

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> 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>09/01/2015</u> and ending <u>08/31/2016</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>HORIZON TELCOM AND SUBSIDIARIES SALARIED EMPLOYEES' PENSION PLAN AND TRUST AGREEMENT</u>	1b Three-digit plan number (PN) ▶	<u>002</u>
		1c Effective date of plan	<u>08/31/1959</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>HORIZON TELCOM, INC.</u> <u>68 EAST MAIN STREET</u> <u>CHILLICOTHE, OH 45601</u>		2b Employer Identification Number (EIN) <u>31-1449037</u>	
		2c Plan Sponsor's telephone number <u>740-772-8200</u>	
		2d Business code (see instructions) <u>517000</u>	

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/14/2017	SCOTT MOON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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	5 272
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) 47
a(2) Total number of active participants at the end of the plan year	6a(2) 44
b Retired or separated participants receiving benefits.....	6b 89
c Other retired or separated participants entitled to future benefits.....	6c 124
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 257
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 10
f Total. Add lines 6d and 6e	6f 267
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (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 _____

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

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1	Enter the valuation date: Month 09 Day 01 Year 2015	
2	Assets:	
	a Market value	2a 14967314
	b Actuarial value	2b 15503773
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	95 12226275 12226275
	b For terminated vested participants	130 3185172 3185172
	c For active participants	47 1543379 1548432
	d Total	272 16954826 16959879
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 6.24%
6	Target normal cost	6 87500

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

<div>SIGN HERE</div>	<div>06/08/2017</div>
<div>MICHAEL D. ANTOINE</div>	<div>Date</div>
<div>AON CONSULTING, INC.</div>	<div>17-06920</div>
<div>200 EAST RANDOLPH STREET, STE. 1400 CHICAGO, IL 60601</div>	<div>Most recent enrollment number</div>
<div></div>	<div>312-381-4881</div>
<div></div>	<div>Telephone number (including area code)</div>
<div></div>	<div></div>

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	9
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	9
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-1.27</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.45</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance		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	91.41 %
15 Adjusted funding target attainment percentage	15	90.27 %
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	87.77 %
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
12/16/2015	215573	0			
03/15/2016	215573	0			
06/15/2016	215573	0			
09/15/2016	215573	0			
05/15/2017	143625	0			
			Totals ►	18(b)	1005917
				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	958070
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 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	87500	
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	1456106	870570	
	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	958070	
	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	958070	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	958070	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	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 **09/01/2015** and ending **08/31/2016**

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

Part I Service Provider Information (see instructions)

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

DIMENSIONAL INVESTMENT GROUP INC.	6300 BEE CAVE ROAD BUILDING ONE AUSTIN, TX 78746
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(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

NATIXIS FUNDS	P.O. BOX 219579 KANSAS CITY, MO 64121-9579
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HARBOR FUNDS	P.O. BOX 804660 CHICAGO, IL 60680-4108
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

WESTCHESTER CAPITAL MANAGEMENT	100 SUMMIT LAKE DRIVE VALHALLA, NY 10595
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CAPITAL RESEARCH & MANAGEMENT COMP

95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRUDENTIAL MUTUAL FUND SERVICES LLC

PO BOX 9658
PROVIDENCE, RI 02940

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE ASSOCIATES, INC.

100 EAST PRATT STREET
BALTIMORE, MD 21202

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP

23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK FUNDS

94-2948313

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

EATON VANCE

20-2074728

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FEDERATED INVESTMENT MANAGEMENT

4000 ERICSSON DRIVE
WARRENDALE, PA 15086-7561

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

LORD ABBETT FAMILY OF FUNDS

90 HUDSON STREET
JERSEY CITY, NJ 07302-3973

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO INVESTMENTS LLC

33-0629048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HUNTINGTON BANK

31-0966785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	68492	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>09/01/2015</u> and ending <u>08/31/2016</u>		
A Name of plan <u>HORIZON TELCOM AND SUBSIDIARIES SALARIED EMPLOYEES' PENSION PLAN AND TRUST AGREEMENT</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HORIZON TELCOM, INC.</u>		D Employer Identification Number (EIN) <u>31-1449037</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	502265	359198
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	40122	51969
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	85938	203307
(2) U.S. Government securities.....	1c(2)	8600	6497
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	2222481	2376506
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3768821	5837833
(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)	8348546	6745899
(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	14976773	15581209

