

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 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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.) ☒ 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>THE CHILDREN'S HOME PENSION PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>05/01/2006</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>THE CHILDREN'S HOME OF CINCINNATI</u> <u>5050 MADISON ROAD</u> <u>CINCINNATI, OH 45227</u>	2b	Employer Identification Number (EIN) <u>31-0536969</u>
		2c	Plan Sponsor's telephone number <u>513-272-2800</u>
		2d	Business code (see instructions) <u>624100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2017	JOE CAROLIN
	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	5 394
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 160 6a(2) 139 6b 37 6c 141 6d 317 6e 0 6f 317 6g 6h 2
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 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)

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 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016	
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 THE CHILDREN'S HOME PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE CHILDREN'S HOME OF CINCINNATI	D Employer Identification Number (EIN) 31-0536969
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2016			
2 Assets:			
a Market value	2a	11951158	
b Actuarial value	2b	12927579	
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	28	2384971	2384971
b For terminated vested participants	206	5637822	5637822
c For active participants	160	5234528	5363769
d Total	394	13257321	13386562
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	6.29 %	
6 Target normal cost	6	0	

Statement by Enrolled Actuary

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

SIGN HERE	10/04/2017 Signature of actuary MARK A. STRAKOWSKI Type or print name of actuary SMS RETIREMENT Firm name 4520 COOPER ROAD, SUITE 203 CINCINNATI, OH 45242 Address of the firm	10/04/2017 Date 17-06521 Most recent enrollment number 513-984-6100 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	572	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	572	0
10	Interest on line 9 using prior year's actual return of <u>-3.14</u> %	-18	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		4237
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>6.48</u> %		275
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		4512
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)	554	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	96.56%
15	Adjusted funding target attainment percentage	15	96.56%
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	98.79%
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
04/13/2016	38428	0			
07/01/2016	38428	0			
09/26/2016	40000	0			
01/12/2017	38428	0			
08/15/2017	92947	0			
			Totals ►	18(b)	248231
				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 233602
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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	4			
22	Weighted average retirement age	22	62			
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute					
Part VI	Miscellaneous Items					
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27				
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years					
28	Unpaid minimum required contributions for all prior years	28	0			
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0			
Part VIII	Minimum Required Contribution For Current Year					
31	Target normal cost and excess assets (see instructions):					
a	Target normal cost (line 6)	31a	0			
b	Excess assets, if applicable, but not greater than line 31a	31b	0			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	459532	231431			
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	0			
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	231431			
		Carryover balance	Prefunding balance			
35	Balances elected for use to offset funding requirement	0	0			
36	Additional cash requirement (line 34 minus line 35)	36	231431			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	233602			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	2171			
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	0			
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
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan THE CHILDREN'S HOME PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CHILDREN'S HOME OF CINCINNATI	D Employer Identification Number (EIN) 31-0536969

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☐ Yes ☒ No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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)

US BANK

31-0841368

(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	NONE	8769	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>THE CHILDREN'S HOME PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE CHILDREN'S HOME OF CINCINNATI</u>	D Employer Identification Number (EIN) <u>31-0536969</u>	

Part I	Asset and Liability Statement
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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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	131375
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	10905	9820
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	445520	206322
(2) U.S. Government securities	1c(2)	1607882	1502989
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	564757	520672
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	1770425	1882337
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7551669	7695188
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	11951158	11948703

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	11951158	11948703
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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:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	248231	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	248231
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	168	
(B) U.S. Government securities	2b(1)(B)	26075	
(C) Corporate debt instruments.....	2b(1)(C)	17139	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		43382
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	38254	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	140940	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		179194
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	3787777	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3830981	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	165242	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		165242

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		737456
c Other income.....	2c		3478
d Total income. Add all income amounts in column (b) and enter total.....	2d		1333779

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1323219	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1323219
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	13015	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		13015
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1336234

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2455
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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: **BARNES DENNIG & CO., LTD**

(2) EIN: **31-1119890**

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4004580. (See instructions.)

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 sections 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>THE CHILDREN'S HOME PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE CHILDREN'S HOME OF CINCINNATI</u>	D Employer Identification Number (EIN) <u>31-0536969</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-0841368</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>75</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.)
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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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

Independent Auditors' Report

To the Trustees of
The Children's Home Pension Plan
Cincinnati, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Children's Home Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, 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.

Auditors' 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 U.S. Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 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 of 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.

BARNES DENNIG

Independent Auditors' Report (Continued)

Other Matter

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report of 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.

Barnes, Dennig & Co., Ltd.

