

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>														
<div>Part I Annual Report Identification Information</div> <div>For calendar plan year 2015 or fiscal plan year beginning 09/01/2015 and ending 08/31/2016</div> <div><div>A This return/report is for:</div><div>☒ a single-employer plan☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) ☐ a one-participant plan☐ a foreign plan</div><div><div>B This return/report is</div><div>☐ the first return/report☐ the final return/report ☐ an amended return/report☐ a short plan year return/report (less than 12 months)</div><div><div>C Check box if filing under:</div><div>☒ Form 5558☐ automatic extension☐ DFVC program ☐ special extension (enter description)</div></div></div><div>Part II Basic Plan Information—enter all requested information</div><div><div><div>1a Name of plan PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC.</div><div>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) EASTER SEALS CENTRAL AND SOUTHEAST OHIO 3830 TRUEMAN COURT HILLIARD, OH 43026</div><div>3a Plan administrator's name and address ☐ Same as Plan Sponsor. SILVIJA JAKUBOWSKI EASTER SEALS, INC. 141 WEST JACKSON BLVD., SUITE 1400A CHICAGO, IL 60604</div></div><div><div>1b Three-digit plan number (PN) ▶ 001</div><div>1c Effective date of plan 02/01/1950</div><div>2b Employer Identification Number (EIN) 31-4379471</div><div>2c Sponsor's telephone number 614-228-5523</div><div>2d Business code (see instructions) 813000</div><div>3b Administrator's EIN 36-2171729</div><div>3c Administrator's telephone number 312-726-6200</div></div></div><div><div>4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name</div><div>4b EIN</div><div>4c PN</div></div><div><div>5a Total number of participants at the beginning of the plan year 89</div><div>5b Total number of participants at the end of the plan year 88</div><div>5c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</div><div>5d(1) Total number of active participants at the beginning of the plan year 4</div><div>5d(2) Total number of active participants at the end of the plan year 3</div><div>5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 0</div></div><div><div>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</div><div>Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.</div><table><tr><td rowspan="2">SIGN HERE</td><td>Filed with authorized/valid electronic signature.</td><td>06/14/2017</td><td>SILVIJA JAKUBOWSKI</td></tr><tr><td>Signature of plan administrator</td><td>Date</td><td>Enter name of individual signing as plan administrator</td></tr><tr><td rowspan="2">SIGN HERE</td><td></td><td></td><td></td></tr><tr><td>Signature of employer/plan sponsor</td><td>Date</td><td>Enter name of individual signing as employer or plan sponsor</td></tr></table><div><div>Preparer's name (including firm name, if applicable) and address (include room or suite number)</div><div>Preparer's telephone number</div></div></div><div><div>For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.</div><div>Form 5500-SF (2015) v. 150123</div></div></div>			SIGN HERE	Filed with authorized/valid electronic signature.	06/14/2017	SILVIJA JAKUBOWSKI	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	Filed with authorized/valid electronic signature.	06/14/2017		SILVIJA JAKUBOWSKI												
	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													

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

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	1707942	1853742
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1707942	1853742
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	149000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	177857	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		326857
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	79363	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	101694	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		181057
i Net income (loss) (subtract line 8h from line 8c)	8i		145800
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 11

B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?.....	10c	X			190000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i				
j Did the plan trust incur unrelated business taxable income?	10j				

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)..... ☒ Yes ☐ No

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... **11a** 0

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... ☐ Yes ☒ No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

- a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

- b** Enter the minimum required contribution for this plan year **12b**
- c** Enter the amount contributed by the employer to the plan for this plan year **12c**
- d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**
- e** Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

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

Part VIII Trust Information

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

Part IX IRS Compliance Questions

- 15a** Is the plan a 401(k) plan? ☐ Yes ☐ No
- 15b** 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
- 15c** 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
- 16a** 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
- 16b** 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
- 17a** Has the plan been timely amended for all required tax law changes? ☐ Yes ☐ No ☐ N/A
- 17b** 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).
- 17c** 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 _____.
- 17d** 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 ____/____/____.
- 18** 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
- 19** Were in-service distributions made during the plan year? ☐ Yes ☐ No
- If "Yes," enter amount **19**
- 20** Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? ☐ Yes ☐ No ☐ N/A