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14976773	15581209
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1005917	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1005917

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	90744	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		90744
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	447137	
(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)		447137
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	-260004	
(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)		-260004
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	719079	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		719079

		(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		2002873

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1329945	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1329945
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)	68492	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		68492
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1398437

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		604436
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SMITH & DEKAY PS

(2) EIN: 91-1343765

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	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.)		X		
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.)		X		

	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			5000000
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 09/01/2015 and ending 08/31/2016

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-6025293</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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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

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
----------------	---

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

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

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

**FINANCIAL STATEMENTS
WITH INDEPENDENT AUDITORS' REPORT**
August 31, 2016 & 2015

SMITH & DEKAY PS
CERTIFIED PUBLIC ACCOUNTANTS

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Independent Auditors' Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of *Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and Trust Agreement*, which comprise the statements of net assets available for benefits as of August 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7 which was certified by Huntington Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended August 31, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) and the schedule of reportable transactions as of August 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

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

SMITH & DeKAY PS
Bellevue, Washington
June 8, 2017

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
August 31, 2016 & 2015

ASSETS

	<u>2016</u>	<u>2015</u>
Investments, at fair value		
Interest-bearing cash	\$ 203,307	\$ 85,938
U.S. government securities	6,497	8,600
Corporate bonds	2,376,506	2,222,481
Corporate stocks	5,837,833	3,768,821
Mutual funds	<u>6,745,899</u>	<u>8,348,546</u>
 Total investments, at fair value	 15,170,042	 14,434,386
 Interest Receivable	 51,969	 40,122
Employer Contribution Receivable	<u>359,198</u>	<u>502,265</u>
 Net assets available for benefits	 <u>\$ 15,581,209</u>	 <u>\$ 14,976,773</u>

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

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended August 31, 2016 & 2015

	<u>2016</u>	<u>2015</u>
Additions To Net Assets Attributed To		
Investment income:		
Interest and dividends	\$ 537,881	\$ 502,158
Net appreciation (depreciation)		
in fair value of investments	<u>459,075</u>	<u>(689,442)</u>
Total investment income (loss)	996,956	(187,284)
Employer contributions	<u>1,005,917</u>	<u>1,402,382</u>
Total additions	2,002,873	1,215,098
Deductions From Net Assets Attributed To		
Benefits paid to participants	(1,329,945)	(1,317,121)
Other administrative expenses	<u>(68,492)</u>	<u>(87,535)</u>
Total deductions	<u>(1,398,437)</u>	<u>(1,404,656)</u>
Net Increase (Decrease)	604,436	(189,558)
Net Assets Available For Benefits		
Beginning of year	<u>14,976,773</u>	<u>15,166,331</u>
End of year	<u>\$ 15,581,209</u>	<u>\$ 14,976,773</u>

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

**HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
*Years Ended August 31, 2016 & 2015***

Note 1 - Description of Plan

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

General

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

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

Funding Policy

Contributions by the Company are actuarially calculated to fund normal cost and the amount necessary to amortize unfunded prior service costs over a 10-year period. Contributions are calculated at the beginning of the plan year. Minimum contributions of \$958,100 and \$1,333,503 were due for the years beginning September 1, 2015 and 2014.

Eligibility

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

HORIZON TELCOM AND SUBSIDIARIES
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Years Ended August 31, 2016 & 2015

Note 1 - Description of Plan (Continued)

Death and Disability Benefits

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

Pension Benefits

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

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

Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated August 12, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the letter, the Plan administrator and the plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2016 & 2015

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting under accounting principles generally accepted in the United States of America. Contributions and realized investment earnings are recognized when earned, and expenses are recognized when resources are used and a liability is incurred. Unrealized changes in the market value of investments are recognized when the plan is valued at the end of any period.

