

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.		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 single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a one-participant plan ☐ a foreign plan			
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 Check box if filing under:		☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)			
Part II Basic Plan Information —enter all requested information					
1a Name of plan RETIREMENT PLAN FOR EMPLOYEES OF OSTEOPATHIC HERIT		1b Three-digit plan number (PN) ▶		001	
		1c Effective date of plan		03/01/1962	
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) OSTEOPATHIC HERITAGE FOUNDATION 1500 LAKESHORE DRIVE, STE. 230 COLUMBUS, OH 43204		2b Employer Identification Number (EIN)		31-6056252	
		2c Sponsor's telephone number		614-737-4370	
		2d Business code (see instructions)		813000	
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			
5a Total number of participants at the beginning of the plan year		5a		58	
b Total number of participants at the end of the plan year		5b		58	
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		5c			
d(1) Total number of active participants at the beginning of the plan year		5d(1)		7	
d(2) Total number of active participants at the end of the plan year		5d(2)		7	
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		5e		0	
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.					
SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2017	THEODORE M OFAT		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2017	RICHARD VINCENT		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		
Preparer's name (including firm name, if applicable) and address (include room or suite number)				Preparer's telephone number	

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

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2253057	3047181
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	2253057	3047181
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	747650	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	84319	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		831969
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	28647	
e Certain deemed and/or corrective distributions (see instructions) ..	8e		
f Administrative service providers (salaries, fees, commissions)	8f	9175	
g Other expenses	8g	23	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		37845
i Net income (loss) (subtract line 8h from line 8c)	8i		794124
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

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

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?	10c	X			5000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year 	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

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

Part VIII Trust Information

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

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? If "No," skip b.	☐ Yes ☐ No
15b 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
16a 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
16b 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
17a 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 _____.	
17b 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 ____/____/____.	
18 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?	☐ Yes ☐ No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	☐ Yes ☐ No

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection</div>
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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 RETIREMENT PLAN FOR EMPLOYEES OF OSTEOPATHIC HERIT	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OSTEOPATHIC HERITAGE FOUNDATION	D Employer Identification Number (EIN) 31-6056252
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	2882862	
b	Actuarial value	2b	2882862	
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	8	275869	275869
b	For terminated vested participants	43	807406	807406
c	For active participants	7	1785506	1785506
d	Total	58	2868781	2868781
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	5.84 %	
6	Target normal cost	6	107113	

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	
ALICIA B. TRAVISS	09/13/2017
Type or print name of actuary	Date
DELOITTE CONSULTING LLP	14-06970
Firm name	Most recent enrollment number
111 SOUTH WACKER DRIVE CHICAGO, IL 60606-4301	312-486-3379
Address of the firm	Telephone number (including area code)

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)		186590
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		150439
9	Amount remaining (line 7 minus line 8)		36151
10	Interest on line 9 using prior year's actual return of <u>-1.91</u> %		-690
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		571297
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>6.00</u> %		25251
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		-2873
c	Total available at beginning of current plan year to add to prefunding balance		593675
d	Portion of (c) to be added to prefunding balance		540000
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	575461

Part III		Funding Percentages	
14	Funding target attainment percentage	14	80.43%
15	Adjusted funding target attainment percentage	15	100.49%
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	92.10%
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	
03/22/2016	43325		
10/11/2016	11000		
06/30/2016	43325		
01/10/2017	32445		
06/28/2017	138000		
Totals ►		18(b)	268095
		18(c)	

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 252765
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.43%</div> <div>2nd segment: 5.91%</div> <div>3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	0
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	
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
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	107113
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	158372	37085
b	Waiver amortization installment		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	144198
		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	144198
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	252765
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	108567
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	
43	Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB, Part V – Summary of Plan Provisions