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 09/01/2015 and ending 08/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>EASTER SEALS CENTRAL AND SOUTHEAST OHIO</u>	D Employer Identification Number (EIN) <u>31-4379471</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2015</u>	
2 Assets:	
a Market value	2a <u>1707347</u>
b Actuarial value	2b <u>1707347</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>24</u> <u>756342</u> <u>756342</u>
b For terminated vested participants	<u>61</u> <u>1075518</u> <u>1075518</u>
c For active participants	<u>4</u> <u>129535</u> <u>129535</u>
d Total	<u>89</u> <u>1961395</u> <u>1961395</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.28</u> %
6 Target normal cost	6 <u>93000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>06/13/2017</u>
Signature of actuary		Date
<u>KATHLEEN E. MANNING, F.S.A.</u>		<u>17-03050</u>
Type or print name of actuary		Most recent enrollment number
<u>MWM CONSULTING GROUP</u>		<u>312-987-4500</u>
Firm name		Telephone number (including area code)
<u>55 E. JACKSON BLVD., SUITE 1000</u> <u>CHICAGO, IL 60604-2254</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2015
v. 150123

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		445
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>6.50</u> %		29
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		474
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	87.04 %
15 Adjusted funding target attainment percentage	15	87.04 %
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	97.09 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/24/2015	21000	0			
03/09/2016	21000	0			
06/07/2016	21000	0			
09/08/2016	21000	0			
05/09/2017	65000	0			
			Totals ►	18(b)	149000
				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	139349
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th	0	

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
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	93000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	254048	45575	
	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	138575	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	138575	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	139349	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	774	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

**Schedule SB, Line 26, Schedule of Active Participant Data as of
September 1, 2015**

**PENSION PLAN FOR EMPLOYEES OF
EASTER SEALS, INC. – CENTRAL AND SOUTHEAST OHIO**

EIN/PN: 31-4379471 / 001

Age Group	Service									Total
	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	
Under 25	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0	0	0	0
35 - 39	0	0	2	0	0	0	0	0	0	2
40 - 44	0	0	0	0	0	0	0	0	0	0
45 - 49	0	0	0	0	0	0	0	0	0	0
50 - 54	0	0	0	0	0	0	0	0	0	0
55 - 59	0	0	0	0	1	0	1	0	0	2
60 - 64	0	0	0	0	0	0	0	0	0	0
65 - 69	0	0	0	0	0	0	0	0	0	0
70 & Over	0	0	0	0	0	0	0	0	0	0
Total	0	0	2	0	1	0	1	0	0	4

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

PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC. – CENTRAL AND SOUTHEAST OHIO EIN/PN: 31-4379471 / 001

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events, some of which are mandated assumptions. Certain provisions may be approximated or deemed immaterial and therefore are not valued. Assumptions may be made about participant data or other factors.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience and should not imply precision, which is not inherent in actuarial calculations.