Investments

Investments are valued 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. The Plan's board of trustees determines the Plan's valuation policies utilizing information provided by the investment advisers. Purchases and sales of securities are recorded on a trade-date basis. Interest income from investments is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Subsequent Events

The plan trustees are not aware of any subsequent events requiring disclosure or adjustments in the financial statements as of June 8, 2017, the date the financial statements were available to be issued.

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
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NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2016 & 2015

Note 3 – Accounting Changes

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Parts I and III are not applicable to the Plan. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Management has elected to adopt ASU 2015-12 early.

Note 4 - Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the 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).

Level 1- Unadjusted quoted prices in active markets for identical assets. These assets include investments in interest-bearing cash, U.S. government securities, corporate stocks and bonds, and mutual funds. U.S. government securities and corporate stocks and bonds are valued at the closing price reported in the active market on which the individual securities are traded. The fair value of mutual funds is based on quoted net asset values of the units held by the Plan at year-end.

Level 2 - Significant other observable inputs, including quoted prices for similar securities, interest rates, credit risk, etc. that are determined for an asset, either directly or indirectly, based on independent market data. The plan did not have any Level 2 investments.

Level 3 - Significant unobservable inputs for the asset or liability that reflect the plan's own assumptions which market participants would use in pricing the asset based on the best information available. The plan did not have any Level 3 investments.

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2016 & 2015

Note 4 - Fair Value Measurements (Continued)

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.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 table sets forth by level, within the fair value hierarchy, the plan's fair value measurement at August 31, 2016, and 2015.

Fair Value Measurements at Reporting Date Using:

		Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs
	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
<u>August 31, 2016</u>				
Interest-bearing cash	\$ 203,307	\$ 203,307	\$ -	\$ -
U.S. government securities	6,497	6,497		
Corporate bonds	2,376,506	2,376,506		
Corporate stocks	5,837,833	5,837,833		
Mutual funds	<u>6,745,899</u>	<u>6,745,899</u>		
Investments at fair value	<u>\$ 15,170,042</u>	<u>\$ 15,170,042</u>	<u>\$ -</u>	<u>\$ -</u>
<u>August 31, 2015</u>				
Interest-bearing cash	\$ 85,938	\$ 85,938	\$ -	\$ -
U.S. government securities	8,600	8,600		
Corporate bonds	2,222,481	2,222,481		
Corporate stocks	3,768,821	3,768,821		
Mutual funds	<u>8,348,546</u>	<u>8,348,546</u>		
Investments at fair value	<u>\$ 14,434,386</u>	<u>\$ 14,434,386</u>	<u>\$ -</u>	<u>\$ -</u>

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2016 & 2015

Note 4 - Fair Value Measurements (Continued)

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended August 31, 2016 and 2015, are reported in net appreciation (depreciation) in fair value of investments.

The Plan's policy is to recognize transfers between levels 1 and 2 and into and out of level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended August 31, 2016 and 2015, there were no significant transfers between levels 1 and 2 and no transfers into or out of level 3.

Note 5 – Related Party and Party-in-Interest Transactions

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

The Plan utilizes a third-party administrator, Huntington National Bank (Huntington). Huntington is a named plan trustee, and provides investment management and custodial services to the plan. Transactions with Huntington qualify as party-in-interest transactions. Management fees of \$68,492 and \$87,535 were paid to Huntington during the years ended August 31, 2016 and 2015. In addition, as of August 31, 2016 and 2015, the Plan held \$203,307 and \$85,938 in an interest-bearing cash account managed by Huntington.

Note 6 – Risks and Uncertainties

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

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2016 & 2015

Note 7 - Information Certified by Plan Custodian

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

Amounts included as investments in the statements of net assets available for benefits at August 31, 2016 and 2015, the supplemental schedule of assets (held at end of year) at August 31, 2016, and the supplemental schedule of reportable transactions for the year ended August 31, 2016.

Investment income (loss) included in the statements of changes in net assets available for benefits for the years ended August 31, 2016 and 2015.

Note 8 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable to the service which employees have rendered through December 31, 2006. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances, retirement, death, disability and termination of employment, are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits for fiscal years 2016 and 2015, based on beginning of the year actuarial information, was determined by an actuary from AON Consulting. The significant actuarial assumptions used in the valuation as of September 1, 2015 and 2014, include: (1) an interest rate of 7.25% for 2015 and 2014, (2) mortality based upon the 2015 and 2014 static mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(e) and (3) all retirements at the normal retirement date under the plan or age at valuation date, if greater.