October 3, 2017
Cincinnati, Ohio

**The Children's Home
Pension Plan**

Weighted Average Retirement Age

Plan Year: 1/1/2016 to 12/31/2016

Valuation Date: 1/1/2016

Assumed Retirement Age - The percentage of remaining lives that retire early at the indicated number of years before NRA:

<u>Years to Retire</u>	<u>Pct Retire</u>
1	80.00%
2	80.00%
3	80.00%
4	10.00%
5	10.00%
6	2.00%
7	2.00%
8	2.00%
9	2.00%
10	2.00%

Weighted average retirement age

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 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**2016****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

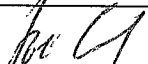
- A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- B This return/report is: ☒ a single-employer plan; ☐ a DFE (specify) _____
- ☐ the first return/report; ☐ 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 The Children's Home Pension Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 05/01/2006
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) The Children's Home of Cincinnati 5050 Madison Road US Cincinnati OH 45227	2b Employer Identification Number (EIN) 31-0536969
	2c Plan Sponsor's telephone number (513) 272-2800
	2d Business code (see instructions) 624100

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

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

SIGN HERE 	☒ 10/4/17	Joe Carolin
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) Skip this question		Preparer's telephone number Skip this question

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
3c Administrator's telephone number			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	394
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)	160
a(2) Total number of active participants at the end of the plan year		6a(2)	139
b Retired or separated participants receiving benefits		6b	37
c Other retired or separated participants entitled to future benefits		6c	141
d Subtotal. Add lines 6a(2), 6b, and 6c		6d	317
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	317
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	2
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			
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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 _____

**The Children's Home
Pension Plan**

Summary of Plan Provisions
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 1/1/2016

Plan Effective Date	May 1, 2006
Plan Year	From January 1 to December 31
Eligibility	All employees not excluded by class are eligible to enter on the beginning of the month coincident with or following the completion of the following requirements: 1 year of service Minimum age 21 Plan frozen effective December 31, 2014
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on attainment of age 65
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following: The accrued benefit based on plan provisions prior to December 31, 2014. Maximum benefit is \$17,500.00 per month Maximum percent of salary is 100%
Early Retirement Age	Attainment of age 55 Completion of 5 years of service from hire date
Early Retirement Benefit	1/15th, 1/30th
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on service on the calculation date, and payable on the normal retirement date.

**The Children's Home
Pension Plan**

Summary of Plan Provisions
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 1/1/2016

Termination Benefit

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

<u>Credited Years</u>	<u>Vested Percent</u>
1	0
2	0
3	75
4	75
5	100

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

Years before age 18
Years with less than 1,000 hours

Top-Heavy Status

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

Death Benefit

Survivor portion of a qualified joint and 50% survivor annuity payable to the surviving spouse.

The Children's Home Pension Plan

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2016 to 12/31/2016

Valuation Date: 1/1/2016

	For Funding					
		<u>Min</u>	<u>Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>	
Interest Rates	Seg 1:	4.43%	1.34%	Seg 1:	1.76%	Pre-Retirement: 6.00%
	Seg 2:	5.91%	4.03%	Seg 2:	4.15%	Post-Retirement: 6.00%
	Seg 3:	6.65%	5.06%	Seg 3:	5.13%	
Pre-Retirement						
Turnover	ultimate turonover table			None		None
Mortality	Male-RP2000 Employee Male Table Projected to 2031 with Scale AA Female-RP2000 Employee Female Table Projected to 2031 with Scale AA			2016 Applicable Mortality Table from Notice 2015-53		2016 Applicable Mortality Table from Notice 2015-53
Assumed Ret Age	Normal retirement age 65			Normal retirement age 65		Normal retirement age 65
Early Ret Rates	Percentage of remaining lives that retire early at the indicated number of years before NRA					
	<u>Years to Retire</u>	<u>Pct Retire</u>				
	1	80.00%				
	2	80.00%				
	3	80.00%				
	4	10.00%				
	5	10.00%				
	6	2.00%				
	7	2.00%				
	8	2.00%				
	9	2.00%				
	10	2.00%				
Future Wage Base	3.5% Increase per year			None		None
Future Soc. Sec. CPI	3% increase per year			None		None
Post-Retirement						
Mortality	Male-RP2000 Healthy Male Retiree Projected to 2023 with Scale AA Female-RP2000 Healthy Female Retiree Projected to 2023 with Scale AA			2016 Applicable Mortality Table from Notice 2015-53		2016 Applicable Mortality Table from Notice 2015-53

**The Children's Home
Pension Plan**

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2016 to 12/31/2016

Valuation Date: 1/1/2016

Assumed Benefit Form For Funding

Normal Form

Calculated Effective Interest Rate

6.29%

Actuarial Cost Method

The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 108.2% of the market value of assets.