Actuarial Assumption Item	Annual Actuarial Valuation		ASC960/FAS 35 Plan Reporting																								
Interest	<u>Minimum Required</u> Segment Rates: Years under 5: 4.72% Years 5 through 20: 6.11% Years above 20: 6.81% Effective Rate: 6.28%	<u>Maximum Deductible and PBGC Prem.</u> Segment Rates: Years under 5: 1.28% Years 5 through 20: 4.07% Years above 20: 5.11%	Pre-retirement– 7.0% per annum Post retirement– 7.0% per annum																								
	Interest rates used to determine the minimum contribution reflect the interest rate stabilization provisions of the Highway and Transportation Funding Act of 2014.																										
Mortality	The IRS RP 2000 Group Annuity Mortality Table for Males and Females projected by Scale AA through the valuation date, plus another 7 years for annuitants and 15 years for non-annuitants		Same as Annual Valuation																								
Retirement	Rates of retirement are based upon age only. <table> <tr> <th>Age</th><th>Rate</th><th>Age</th><th>Rate</th></tr> <tr> <td>55</td><td>5.00%</td><td>59</td><td>9.00%</td></tr> <tr> <td>56</td><td>6.00%</td><td>60</td><td>10.00%</td></tr> <tr> <td>57</td><td>7.00%</td><td>61</td><td>10.00%</td></tr> <tr> <td>58</td><td>8.00%</td><td>62</td><td>100.00%</td></tr> </table>		Age	Rate	Age	Rate	55	5.00%	59	9.00%	56	6.00%	60	10.00%	57	7.00%	61	10.00%	58	8.00%	62	100.00%	Same as Annual Valuation				
Age	Rate	Age	Rate																								
55	5.00%	59	9.00%																								
56	6.00%	60	10.00%																								
57	7.00%	61	10.00%																								
58	8.00%	62	100.00%																								
Withdrawal	Rates of termination are based upon age and service. Sample rates for selected ages and service based factors applied to rates are shown. <table> <tr> <th>Age</th><th>Rate</th><th>Service</th><th>Factor</th></tr> <tr> <td>25</td><td>11.62%</td><td>Under 2</td><td>5.00</td></tr> <tr> <td>30</td><td>11.21%</td><td>2 to 3</td><td>4.00</td></tr> <tr> <td>40</td><td>9.40%</td><td>3 to 4</td><td>3.00</td></tr> <tr> <td>50</td><td>4.83%</td><td>4 to 5</td><td>2.00</td></tr> <tr> <td>55</td><td>0.00%</td><td>Over 5</td><td>1.00</td></tr> </table>		Age	Rate	Service	Factor	25	11.62%	Under 2	5.00	30	11.21%	2 to 3	4.00	40	9.40%	3 to 4	3.00	50	4.83%	4 to 5	2.00	55	0.00%	Over 5	1.00	Same as Annual Valuation
Age	Rate	Service	Factor																								
25	11.62%	Under 2	5.00																								
30	11.21%	2 to 3	4.00																								
40	9.40%	3 to 4	3.00																								
50	4.83%	4 to 5	2.00																								
55	0.00%	Over 5	1.00																								

Salary Increase

None assumed.

Same as Annual Valuation

Future Expenses

Estimated annual administrative expenses were added to the Target Normal Cost.

Same as Annual Valuation

Asset Valuation Method

Assets are equal to the trust value plus discounted receivable contributions as of the valuation date.

Market Value of Assets

Actuarial Cost MethodsUnit Credit Accrued Benefit Cost Method
(For Determining the Minimum and Maximum Permissible Contributions)

Same as Annual Valuation

This is the mandated actuarial method to be used in determining contribution requirements and limits under the Pension Protection Act of 2006. This method determines the present value of benefits accrued to date under the provisions of the plan and ignores any further benefit accruals through salary and service increases.

**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**For calendar plan year 2015 or fiscal plan year beginning 09/01/2015 and ending 08/31/2016▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan
PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC.**B** Three-digit
plan number (PN) ▶ 001**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EASTER SEALS CENTRAL AND SOUTHEAST OHIO**D** Employer Identification Number (EIN)
31-4379471**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 09 Day 01 Year 2015**2** Assets:

	2a	
a Market value	<u>1,707,347</u>	
b Actuarial value	<u>1,707,347</u>	

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>24</u>	<u>756,342</u>	<u>756,342</u>
b For terminated vested participants	<u>61</u>	<u>1,075,518</u>	<u>1,075,518</u>
c For active participants	<u>4</u>	<u>129,535</u>	<u>129,535</u>
d Total	<u>89</u>	<u>1,961,395</u>	<u>1,961,395</u>

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

	4a	
a Funding target disregarding prescribed at-risk assumptions		
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 6.28%**6** Target normal cost 93,000**Statement by Enrolled Actuary**

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

**SIGN
HERE***KEM*

Signature of actuary

KATHLEEN E. MANNING, F.S.A.