Original Effective Date	December 1, 1963	
Plan Year	January 1 to December 31	
Eligibility	An employee will become eligible to participate on the first day of the plan year nearest completion of 12 months of service and attainment of age 21.	
Participation Service	Beginning at the participant's date of participation, he will be given one year of participation service for each year he completes 1,000 or more hours of service.	
Vesting	<u>Years of Participation Service</u>	<u>Vested Percentage</u>
	0 – 3	0%
	3 or more	100%
Normal Retirement	Eligible the first day of the month coincident with or next following attainment of age 65, or his fifth anniversary of plan participation, if later. The monthly pension benefit is equal to the greater of (A) and (B): (A) sum of (1), (2) and (3) below: (1) The accrued benefit under the Plan in effect on December 31, 1991. (2) 0.80% of average monthly compensation multiplied by years of participation service after January 1, 1992. (3) 0.60% of average monthly compensation in excess of the current Social Security Covered Compensation Table I multiplied by years of participation service after January 1, 1992. Total years of participation service cannot exceed 35 years. (B) The participant's normal retirement pension as determined as follows: (1) For Prior Plan Participants, the retirement benefit in the normal form shall equal the greater of (a) the Participant's Accrued Benefit as of January 1, 1999, or (b) such percentage (not greater than 100%) of Final Average Compensation that equals 60% of the Prior Plan Participant's Final Average Compensation (computed without regard to the limitation on Compensation under Code Section 401(a)(17)), reduced as follows:	

- (a) by subtracting from the yearly benefit amount, in the normal form, that is the Actuarial Equivalent of the supplemental retirement benefit lump sum payment made to the Prior Plan Participant in 1995 (net of the portion of said payment equal to a partial gross-up of tax payments expected to be owed by the Prior Plan Participant), based on an interest rate of 6.85% and the 1983 Group Annuity Mortality (GAM) blended mortality table (50% male, 50% female), and
 - (b) for a Prior Plan Participant with less than ten (10) years of service earned after December 31, 1991, the foregoing benefit shall be multiplied by a fraction, not greater than one, the numerator of which is the participant's years of Participation service earned after December 31, 1991, and the denominator of which is ten (10).
- (2) For a Participant who is not a Prior Plan Participant, the retirement benefit in the normal form shall equal the greater of:
 - (a) The Participant's Accrued Benefit as of January 1, 1999, or
 - (b) an annual retirement benefit of \$6,300 per year, or, if greater, 2.00% of Final Average Compensation multiplied by the Participant's Years of Participation earned after December 31, 1991. The Committee shall determine the normal retirement pension under this paragraph by taking into account no more than 35 Years of Participation under the Plan.

Early Retirement

The participant is eligible to receive a monthly benefit equal to his accrued benefit actuarially reduced when he attains age 55 with at least 5 years of vesting service.

Late Retirement

If a participant continues working beyond his Normal Retirement Date, he will be entitled to a monthly pension benefit beginning on his actual late retirement date.

The monthly pension benefit is equal to the monthly pension benefit the participant would have received if he had retired on his Normal Retirement Date adjusted for Cost-of-Living and actuarially increased.

Schedule SB, Part V – Summary of Plan Provisions (Continued)

<i>Early Retirement Reduction Factors</i>	<p>For participants with benefits accrued before January 1, 1999, a participant's early retirement pension shall be the Actuarial Equivalent of the benefits accrued and payable on the participant's Normal Retirement Date.</p> <p>For participants with benefits accrued on or after January 1, 1999, the Early Retirement Reduction Factor is equal to 5/9th of 1% for each of the first 60 months' payments beginning before age 65 and 5/18th of 1% for each of the next 60 months' payments beginning before age 65. Participants whose age plus years of service equal or exceed 72 receive no reduction for early retirement at age 62.</p>
<i>Normal Form of Payment</i>	<p>The normal form of payment is a monthly life annuity with a modified cash refund death benefit for employees who made the pre-1992 mandatory contributions.</p>
<i>Vesting Eligibility</i>	<p>If a vested participant leaves the Company for any reason other than retirement or death, he shall be entitled to receive a monthly pension benefit equal to his accrued benefit beginning at his Normal Retirement Date.</p>
<i>Vesting Benefit</i>	<p>The accrued normal retirement benefit based on Participation Service and the Benefit Formula as of the date of termination with payments beginning on the Normal Retirement Date.</p>
<i>Death Benefit Before Retirement</i>	<p>If a Participant dies on or after January 1, 1999, but prior to his Annuity Starting Date, the Participant's surviving spouse or other named Beneficiary shall receive a death benefit equal to the Actuarially Equivalent Present Value of 100% of the Participant's Accrued Benefit as of the date of the Participant's death.</p>
<i>Death Benefit After Retirement</i>	<p>No death benefits are provided in this Plan except to the extent the participant selects an alternative benefit annuity form, which has the effect of providing a benefit payable after the Participant's death.</p>
<i>Employee Contributions</i>	<p>No current contributions are required.</p>
<i>Employer Contributions</i>	<p>The Company will make such payments or contributions as shall be sufficient to maintain the fund on a sound actuarial basis.</p>