**The Children's Home
Pension Plan**

Shortfall Amortization
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 1/1/2016

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
01/01/2010	7-year	1	\$165,307	\$165,307
01/01/2011	7-year	2	\$120,025	\$234,958
01/01/2012	7-year	3	\$(214,494)	\$(616,571)
01/01/2013	7-year	4	\$204,568	\$767,661
01/01/2014	7-year	5	\$(117,403)	\$(539,280)
01/01/2015	7-year	6	\$(4,290)	\$(22,926)
01/01/2016	7-year	7	<u>\$77,718</u>	<u>\$470,383</u>
Total			\$231,431	\$459,532

**The Children's Home
Pension Plan**

Schedule of Active Participant Data

Plan Year: 1/1/2016 to 12/31/2016

Valuation Date: 1/1/2016

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	0	15	0	0	0	0	0	0	0	0	15
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
30-34	0	14	12	2	0	0	0	0	0	0	28
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
35-39	0	10	14	4	2	0	0	0	0	0	30
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
40-44	0	6	2	3	4	1	0	0	0	0	16
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
45-49	0	6	4	3	2	2	0	0	0	0	17
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
50-54	0	4	6	6	7	0	1	0	0	0	24
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
55-59	0	1	1	6	5	1	0	0	0	0	14
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
60-64	0	3	1	2	3	0	2	1	0	1	13
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65-69	0	1	1	0	1	0	0	0	0	0	3
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70+	0	0	0	0	0	0	0	0	0	0	0
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	0	60	41	26	24	4	3	1	0	1	160
Avg Comp	n/a	0	0	0	0	n/a	n/a	n/a	n/a	n/a	0

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

Average Age: 43.4

Average Service: 9

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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

► **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 The Children's Home Pension Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The Children's Home of Cincinnati	D Employer Identification Number (EIN) 31-0536969	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>				
2 Assets:				
a Market value	2a			11,951,158
b Actuarial value	2b			12,927,579
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	28	2,384,971	2,384,971	
b For terminated vested participants	206	5,637,822	5,637,822	
c For active participants	160	5,234,528	5,363,769	
d Total	394	13,257,321	13,386,562	
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			6.29 %
6 Target normal cost	6			0

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary Mark A. Strakowski Type or print name of actuary SMS Retirement Firm name 4520 Cooper Road, Suite 203 US Cincinnati OH 45242 Address of the firm	10/04/2017 Date 17-06521 Most recent enrollment number (513) 984-6100 Telephone number (including area code)
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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, see the instructions for Form 5500 or 5500-SF.

**Schedule SB (Form 5500) 2016
v. 160205**

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)	572	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	572	0
10 Interest on line 9 using prior year's actual return of <u>-3.14%</u>	(18)	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4,237
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>6.48%</u>		275
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 ..		4,512
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)	554	0

Part III Funding Percentages

14 Funding target attainment percentage	14	96.56 %
15 Adjusted funding target attainment percentage	15	96.56 %
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	98.79 %
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
04/13/2016	38,428	0			
07/01/2016	38,428	0			
09/26/2016	40,000	0			
01/12/2017	38,428	0			
08/15/2017	92,947	0			
Totals ▶			18(b)	248,231	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	233,602

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	459,532	231,431	
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	231,431	
	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	231,431	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	233,602	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2,171	
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	0
43 Excess installment acceleration amount to be carried over to future plan years	43	

The Children's Home Pension Plan

Financial Statements with Supplemental Information
December 31, 2016 and 2015 and
Independent Auditors' Report

Independent Auditors' Report

To the Trustees of
The Children's Home Pension Plan
Cincinnati, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Children's Home Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, 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.

Auditors' 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 U.S. Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 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 of 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.

BARNES DENNIG

Independent Auditors' Report (Continued)

Other Matter

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report of 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.

Barnes, Dennig & Co., Ltd.

October 3, 2017
Cincinnati, Ohio

THE CHILDREN'S HOME PENSION PLAN

Statements of Net Assets Available for Benefits December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Investments at fair value:		
Cash and cash equivalents	\$ 206,322	\$ 445,520
Common stock	1,882,337	1,770,425
U.S. Government bonds	1,502,989	1,607,882
Mutual funds	7,695,188	7,551,669
Corporate bonds	<u>520,672</u>	<u>564,758</u>
Total investments at fair value	11,807,508	11,940,254
Receivables:		
Employer contribution receivable	131,375	-
Other receivables	<u>9,820</u>	<u>10,905</u>
Total receivables	<u>141,195</u>	<u>10,905</u>
Net assets available for benefits	<u><u>\$ 11,948,703</u></u>	<u><u>\$ 11,951,159</u></u>

The accompanying notes are an integral part of these financial statements

THE CHILDREN'S HOME PENSION PLAN

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 862,972	\$ -
Dividend income	179,194	176,817
Interest income	<u>43,382</u>	<u>40,972</u>
Total investment income	1,085,548	217,789
Contributions:		
Employer contributions	248,231	162,340
Total additions	<u>1,333,779</u>	<u>380,129</u>
Deductions:		
Net depreciation in fair value of investments	-	762,485
Benefits paid for retirements and terminations	1,323,219	258,279
Administrative expenses	<u>13,016</u>	<u>19,400</u>
Total deductions	<u>1,336,235</u>	<u>1,040,164</u>
Net decrease	(2,456)	(660,035)
Transfer of assets from Nutrition Council Pension Plan	-	155,398
Net assets available for benefits, beginning of year	<u>11,951,159</u>	<u>12,455,796</u>
Net assets available for benefits, end of year	<u><u>\$ 11,948,703</u></u>	<u><u>\$ 11,951,159</u></u>

The accompanying notes are an integral part of these financial statements

THE CHILDREN'S HOME PENSION PLAN

Notes to Financial Statements

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of The Children's Home Pension Plan (the "Plan") have been prepared under the accrual basis of accounting using accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. 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 and those changes could materially affect the amounts reported in the statement of net assets available for benefits.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and money market accounts that have maturities of three months or less.

