notes, 2.90%, due 1/15/22	35,414	35,600
	Total Capital GTD NT	Bonds and Notes, 1.50%, due 2/17/17	75,676	75,134
	United Technologies Corp	Bonds and Notes, 6.125%, due 2/1/19	85,967	83,638
	Verizon Communications	Bonds and Notes, 6.35%, due 4/1/19	87,544	84,377
	Wells Fargo & Co.	Bonds and Notes, 4.60%, due 4/1/21	84,290	81,760
	Westpac Banking Corp	Bonds and Notes, 2.00%, due 8/14/17	25,482	25,156
	Total corporate bonds and notes		2,434,213	2,374,927
U.S. Government Bonds and Notes				
	U.S. Treasury Note	Bonds and Notes, 2.375%, due 8/15/24	76,031	75,782
	U.S. Treasury Note	Bonds and Notes, 3.125%, due 5/15/19	80,720	79,123
	U.S. Treasury Note	Bonds and Notes, 2.25%, due 11/15/25	75,196	74,833
	U.S. Treasury Note	Bonds and Notes, 1.875%, due 10/31/17	35,823	35,507
	U.S. Treasury Note	Bonds and Notes, 2.625%, due 4/30/18	36,589	36,177
	U.S. Treasury Note	Bonds and Notes, 3.50%, due 5/15/20	38,183	37,628
	U.S. Treasury Note	Bonds and Notes, 1.75%, due 5/15/22	75,099	73,772
	U.S. Treasury Note	Bonds and Notes, 1.25%, due 10/31/19	34,428	34,587
	U.S. Treasury Note	Bonds and Notes, 1.75%, due 10/31/20	34,844	34,945
	U.S. Treasury Note	Bonds and Notes, 2.75%, due 11/15/23	80,314	78,272
	U.S. Treasury Note	Bonds and Notes, 2.00%, due 5/31/21	35,175	35,237
	Total U.S. government bonds and notes		602,402	595,863

(Continued)

OhioGuidestone Defined Benefit Pension Plan

Employer No. 34-0720558

Plan No. 001

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lesser or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Common stocks:			
	Amdocs Limited	Common Stock, 700 shares	\$ 32,658	\$ 38,199
	Abbvie Inc.	Common Stock, 500 shares	32,720	29,620
	Alphabet Inc Cap Class A	Common Stock, 80 shares	42,454	62,242
	Alphabet Inc Cap Class C	Common Stock, 80 shares	42,112	60,710
	Applied Mats Inc.	Common Stock, 1,500 shares	37,380	28,006
	Bank of NY Mellon Corp.	Common Stock, 2,000 shares	81,140	82,440
	CVS Health Corporation	Common Stock, 1,000 shares	96,310	97,770
	Citigroup Inc	Common Stock, 1,000 shares	52,540	51,750
	Colgate Palmolive Co.	Common Stock, 500 shares	34,595	33,310
	Conocophillips	Common Stock, 934 shares	64,502	43,608
	DuPont E I De Nemours & Co.	Common Stock, 1,000 shares	70,367	66,600
	Duke Energy Corp.	Common Stock, 200 shares	16,708	14,278
	General Electric Co.	Common Stock, 3,800 shares	96,026	118,370
	General MLS Inc.	Common Stock, 1,000 shares	53,330	57,660
	Gilead Sciences Inc.	Common Stock, 1,000 shares	94,260	101,190
	Honeywell Intl.	Common Stock, 250 shares	24,980	25,892
	Illinois Tool Wks Inc.	Common Stock, 300 shares	28,410	27,804
	JP Morgan Chase & Co.	Common Stock, 900 shares	56,322	59,427
	Johnson & Johnson	Common Stock, 600 shares	61,278	61,632
	Johnson Ctls Inc.	Common Stock, 500 shares	24,170	19,745
	Microsoft Corp.	Common Stock, 2,000 shares	92,900	110,960
	Praxair Inc.	Common Stock, 400 shares	51,824	40,960
	Qualcomm Inc.	Common Stock, 500 shares	37,165	24,992
	Royal Dutch Shell	Common Stock, 1,100 shares	73,645	50,369
	Schlumberger LTD	Common Stock, 400 shares	34,164	27,900
	Starbucks Corp	Common Stock, 800 shares	46,572	48,024
	3M	Common Stock, 400 shares	65,728	60,256
	Target Corp	Common Stock, 500 shares	36,672	36,305
	TJX Cos Inc.	Common Stock, 1,200 shares	82,296	85,092
	US Bancorp	Common Stock, 1,000 shares	44,950	42,670
	Verizon Communications	Common Stock, 1,000 shares	46,780	46,220
	Wells Fargo & Company	Common Stock, 900 shares	49,338	48,925
	Total common stocks		1,704,296	1,702,926
	Equity funds:			
	Ishares Msci Eafe Index Fd	Equity Funds, 1,400 shares	91,084	82,208
	Pimco Commodity Real Return	Equity Funds, 4,753 shares	21,246	29,896
	Financial Select Sector	Equity Funds, 3,000 shares	74,190	71,490
	UBS	E-tracs Alerian MLP Infrastr, 2,112 shares	85,747	55,250
	Total equity funds		272,267	238,844
	Money market fund:			
*	Fifth Third	Fifth Third Banksafe Trust	169,338	169,338
			\$ 5,182,516	\$ 5,081,898

* Represents a party-in-interest

The above information has been certified by Fifth Third Bank, the custodian, as complete and accurate.