HORIZON TELCOM AND SUBSIDIARIES
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NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2016 & 2015

Note 8 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

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

	September 1, 2015	September 1, 2014
Actuarial present value of accumulated plan benefits:		
Participants currently receiving benefits	\$12,259,195	\$10,610,855
Vested benefits for other participants	<u>4,653,216</u>	<u>4,906,550</u>
Total vested benefits	16,912,411	15,517,405
Nonvested benefits	<u>2,185</u>	<u>31</u>
Total actuarial present value of accumulated plan benefits	<u>\$16,914,596</u>	<u>\$15,517,436</u>

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

	September 1, 2015	September 1, 2014
Actuarial present value of accumulated plan benefits, beginning of year	\$15,517,436	\$15,755,159
Increase/(decrease) in benefits accumulated	236,504	106,931
Interest	1,078,104	1,090,273
Benefits paid	(1,317,121)	(1,459,351)
Change in actuarial assumption	<u>1,399,673</u>	<u>24,424</u>
Net change between years	<u>1,397,160</u>	<u>(237,723)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$16,914,596</u>	<u>\$15,517,436</u>

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

Changes in valuation assumptions for the plan year beginning September 1, 2015

- 1) The funding valuation reflects the plan change in the mortality basis for lump sum payments from the 2013 plan year IRC section 417€(3) mortality table to the 2014 plan year IRC section 417€(3) mortality table.
- 2) A change in the interest rate assumption from segment rates as of May 2014 to segment rates as of May 2015, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor.

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
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NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2016 & 2015

Note 8 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

- 3) A change in the 2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) for healthy lives to the 2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) for healthy lives.
- 4) A change in the mortality assumption from the 2014 mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) for healthy lives to RP-2014 mortality table for employees and healthy annuitants (with a fully generational projection using scale MP-2014), with white collar adjustment.
- 5) A change in the mortality assumption from the Revenue Ruling 96-7 mortality table for disability after December 31, 1994 to RP-2014 disable retirement mortality table (with a fully generational projection using scale MP-2014).
- 6) The discount rate for ASC 715-20 changed from 4.92% to 4.16% as of December 31, 2015.

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

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

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

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

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

HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
Years Ended August 31, 2016 & 2015

Note 9 – Plan Termination and Pension Benefit Guaranty Corporation Matters

Effective December 31, 2006, benefit accruals under the Plan were frozen and the Plan was closed to new entrants. The Company intends to continue the Plan and the payment of contributions until the existing obligations are satisfied. However, the Company reserves the right under the Plan to terminate the Plan at any time. In the event of termination of the Plan, the net assets of the Plan shall be used for the exclusive benefits of the participants and their beneficiaries in a manner consistent with the requirements of ERISA. Additionally, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (the PBGC) if the plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the plan and the amount of benefit protection is subject to certain limitations.

* * * * *

SUPPLEMENTARY INFORMATION

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

August 31, 2016

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

(a)	(b) Identity of Issuer/ (c) Description of Investment	Shares	(d) Cost	(e) Current Value
	<u>CASH MANAGEMENT FUNDS</u>			
*	HNB Conservative Deposit		\$ 203,307	\$ 203,307
			203,307	203,307
	<u>U.S. GOVERNMENT NOTES & BONDS</u>			
	GNMA II Pool #3330 4.5% 12/20/2032		6,144	6,497
			6,144	6,497
	<u>CORPORATE OBLIGATIONS</u>			
	Amgen Inc 2.5% 11/15/2016		155,310	150,458
	Autozone Inc 3.7% 04/15/2022		453,794	480,528
	Branch Banking & Trust 2.85% 04/01/2021		200,668	209,002
	Ecolab Inc 1.45% 12/08/2017		48,768	50,142
	General Elec CapCorp Series Mtn 3.1% 01/09/2023		99,509	106,886
	Goldman Sachs Group Inc 2.375% 01/22/2018		147,946	151,945
	IBM Corp 2.875% 11/09/2022		199,434	210,444
	JP Morgan Chase & Co 3.375% 05/01/2023		197,678	206,426
	Norfolk Southern Corp 3.25% 12/01/2021		254,920	264,398
	Parker-Hannifin Div Mft OP 5.5% 05/15/2018		100,577	107,314
	Scripps Networks Inter 2.7% 12/15/2016		103,813	100,423
	US West Communications Inc 09/15/2006 @ 101.66 DTD			
	09/15/93 6.875% 09/15/2033		130,810	127,894
	UnitedHealth Group Inc. 2.875% 12/15/2021		203,472	210,646
			2,296,699	2,376,506