Payment of Benefits

The Plan pays all benefits to pensioners. Benefit payments to participants are recorded upon distribution.

Expenses

Certain professional and accounting fees incurred in connection with the operation of the Plan are paid by The Children's Home of Cincinnati, Ohio (the "Home") and, accordingly, are not reflected in the Plan's financial statements.

Investment management fees and certain plan administration fees are paid by the Home. In 2016 and 2015, \$291,932 and \$222,895, respectively, of expenses were paid by the Plan Sponsor.

Related Party Transactions

Several employees of the Home provide administrative services to the Plan. These services include Plan oversight and day-to-day Plan administration. The Plan is not charged by the Home for the services of the employees to the Plan.

THE CHILDREN'S HOME PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires the Plan Administrator and Actuary to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Subsequent Events

In preparing its financial statements, The Children's Home of Cincinnati has evaluated events subsequent to the statement of net assets date through October 3, 2017, which is the date the financial statements were available to be issued.

NOTE 2 DESCRIPTION OF THE PLAN

The following description of The Children's Home Pension Plan provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering all employees of The Children's Home of Cincinnati, Ohio. Employees who are 21 years of age and have completed one year of continuous service, as defined in the Plan, are eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective August 31, 2015, the Nutrition Council spun off its pension plan assets and transferred its accounts into the Children's Home Pension Plan.

Effective January 1, 2016, the Plan was amended to offer a lump sum payment option to deferred vested participants during a specified Lump-Sum Window. For purposes hereof, "Lump-Sum Window" shall mean the period from October 14, 2016 through November 28, 2016. The participant's lump sum payment shall be an amount equal to the actuarial present value of the participant's accrued benefit, not to exceed \$33,000. The effect of the amendment was an increase in benefits paid to participants of \$1,010,526, decreasing net assets available for benefits as of December 31, 2016.

Pension Benefits

Benefits under the Plan are funded by the Home. Contributions are made based on recommendations by the Actuary, who performs annual valuations of the Plan. The funds are held, invested and disbursed by the Plan trustee.

Normal retirement occurs at the age of 65 with benefits based on 2.6% of an employee's average compensation during the five consecutive years where the compensation was highest reduced by 0.65% of the participant's social security final average compensation offset as outlined in the Plan. Early retirement is permitted at the age of 55 and after 5 years of service. The employees may elect to begin receiving benefits upon attaining the normal retirement date or receive an actuarially reduced benefit upon taking early retirement. There are other various forms of pension benefits and methods of payment available under the Plan.

THE CHILDREN'S HOME PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 2 DESCRIPTION OF THE PLAN (CONTINUED)

Death and Disability Benefits

If an active employee dies before normal retirement age (65) and prior to actual retirement or any other severance of employment and has a vested interest, the employee's beneficiary will be entitled to a death benefit equal to a 50% survivor annuity. Active employees who have completed five years of continuous service and become totally disabled will continue to accrue vesting and benefit accrual service at the same rate as before the disability and will continue to be credited with earnings at the same rate as before the disability.

Vesting Provisions

Vesting is based on years of continuous service. Participants are vested 75% after three years of service and are fully vested in the Plan after five years of service.

Tax Status

The Plan has obtained its latest determination letter dated July 5, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Frozen Plan

Effective December 31, 2014, the Plan was deemed frozen. Therefore, employees are no longer able to accrue benefits.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits. Retired or terminated employees with five or more years of service or their beneficiaries are entitled to monthly pension benefits beginning at age 65 equal to a specific amount per year of credited service.

The actuarial present value of accumulated plan benefits as determined by an actuary from Schneider, Male and Strakowski Co. in 2016 and 2015 is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected dates of payment.

THE CHILDREN'S HOME PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The components of the actuarial present value of accumulated Plan benefits as of January 1, 2016 and 2015 are:

	<u>2016</u>	<u>2015</u>
Vested benefits:		
Participants currently receiving payments	\$ 2,070,116	\$ 2,021,030
Other participants	<u>8,794,008</u>	<u>8,230,443</u>
	10,864,124	10,251,473
Nonvested benefits	<u>108,455</u>	<u>152,280</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 10,972,579</u></u>	<u><u>\$ 10,403,753</u></u>

The components of the changes in accumulated Plan benefits for the year ending January 1, 2016 and 2015 are:

	<u>2016</u>	<u>2015</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 10,403,753	\$ 9,250,700
Increase (decrease) during the year attributable to:		
Benefits paid	(258,279)	(308,292)
Interest	796,283	704,983
Assumption changes	15,556	-
Benefits accumulated and other	<u>15,266</u>	<u>756,362</u>
Net increase	<u>568,826</u>	<u>1,153,053</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 10,972,579</u></u>	<u><u>\$ 10,403,753</u></u>

Due to inherent uncertainties in actuarial estimates, it is reasonably possible that actuarial estimates could change in the near term.