Type or print name of actuary

MWM CONSULTING GROUP

Firm name

55 E. JACKSON BLVD., SUITE 1000

CHICAGO IL 60604-2254

Address of the firm

6/13/2017

Date

1703050

Most recent enrollment number
312-987-4500

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2015
v. 150123

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		445
	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 6.50%		29
	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		474
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages		
14	Funding target attainment percentage	14	87.04 %
15	Adjusted funding target attainment percentage	15	87.04 %
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	97.09 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
12/24/2015	21,000	0				
03/09/2016	21,000	0				
06/07/2016	21,000	0				
09/08/2016	21,000	0				
05/09/2017	65,000	0				
			Totals ▶	18(b)	149,000	18(c)

19	Discounted employer contributions - see instructions for small plan with a valuation date that is 12/31/2018 or later		
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	139,349

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
			22 61
22 Weighted average retirement age			
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	93,000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		254,048	45,575
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	138,575
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	0
36 Additional cash requirement (line 34 minus line 35)		36	138,575
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	139,349
38 Present value of excess contributions for current year (see instructions)		38a	774
a Total (excess, if any, of line 37 over line 36)		38b	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		39	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		40	0
40 Unpaid minimum required contributions for all years			

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

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

Schedule SB, Line 22, Description of Weighted Average Retirement Age

PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC. – CENTRAL AND SOUTHEAST OHIO

EIN/PN: 31-4379471 / 001

The retirement age shown is based on an employee who fulfilled the minimum requirement for early eligibility and is calculated in accordance with the following formula which generally assumes employees terminate at the middle of the year.

$$\sum_{t=0}^{FRA-ERA} ({}_t p_{ERA}) * (q_r ERA + t) * (ERA + t + \frac{1}{2})$$

Note (1)

$$\sum_{t=0}^{FRA-ERA} ({}_t p_{ERA}) * (q_r ERA + t)$$

Note (1) the $\frac{1}{2}$ in the formula shown above is not used for $t = FRA-ERA$.

In the formula shown above ${}_t p_{ERA}$ is calculated using all of the decrements, and the $q_r ERA + t$ represents the sum of the applicable retirement decrements.

Also, ERA represents the earliest retirement age and FRA represents the age at which everyone is assumed to retire.

Schedule SB, Line 19, Discounted Employer Contributions

PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC. - CENTRAL AND SOUTHEAST OHIO

EIN/PN: 31-4379471 / 001

LY Valuation Date	9/1/2015	Quarterly Due Dates
Val Date	9/1/2016	12/15/2015
Prior Year Effective Rate	6.28%	03/15/2016
MRC w/out regard to CB	138,575	06/15/2016
Quarterly	20,927	09/15/2016
Apply Credit Balances to Residual	No	05/15/2017

Contributions Made			Quarterly Applied to					Discounted					Totals			
Cash / Credit Balance	Date Made	Amount	1	2	3	4	Residual	1	2	3	4	Residual	Total	Cash	Carryover	Prefunding
Cash	12/24/2015	21,000	20,927	73	-	-	-	20,509	72	-	-	-	20,581	20,581	-	-
Cash	3/9/2016	21,000	-	20,854	146	-	-	-	20,203	141	-	-	20,344	20,344	-	-
Cash	6/7/2016	21,000	-	-	20,781	219	-	-	-	19,832	209	-	20,041	20,041	-	-
Cash	9/8/2016	21,000	-	-	-	20,708	292	-	-	-	19,458	274	19,732	19,732	-	-
Cash	5/9/2017	65,000	-	-	-	-	65,000	-	-	-	-	58,651	58,651	58,651	-	-
Cash			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals		149,000											139,349	139,349	-	-

Remainder Due	(774)
Carryover Applied	-
Prefunding Applied	-
Residual Due 5/15/2017	(859)