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

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

August 31, 2016

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

(a)	(b) Identity of Issuer/ (c) Description of Investment	Shares	(d) Cost	(e) Current Value
	<u>COMMON STOCKS</u>			
	Amgen, Inc.	1,023	160,272	173,971
	Analog Devices, Inc.	2,300	135,257	143,888
	Apple, Inc.	1,242	152,367	131,776
	Applied Materials Inc	5,860	141,252	174,862
	Automatic Data Processing	1,500	133,307	134,715
	Becton Dickinson	1,100	155,319	194,931
	Berkshire Hathaway Inc Cl B	940	108,716	141,461
	Blackrock Inc.	400	144,693	149,124
	Bristol-Myers Squibb Co	2,500	158,170	143,475
	Broadcom LTD	750	122,857	132,315
	CVS Caremark Corp	1,550	117,549	144,770
	Chubb Limited	1,165	111,629	147,873
	Church & Dwight Co., Inc.	1,700	146,941	169,014
	Cisco Systems	4,850	103,870	152,484
	Comcast Corp Cl A	1,780	119,509	116,163
	Constellation Brands Inc. Cl A	1,000	125,748	164,050
	Walt Disney Co	1,200	117,381	113,352
	Dow Chemical	2,500	123,833	134,100
	Exxon Mobil Corp	1,800	150,128	156,852
	Facebook, Inc. Cl A	1,200	95,303	151,344
	Ford Motor Co	8,500	116,449	107,100
	Honeywell International, Inc.	1,300	138,263	151,723
	JP Morgan Chase & Co	2,300	137,941	155,250
	Johnson & Johnson	1,500	161,075	179,010
	Lockheed Martin Corporation	700	154,858	170,079

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

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

August 31, 2016

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

(a)	(b) Identity of Issuer/ (c) Description of Investment	Shares	(d) Cost	(e) Current Value
	<u>COMMON STOCKS (continued)</u>			
	Lowes Companies Inc.	1,500	112,276	114,840
	Marriott International Inc New Cl A	1,600	120,592	114,128
	Masco Corp	4,900	151,170	173,852
	Medtronic PLC	1,451	129,191	126,281
	Microsoft Corp	2,481	115,424	142,558
	Nextera Energy Inc	1,000	117,350	120,940
	Nike Inc. Cl B	1,838	94,018	105,942
	PNC Financial Services	1,640	213,160	147,764
	Schlumberger Ltd	1,680	128,472	132,720
	Southern Co	2,300	115,886	118,059
	Stryker Corp	1,050	129,474	121,443
	TJX Companies Inc.	1,534	105,177	118,793
	T-Mobile US Inc.	3,400	130,115	157,556
	Valero Energy Corp	2,200	132,171	121,770
	Visa Inc Class A	1,800	124,040	145,620
	Wells Fargo & Co	2,793	116,752	141,885
			5,367,955	5,837,833
	<u>MUTUAL FUNDS</u>			
	DFA US Small Cap Value		476,865	477,151
	Gateway Fund Class Y		287,405	303,435
	Harbor International Fund		642,989	604,932
	Merger Fund L		290,079	296,844
	American Funds New World Fund		294,360	319,156
	Prudential Jennison Mid Cap Growth Fund Class Z		850,020	923,759
	T Rowe Price Real Estate Fund		395,162	473,248