Notes to Financial Statements (Continued)

The more significant assumptions underlying the actuarial computations and distribution computations upon termination of the Plan for the years beginning January 1, 2016 and 2015 are:

Schneider, Male & Strakowski Co. for 2016 and 2015

Segment rates with four months lookback:

Segment rates with four months lookback:

0.00% compounded annually for 2016 and 2015

Annuitant and Non-annuitant - Blended Annuitant/
Non-Annuitant Table applicable to small plans

Lump Sums - 2016 Applicable Mortality Table

Annuitant and Non-annuitant - Blended Annuitant/
Non-Annuitant Table applicable to small plans

Lump Sums - 2015 Applicable Mortality Table

THE CHILDREN'S HOME PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 4 GENERAL ACTUARIAL DATA (CONTINUED)

Termination of Employment

Sample probabilities of withdrawal areas follow for 2016 and 2015:

Age	Termination Years of Service		
	0	1-3	4+
25	0.35000	.20000	.15000
30	0.35000	.20000	.15000
35	0.35000	.20000	.13125
40	0.35000	.20000	.11250
45	0.35000	.20000	.07500
50	0.35000	.20000	.05250
55	0.35000	.20000	.05250
60	0.35000	.20000	.05250
65	0.00000	.00000	.00000

Assumed Retirement Age

65, or attained age if older

Assumptions Made in Valuing Spouses' Benefit

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives for 2016 and 2015

Assumed Expense

Expected plan administrative and investment expenses of \$13,016 and \$19,400 were added to the Target Normal Cost for 2016 and 2015, respectively

Actuarial Method of Calculation 2016 and 2015

Unit Credit Method

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

The assumptions prescribed by law have changed. The interest rate and mortality tables were updated as required by the Pension Protection Act of 2006. The interest rates are constrained in accordance with the Moving Ahead for Progress in the 21st Century Act (MAP-21).

NOTE 5 FUNDING POLICY

The Plan provides for regular annual funding by the Home. Employer contributions are based on actuarially determined deposit amounts in accordance with the minimum funding requirements of ERISA. The Plan has met the ERISA funding requirements.

Benefit payments are made directly by the Plan to the participant or their appointed custodian.

THE CHILDREN'S HOME PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 6 PLAN TERMINATION

The Home expects the Plan to be continued indefinitely, but reserves the right to terminate the Plan and contributions thereunder, in whole or in part, at any time by action of its Trustees. If the Plan is terminated or partially terminated, benefits will be distributed pursuant to the terms of the Plan. Its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Generally, the Plan provides the following priorities:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation.
3. Other noninsured vested benefits.
4. All other nonvested benefits.

Certain benefits under the Plan are insured by the Pension Benefit Guarantee Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2016, that ceiling is \$5,011 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

NOTE 7 INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Sponsor has an agreement with U.S. Bank, NA, whereby US Bank serves as the sole trustee of the Plan. The following information has been provided by U.S. Bank, N.A. for the years ended December 31, 2016 and 2015:

- (a) The assets held by U.S. Bank, N.A at December 31, 2016 and 2015, as well as the transactions involving these assets for the years ended December 31, 2016 and 2015.
- (b) The amount of investment income for the years ended December 31, 2016 and 2015.
- (c) Schedule H, Line 4i – Schedule of Assets (Held at End of Year) for the years ended December 31, 2016.
- (d) Schedule H, Line 4j – Schedule of Reportable Transactions for the years ended December 31, 2016.

THE CHILDREN'S HOME PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 8 RISKS AND UNCERTAINTIES

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

NOTE 9 FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation approaches used for assets measured at fair value:

Money market funds: Value at the net asset value of shares held by the plan at year end.

Common stocks, corporate bonds, U.S. government bonds and mutual funds: Valued at the closing price reported on the active market on which the individual securities are traded.

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

THE CHILDREN'S HOME PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 9 FAIR VALUE MEASUREMENTS (CONTINUED)

Assets Measured at Fair Value on a Recurring Basis

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

Description	Assets at fair value as of December 31, 2016			
	Total	Level 1	Level 2	Level 3
Assets				
Cash and cash equivalents	\$ 206,322	\$ -	\$ 206,322	\$ -
Common stock	1,882,337	1,882,337	-	-
U.S. Government bonds	1,502,989	1,502,989	-	-
Mutual funds	7,695,188	7,695,188	-	-
Corporate bonds	520,672	520,672	-	-
Total assets	<u>\$ 11,807,508</u>	<u>\$ 11,601,186</u>	<u>\$ 206,322</u>	<u>\$ -</u>