Schedule SB, Part V, Summary of Plan Provisions

PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC. – CENTRAL AND SOUTHEAST OHIO EIN/PN: 31-4379471 / 001

This summary provides a general description of the major eligibility and benefit provisions of the pension plan upon which this valuation has been based. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Effective Date

The Pension Trust for Employees of the National Easter Seal Society was established effective as of February 1, 1950. The plan has been amended from time to time, and was amended and entirely restated effective as of September 1, 1985, at which time it was renamed the Pension Plan for Employees of The National Easter Seal Society. The plan name was changed to Pension Plan for Employees of Easter Seals, Inc., effective July 1, 2000. Participation and benefit accruals were frozen for Central and Southeast Ohio members as of 2003.

Eligibility (Frozen 6/1/2003)

Any employee becomes a participant following completion of one year of service (during which he has completed at least 1,000 hours of service) and attainment of age 21. Employees under age 21 become eligible after completing 1,700 hours of service during a 12-month period commencing either on his hire date or on the first day of any plan year following his date of hire.

Normal Retirement Date (NRD)

The first day of the calendar month coinciding with or next following the date the participant attains age 65 years.

Normal Retirement Benefit (Frozen 6/1/2003)

A Participant's Normal Retirement Benefit will be equal to:

- 1.25% of Final Average Earnings up to 1/3 of the Annual Covered Compensation, plus
- 1.55% of any excess of Final Average Earnings over 1/3 of Annual Covered Compensation multiplied by service.

Social Security Covered Compensation Table (Frozen 6/1/2003)

The Social Security Covered compensation amount is used in the plan formula and was frozen as of 6/1/2003. The amount is based upon the projected average maximum social security taxable wage bases measured over an employee's working career, based upon his year of birth, determined using the beginning of plan year table.

Normal Form of Retirement Income

The standard form of retirement income is a benefit payable monthly for the life of the participant. Participants with an eligible spouse, who do not elect otherwise, will receive an actuarially reduced income payable for their lifetime with 50% of such reduced income payable upon their death to their spouse for life.

Early Retirement Date (ERD)

A participant is eligible for Early Retirement after he attains age 55 and completes 5 years of service.

Early Retirement Benefit

A participant is eligible for Early Retirement after he attains age 55 and completes 5 years of service. The amount is reduced by 5/12 of 1% for each month by which the commencement date precedes the participant attainment of age 62.

Vesting Schedule

The participant's vested percentage is

- 0 % prior to the date on which he has completed 5 years of service and
- 100%, thereafter.

Death Benefits

If a participant has an eligible spouse and is eligible for early retirement under the plan provisions, an annuity will be payable to the spouse. The benefit payable will be equal to 50% of the amount which would have been payable to the participant had he retired, on the date prior to the date of death, under the Qualified Joint and 50% Survivor Form.

Upon the death of a vested participant not eligible for early retirement, the spouse will be eligible for a deferred monthly benefit. The amount of the benefit will be equal to 50% of the amount which would have been payable to the participant if he had survived until he was first eligible to retire, and had elected a Qualified Joint and 50% Survivor form of benefit. The benefit commences on the date that the participant could have first elected retirement, providing the spouse has survived.

Schedule SB, Line 32a, Schedule of Amortization Payments

PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC. – CENTRAL AND SOUTHEAST OHIO

EIN/PN: 31-4379471 / 001

Item	Unfunded Accrued Liability		Amortization Payment		Outstanding Balance on 9/1/2015
	Amount	Established	Remaining Periods	Payment on 9/1	
2013 Shortfall Amortization Base	\$ 98,189	09/01/2013	5 yrs.	\$ 16,526	\$ 75,510
2014 Shortfall Amortization Base	\$ (32,972)	09/01/2014	6 yrs.	\$ (5,518)	\$ (29,315)
2015 Shortfall Amortization Base	\$ 207,853	09/01/2015	7 yrs.	<u>\$ 34,567</u>	<u>\$ 207,853</u>
				\$ 45,575	\$ 254,048