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

**HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
August 31, 2016**

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

(b) Identity of Issuer/ (a) (c) Description of Investment		Shares	(d) Cost	(e) Current Value
<u>MUTUAL FUNDS (continued)</u>				
Vanguard Equity Income Fund Admiral			265,415	279,248
Blackrock Inflation Protected Bond Portfolio I			145,609	142,191
Easton Vance Floating-Rate Fund I			218,556	209,219
Federated Total Return Bond Fund I			358,137	362,900
Lord Abbett Short Duration Income Fund I			451,280	445,638
Pimco Low Duration Fund I			1,211,662	1,175,656
Pimco Income Fund - Institutional Class			748,860	732,394
FHLMC SER-1091 CL-G CMO 7% 06/15/2021			227	128
			<u>\$ 6,636,626</u>	<u>\$ 6,745,899</u>

* Denotes Party in Interest

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

**HORIZON TELCOM AND SUBSIDIARIES
SALARIED EMPLOYEES' PENSION PLAN
AND TRUST AGREEMENT
SCHEDULE OF REPORTABLE TRANSACTIONS**
Year ended August 31, 2016

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

(a) Identity of Party Involved/ (b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Assets on TXN Date	(i) Net Gain or (Loss)
<hr/> Transactions Exceeding 5%					
Equity Funds					
Prudential Jennison					
Mid Cap Growth Fund - Class Z					
Purchased at \$32.860	\$ 466,243	\$ -	\$ 466,243	\$ 466,243	\$ -
Purchased at \$35.320	383,777	-	383,777	383,777	-
Total	850,020	-	850,020	850,020	-

* Denotes Party in Interest

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement

EIN: 31-1449037 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of September 1, 2015

Number of Participants and Average Compensation

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

N-47

Schedule SB Attachment (Form 5500)—2015 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement
EIN: 31-1449037 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of May 2015), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of May 2015), without regard to interest rate stabilization
1st Segment Rate	1.28%
2nd Segment Rate	4.07%
3rd Segment Rate	5.11%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy	2015 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e)
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
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Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
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EIN: 31-1449037 PN: 002

For ERISA Requirements

Valuation of Plan Assets

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

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

Trust Expenses Included in Target Normal Cost

\$87,500

Actuarial Method

Standard unit credit cost method

Valuation Date

September 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement
EIN: 31-1449037 PN: 002

Table 1

Retirement Rates

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement
EIN: 31-1449037 PN: 002

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
18	6.5775%	48	2.3544%
19	6.5775%	49	1.9386%
20	6.5775%	50	1.5245%
21	6.2179%	51	1.1813%
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42	3.6139%		
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Schedule SB Attachment (Form 5500)—2015 Plan Year
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Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.000%	45	0.365%
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17	0.000%	47	0.394%
18	0.215%	48	0.413%
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20	0.215%	50	0.465%
21	0.215%	51	0.506%
22	0.215%	52	0.545%
23	0.215%	53	0.593%
24	0.215%	54	0.648%
25	0.215%	55	0.698%
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28	0.215%	58	0.756%
29	0.215%	59	0.732%
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33	0.237%	63	0.412%
34	0.243%	64	0.197%
35	0.253%	65+	0.000%
36	0.263%		
37	0.272%		
38	0.284%		
39	0.295%		
40	0.307%		
41	0.318%		
42	0.331%		
43	0.343%		
44	0.354%		

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 09/01/2015 and ending 08/31/2016

- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. ▶ ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and Trust Agreement	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 08/31/1959
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) Horizon Telcom, Inc. 68 East Main Street Chillicothe OH 45601	2b Employer Identification Number (EIN) 31-1449037
	2c Plan Sponsor's telephone number 740-772-8200
	2d Business code (see instructions) 517000

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>6/14/17</u>	Scott Moon
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			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	
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:		3c Administrator's telephone number	
a Sponsor's name		4b EIN	
5 Total number of participants at the beginning of the plan year		4c PN	
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).		5 272	
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 47	
a(2) Total number of active participants at the end of the plan year		6a(2) 44	
b Retired or separated participants receiving benefits.....		6b 89	
c Other retired or separated participants entitled to future benefits.....		6c 124	
d Subtotal. Add lines 6a(2), 6b, and 6c.		6d 257	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e 10	
f Total. Add lines 6d and 6e.....		6f 267	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information - Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☐ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 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 _____