Description	Assets at fair value as of December 31, 2015			
	Total	Level 1	Level 2	Level 3
Assets				
Cash and cash equivalents	\$ 445,520	\$ -	\$ 445,520	\$ -
Common stock	1,770,425	1,770,425	-	-
U.S. Government bonds	1,607,882	1,607,882	-	-
Mutual funds	7,551,669	7,551,669	-	-
Corporate bonds	564,758	564,758	-	-
Total assets	<u>\$ 11,940,254</u>	<u>\$ 11,494,734</u>	<u>\$ 445,520</u>	<u>\$ -</u>

THE CHILDREN'S HOME PENSION PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions (Category 1 – Single Transactions Exceeds 5% of Value) December 31, 2016

Schedule H – Form 5500
FEIN # 31-0536969
Plan Number 001

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN G	COLUMN H	COLUMN I
Identity	Description of Asset	Purchase Price	Selling Price	Cost of Assets	Current Value at Transaction Date	Net Gain or (Loss)
First American Government Obligation Fund CI Y	Interest-bearing Cash	\$ 705,187	\$ -	\$ 705,187	\$ 705,187	\$ -
First American Government Obligation Fund CI Y	Interest-bearing Cash	-	600,565	600,565	600,565	-

See independent auditors' disclaimer of opinion

THE CHILDREN'S HOME PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2016

Schedule H – Form 5500
FEIN # 31-0536969
Plan Number 001

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
	Cash	Cash	\$ 19	\$ 19
			19	19
*	First American Prime Obligation Fund	Interest-bearing cash	\$ 131,994	\$ 131,994
*	First American Government Obligation Fund	Interest-bearing cash	\$ 74,309	\$ 74,309
			206,303	206,303
	Ace Ina	Corporate Bonds	\$ 15,187	\$ 14,997
	Alphabet Inc	Corporate Bonds	14,997	15,551
	Apple Inc.	Corporate Bonds	25,019	25,156
	Bb T Corporation	Corporate Bonds	9,982	10,011
	Bank of America	Corporate Bonds	20,369	20,955
	Bank Ny Mellon Mtn	Corporate Bonds	10,339	10,415
	Cr Bard Inc	Corporate Bonds	10,794	10,705
	Berkshire Hathway Brk	Corporate Bonds	25,410	25,295
	Blackrock Inc.	Corporate Bonds	19,933	20,714
	Cabelas	Corporate Bonds	14,996	15,021
	Chevron Corp	Corporate Bonds	19,600	19,842
	Cisco Systems	Corporate Bonds	21,827	21,380
	Colgate Mtn	Corporate Bonds	9,952	9,949
	Costco Wholesale	Corporate Bonds	19,778	19,979
	Fanniemae Aces	Corporate Bonds	15,075	15,082
	Gen Elec Cap Crp Mtn	Corporate Bonds	21,329	22,181
	Goldman Sachs Gp Mtn	Corporate Bonds	21,108	21,700
	Home Depot	Corporate Bonds	14,873	15,003
	Jp Morgan Chase & Co	Corporate Bonds	20,008	20,344
	Medtronic Inc	Corporate Bonds	25,493	25,606
	Morgan Stanley Mtn	Corporate Bonds	20,378	20,238
	Pepsico Inc	Corporate Bonds	24,896	24,495
	Public Serv Co	Corporate Bonds	9,954	9,850
	State Street Corp	Corporate Bonds	14,978	15,178
	Toyota Mtr Cred Mtn	Corporate Bonds	15,061	15,082
	Wf Rbs	Corporate Bonds	16,281	15,873

(Continued)

THE CHILDREN'S HOME PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Schedule H – Form 5500
FEIN # 31-0536969
Plan 001

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
	Total Cap Canada	Corporate Bonds	\$ 9,990	\$ 9,999
		Total Corporate Bonds	516,455	520,672
	AT&T Inc	Common Stock	6,155	6,337
	Alphabet Inc	Common Stock	12,683	22,981
	American International Group	Common Stock	24,085	25,210
	Ameriprise	Common Stock	20,832	26,404
	Amgen Inc	Common Stock	22,125	19,446
	Anthem Inc.	Common Stock	15,782	17,540
	Apple Inc.	Common Stock	18,213	21,079
	Blackrock Inc	Common Stock	12,180	20,169
	Cbs Corp Class B non Voting	Common Stock	10,734	11,579
	CVS Health Corporation	Common Stock	14,533	13,888
	Cisco Sys Inc	Common Stock	27,880	35,267
	Citizens Financial Group	Common Stock	24,853	38,231
	Delta Air Lines Inc	Common Stock	17,345	19,430
	Discover Finl	Common Stock	25,825	29,629
	Dow Chem Co	Common Stock	11,543	12,531
	Fed Ex Corp	Common Stock	6,328	6,145
	F5 Networks Inc.	Common Stock	28,866	34,878
	Foot Locker Inc.	Common Stock	21,135	22,968
	General Mills Inc	Common Stock	6,573	10,377
	Goldman Sachs Group Inc	Common Stock	19,505	28,495
	Hca Holdings Inc.	Common Stock	22,904	22,428
	Home Depot Inc	Common Stock	18,607	31,509
	Ipg Phtonics Corp	Common Stock	11,806	13,326
	Illinois Tool Works	Common Stock	14,197	31,595
	Intel Corp	Common Stock	24,158	33,804
	JP Morgan Chase Co	Common Stock	21,491	39,435
	Lincoln Natl Corp Ind	Common Stock	18,729	23,526
	Marathon Petroleum Corp	Common Stock	15,608	16,162
	Nvr Inc.	Common Stock	25,794	33,380
	Nuance Communications Inc.	Common Stock	16,435	12,531
	Nvidia Corp	Common Stock	5,354	25,938
	Omega Healthcare Invs Inc	Common Stock	10,963	10,410
	On Semiconductor Corp	Common Stock	27,907	31,096
	Oshkosh Corporation	Common Stock	13,745	16,476

(Continued)

THE CHILDREN'S HOME PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Schedule H – Form 5500
FEIN # 31-0536969
Plan Number 001

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
	Pfizer Inc	Common Stock	\$ 14,977	\$ 13,739
	Phillips 66	Common Stock	18,559	24,108
	The Priceline Group Inc.	Common Stock	22,885	26,389
	Public Svc Enterprice Group Inc.	Common Stock	12,374	12,462
	Qualcomm Inc	Common Stock	17,392	17,995
	Quintiles Transnational Hold	Common Stock	6,478	6,160
	Southwest Airlines Co	Common Stock	15,142	19,786
	State Str Corp	Common Stock	17,229	19,896
	Stryker Corp	Common Stock	11,232	16,654
	Suntrust Bks Inc	Common Stock	17,222	21,556
	Time Warner Inc	Common Stock	9,117	11,391
	Union Pacific Corp	Common Stock	11,239	15,759
	United Rentals Inc.	Common Stock	15,088	25,867
	United Technologies Corp	Common Stock	25,779	27,515
	United Health Group Inc.	Common Stock	15,423	48,492
	Verizon Communications Inc.	Common Stock	11,762	12,384
	Whirlpool Corp	Common Stock	28,721	29,992
	Wyndham Worldwide Corp	Common Stock	14,957	15,274
	Ambarella Inc	Common Stock	5,489	6,766
	Aon Plc	Common Stock	22,068	23,644
	Acenture Plc Cl A	Common Stock	5,022	7,613
	Delphi Automotive Plc	Common Stock	17,836	20,946
	Invesco Ltd	Common Stock	11,115	8,586
	Ubs Group Ag	Common Stock	14,357	12,223
	Te Connectivity Ltd	Common Stock	20,005	26,049
	CHH Industrial Nv	Common Stock	3,203	3,215
	Sensata Technologies Holding	Common Stock	4,345	4,285
	Amec Plc Spon ADR	Common Stock	7,947	6,338
	A P Moller Maersk ADR	Common Stock	9,242	10,880
	Adecco Sa ADR	Common Stock	11,154	10,122
	Akzo Nobel Nv Sponsored ADR	Common Stock	12,432	10,971
	Aviva Plc ADR	Common Stock	8,481	6,436
	Axa ADR	Common Stock	15,564	16,758
	BASFAG ADR	Common Stock	9,378	11,108
	Bp Plc Spons	Common Stock	18,149	17,569
	BNP Paribas	Common Stock	14,196	12,899
	Banco Santander Cent Hispano ADR	Common Stock	15,270	12,966
	Barclays Plc ADR	Common Stock	9,832	6,688
	Bayer Ag ADR	Common Stock	12,643	9,907
	Capcom Co Ltd	Common Stock	4,435	4,537

(Continued)

THE CHILDREN'S HOME PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Schedule H – Form 5500
FEIN # 31-0536969
Plan Number 001