Plan Name	Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and Trust Agreement
Plan Sponsor EIN	31-1449037
ERISA Plan No.	002
Plan Year End	8/31/2016

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

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

SCHEDULE SB (Form 5500) 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 HORIZON TELCOM AND SUBSIDIARIES SALARIED EMPLOYEES' PENSION PLAN AND TRUST AGREEMENT	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HORIZON TELCOM, INC.	D Employer Identification Number (EIN) 31-1449037
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 09 Day 01 Year 2015			
2 Assets:			
a Market value		2a	14,967,314
b Actuarial value		2b	15,503,773
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.....	95	12,226,275	12,226,275
b For terminated vested participants.....	130	3,185,172	3,185,172
c For active participants.....	47	1,543,379	1,548,432
d Total.....	272	16,954,826	16,959,879
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		6.24%
6 Target normal cost.....	6		87,500

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>Michael D. Antoine / M.D.A.</u>	<u>06/08/2017</u>
Signature of actuary		Date
<u>MICHAEL D. ANTOINE</u>		<u>1706920</u>
Type or print name of actuary		Most recent enrollment number
<u>AON CONSULTING, INC.</u>		<u>312-381-4881</u>
Firm name		Telephone number (including area code)
<u>200 EAST RANDOLPH STREET, STE. 1400</u>		
<u>CHICAGO IL 60601</u>		
Address of the firm		

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

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 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 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	87,500
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	
a Net shortfall amortization installment		1,456,106	870,570
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	958,070
	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	958,070
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	958,070
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	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 Attachment (Form 5500)—2015 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement
EIN: 31-1449037 PN: 002

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

The AFTAP for the Plan was originally issued Nov 30, 2015 and included only the contributions that had been made by that date in the Value of Plan Assets. Subsequent contributions were made for the 2014 plan year up through May 16, 2016 and were included in the 9/1/2015 actuarial valuation. The AFTAP was not recertified, because the change in the AFTAP did not result in a material change.

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

	11/30/2015 Certification	9/1/2015 Valuation
Funding Target	\$ 16,959,879	\$ 16,959,879
Value of Plan Assets	15,310,287	15,503,773
Funding Standard Carryover Balance	0	0
Prefunding Balance	9	0
Annuities Purchased for NHCE's	0	0
Security Posted	0	0
Certified AFTAP	90.27%	91.41%

Schedule SB Attachment (Form 5500)—2015 Plan Year
 Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
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Schedule SB, line 19—Discounted Employer Contributions
 Year applied for contributions: 2015

Date	Amount	Days to Discount to 9/1/2015 at 6.24%	Days to Discount to 9/1/2015 at 11.24%	Interest Adjusted Contribution
December 16, 2015	\$ 215,566	105	1	\$ 211,793
December 16, 2015	7	106		7
March 15, 2016	215,573	196		208,697
June 15, 2016	215,573	288		205,546
September 15, 2016	215,573	380		202,442
May 15, 2017	143,625	622		129,585
Total Contribution	\$ 1,005,917			\$ 958,070

Schedule SB Attachment (Form 5500)—2015 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
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EIN: 31-1449037 PN: 002

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

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Terminated Vested Participants	Age 65
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Healthy	2015 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e)
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Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

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Valuation of Plan Assets

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

Trust Expenses Included in Target Normal Cost

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Actuarial Method

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Valuation Date

September 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
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EIN: 31-1449037 PN: 002

Table 1

Retirement Rates

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
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Table 2

Withdrawal Rates

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24	5.4379%	54	0.4787%
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27	5.0358%	57	0.1172%
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Schedule SB Attachment (Form 5500)—2015 Plan Year
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Table 3
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20	0.215%	50	0.465%
21	0.215%	51	0.506%
22	0.215%	52	0.545%
23	0.215%	53	0.593%
24	0.215%	54	0.648%
25	0.215%	55	0.698%
26	0.215%	56	0.754%
27	0.215%	57	0.756%
28	0.215%	58	0.756%
29	0.215%	59	0.732%
30	0.215%	60	0.750%
31	0.223%	61	0.663%
32	0.230%	62	0.557%
33	0.237%	63	0.412%
34	0.243%	64	0.197%
35	0.253%	65+	0.000%
36	0.263%		
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43	0.343%		
44	0.354%		

Schedule SB Attachment (Form 5500)—2015 Plan Year
Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
Trust Agreement
EIN: 31-1449037 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date	August 31, 1959
Effective Date of Last Amendments	September 1, 2013
Plan Year	September 1 to August 31
Employer Fiscal Year	January 1 to December 31
Employer ID Number	31-1449037
Plan Administrator's ID Number	31-1449037
Plan Number	002
Plan Administrator	Horizon Telcom, Inc.

Eligibility

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

Service

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

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

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

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

(4) Maternity or paternity leave.

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

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

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

Normal Retirement Date

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

Normal Retirement Benefit

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

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

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

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

Benefits were frozen effective December 31, 2006.

Delayed Retirement

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

Benefits were frozen effective December 31, 2006.

Base Compensation

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

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Compensation after December 31, 2006 will not be considered.

Accrued Benefit

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

Benefits were frozen effective December 31, 2006.

Early Retirement Benefit

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

Benefits were frozen effective December 31, 2006.

Disability Retirement Benefit

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

Benefits were frozen effective December 31, 2006.

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Death Benefit

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

Benefits were frozen effective December 31, 2006.

Severance Benefits

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

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

Normal Form of Payment

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

Optional Methods of Settlement

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

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

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

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

Amendment or Termination of Plan

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

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

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

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change in the mortality basis for lump sum payments from the 2013 plan year IRC section 417(e)(3) mortality table to the 2014 plan year IRC section 417(e)(3) mortality table.

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

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

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

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Schedule SB, line 26—Schedule of Active Participant Data as of September 1, 2015

Number of Participants and Average Compensation

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

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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 514,420	September 1, 2009	1	\$ 514,420
Shortfall	\$ 412,718	September 1, 2010	2	\$ 211,117
Shortfall	\$ 1,011,234	September 1, 2011	3	\$ 352,738
Shortfall	\$ (1,397,911)	September 1, 2012	4	\$ (374,013)
Shortfall	\$ 252,947	September 1, 2013	5	\$ 55,360
Shortfall	\$ 33,692	September 1, 2014	6	\$ 6,342
Shortfall	\$ 629,006	September 1, 2015	7	\$ 104,606

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

The AFTAP for the Plan was originally issued Nov 30, 2015 and included only the contributions that had been made by that date in the Value of Plan Assets. Subsequent contributions were made for the 2014 plan year up through May 16, 2016 and were included in the 9/1/2015 actuarial valuation. The AFTAP was not recertified, because the change in the AFTAP did not result in a material change.

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

	11/30/2015 Certification	9/1/2015 Valuation
Funding Target	\$ 16,959,879	\$ 16,959,879
Value of Plan Assets	15,310,287	15,503,773
Funding Standard Carryover Balance	0	0
Prefunding Balance	9	0
Annuities Purchased for NHCE's	0	0
Security Posted	0	0
Certified AFTAP	90.27%	91.41%

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 9/1/2015 at 6.24%	Days to Discount to 9/1/2015 at 11.24%	Interest Adjusted Contribution
December 16, 2015	\$ 215,566	105	1	\$ 211,793
December 16, 2015	7	106		7
March 15, 2016	215,573	196		208,697
June 15, 2016	215,573	288		205,546
September 15, 2016	215,573	380		202,442
May 15, 2017	143,625	622		129,585
Total Contribution	\$ 1,005,917			\$ 958,070

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

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Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date	August 31, 1959
Effective Date of Last Amendments	September 1, 2013
Plan Year	September 1 to August 31
Employer Fiscal Year	January 1 to December 31
Employer ID Number	31-1449037
Plan Administrator's ID Number	31-1449037
Plan Number	002
Plan Administrator	Horizon Telcom, Inc.

Eligibility

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

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Plan Name	Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and Trust Agreement
Plan Sponsor EIN	31-1449037
ERISA Plan No.	002
Plan Year End	8/31/2016

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

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
 Horizon Telcom and Subsidiaries Salaried Employees' Pension Plan and
 Trust Agreement

EIN: 31-1449037 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

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