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
	Carnival Plc ADR	Common Stock	\$ 5,608	\$ 5,887
	Carnival Corp	Common Stock	25,260	25,614
	Cemex Sab ADR	Common Stock	6,226	8,102
	Chiba Bank Ltd ADR	Common Stock	3,155	3,227
	China Construct Unspn ADR	Common Stock	6,084	5,613
	Chow Tai Fook Jewel Unsp ADR	Common Stock	4,979	2,850
	Coca Cola Amatil Ltd sp ADR	Common Stock	6,342	6,082
	Credit Suisse	Common Stock	14,843	9,731
	Daiwa Securities Group	Common Stock	7,928	6,487
	Danone Spons ADR	Common Stock	7,069	6,101
	Deutsche Telekom Ag	Common Stock	12,193	11,628
	Diageo Plc Sponsored ADR	Common Stock	21,814	22,555
	Embraer Sa A	Common Stock	4,327	2,406
	Pjsc Gazprom Spon ADR	Common Stock	9,599	7,050
	G4S Plc ADR	Common Stock	12,054	10,353
	Opap Sa Sponsored ADR	Common Stock	7,144	4,541
	H Lundbeck AS Spn ADR	Common Stock	2,915	6,317
	Hsbc Holdings Plc Spons ADR	Common Stock	19,029	18,684
	Heidelbergcement ADR	Common Stock	11,936	13,779
	Hitachi Ltd.	Common Stock	11,962	9,450
	Honda Motor Co Ltd	Common Stock	17,958	17,076
	Hoya Corp ADR	Common Stock	9,586	11,301
	Hypermarcas SA Spn ADR	Common Stock	7,156	8,058
	Incitec Pivot Ltd. ADR	Common Stock	13,738	12,992
	Indra Sistemas Sa Unsp ADR	Common Stock	12,855	9,337
	Itau Unibanco Holdings SA ADR	Common Stock	9,645	9,396
	Kt Corp Sp ADR	Common Stock	7,265	6,622
	Lg Display Co Ltd ADR	Common Stock	6,395	5,654
	Marine Harvest ADR	Common Stock	4,311	6,980
	Newcrest Mining Ltd ADR	Common Stock	6,012	5,241
	Norsk Hydro AS Sponsored ADR	Common Stock	7,431	6,773
	Novartis Ag ADR	Common Stock	11,941	11,654
	Nsk Ltd ADR	Common Stock	8,706	9,171
	Posco ADR	Common Stock	10,924	7,883
	Rio Tinto Plc	Common Stock	11,629	14,615
	Royal Bk Scotland Group ADR	Common Stock	6,442	6,249
	Royal Dutch Shell Plc ADR	Common Stock	8,817	9,517
	Koninklijke Royal Kpn Nv Sp ADR	Common Stock	9,970	8,085
	Safran Sa Unspn ADR	Common Stock	12,457	13,927

(Continued)

THE CHILDREN'S HOME PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

Schedule H – Form 5500
FEIN # 31-0536969
Plan Number 001

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
	Sanofi ADR	Common Stock	\$ 4,477	\$ 3,640
	Schneider Elect SA Unsp ADR	Common Stock	7,336	6,560
	Sony Corp ADR	Common Stock	14,514	18,500
	Sumitomo	Common Stock	14,888	11,727
	Tdk Corp ADR	Common Stock	7,274	8,569
	Teleperformance Unspn ADR	Common Stock	5,506	8,293
	Total Spa Spon ADR	Common Stock	41,007	40,827
	Travelsky Technology ADRH	Common Stock	3,193	5,256
	Türkiye Garanti Bankası ASADR	Common Stock	3,378	1,954
	Unilever NV ADR	Common Stock	6,761	6,980
	Vodafone Group Plc ADR	Common Stock	6,269	4,520
	Whitbread Plc	Common Stock	7,797	6,622
	Wienerberger Ag ADR	Common Stock	11,960	11,781
		Total Common Stock	1,650,679	1,882,337
	Artisan Intl Fund Instl Shrs	Mutual Funds	\$ 578,635	\$ 490,447
	Dfa Emerging Markets Value	Mutual Funds	491,437	432,290
	Dfa Intl Small Cap Value Pt	Mutual Funds	622,072	593,379
	Dfa US Small Cap Value Portfolio	Mutual Funds	483,151	512,856
	Gabelli Small Cap Growth I	Mutual Funds	338,834	481,261
	Harbor International Fund #11	Mutual Funds	609,221	516,644
	Jpmorgan Alerican Mlp Index Etn	Mutual Funds	499,321	340,092
	John Hancock III Disc Mc Is	Mutual Funds	320,435	503,733
	Oppenheimer Developing Mkts Fds CI Y	Mutual Funds	411,764	384,033
	Van Eck Global Hard Assets I	Mutual Funds	554,424	473,150
	Vanguard Mid Cap ETF	Mutual Funds	305,721	506,117
	Vanguard 500	Mutual Funds	1,505,751	1,818,948
	Templeton Global Bd Fd Advisor	Mutual Funds	690,963	642,237
		Total Mutual Funds	7,411,730	7,695,188
	FHLMC Gd	U.S. Government Bonds	\$ 2,528	\$ 2,476
	FHLB Deb	U.S. Government Bonds	89,549	85,079
	FNMA Deb	U.S. Government Bonds	94,916	95,041

(Continued)

THE CHILDREN'S HOME PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2016

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Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
	FNMA	U.S. Government Bonds	\$ 61,120	\$ 60,581
	FNMA Gtd	U.S. Government Bonds	20,200	20,873
	FHLMC	U.S. Government Bonds	75,518	75,675
	FHLMC MTN	U.S. Government Bonds	174,313	176,649
	US Treasury Nt	U.S. Government Bonds	999,671	986,615
		Total U.S. Government Bonds	1,517,815	1,502,989
		Total investments	\$ 11,302,982	\$ 11,807,508

* Party-in-Interest

NOTE: The above data is based upon information that has been certified as complete and accurate by U.S. Bank, N.A.

See independent auditors' disclaimer of opinion