Schedule SB, line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service													
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	-	-	-	-	-	-	-	-	-
45 to 49	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50 to 54	1	N/A	-	-	-	-	-	-	1	N/A	-	-	-	-
55 to 59	-	-	-	-	-	-	-	-	-	-	-	-	-	-
60 to 64	-	-	-	-	-	-	-	-	-	-	-	-	-	-
65 to 69	-	-	-	-	-	-	-	-	-	-	-	-	-	-
70 & up	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	1	N/A	-	-	-	-	-	-	2	N/A	2	N/A	-	-

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

<i>Funding Target Interest Rates</i>	HATFA/BBA rates – First Segment Rate – 4.43% Second Segment Rate – 5.91% Third Segment Rate – 6.65% Pre-MAP-21 rates – January 2016 segment rates First Segment Rate – 1.41% Second Segment Rate – 3.96% Third Segment Rate – 4.97%
<i>Salary Increases</i>	4.00%
<i>Future Increases in Maximum Benefits and Plan Compensation Limitations</i>	N/A
<i>Assumed Cost-of-Living Adjustment</i>	3.00%
<i>Expenses</i>	None assumed.
<i>Funding Target Mortality</i>	Pre-retirement: None Post-retirement: As defined in regulations 1.430(h)(3). This table is based on the RP 2000 sex distinct table that reflects projected mortality improvements 15 years into the future from the valuation date for nonannuitants and seven years into the future for annuitants.
<i>Retirement</i>	It is assumed all active participants will retire at age 62. All deferred vested participants will retire at age 65.
<i>Representative Termination Rates</i>	None.
<i>Form of Payment</i>	Active participants are assumed to elect a lump sum form of payment. Other participants not yet in payment are assumed to elect a single life annuity form of payment.
<i>Marriage</i>	100% of participants are assumed to be married.
<i>Employees</i>	It was assumed there would be no new or rehired employees.
<i>Inclusion Date</i>	The valuation date coincident with or next following the date on which the employee becomes a participant.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Cost Method

The funding target is defined to be the present value of the benefits accrued or earned at valuation date. The earned benefits include retirement-type benefits and ancillary benefits (1.430(d)-1(c)(1)(i)). If the amount of a benefit that is expected to be paid is neither a function of the accrued benefit at the time the benefit is expected to be paid nor a function of the participant's service at that time, then the portion of the benefit taken into account for purposes of determining the funding target for a plan year is based on the proportion of a participant's service as of the first day of the plan year relative to the service the participant will have when the participant meets the age and service eligibility requirements for the benefit. The portion of the benefit that is taken into account in the target normal cost is the increase in the proportional benefit for the plan year (1.430(d)-1(c)(1)(ii)(C)). The determination of the funding target and target normal cost of a plan for a plan year is not permitted to take into account any limitations or anticipated limitations under section 436 (1.430(d)-1(c)(1)(iii)).

ASC 960: for active participants, the accrued pension benefits as of the valuation date and payable from the assumed retirement age were determined based on actual plan compensation history for each participant. For inactive participants, accrued benefits were either supplied by the Company or estimated. The present value of accrued benefits was determined by multiplying the accrued pension benefits by single premium cost factors based on the applicable actuarial assumptions of accrued benefits.

Asset Method

The investments in the trust fund are valued on the basis of their fair market value.

***Valuation Date/
Measurement Date***

The measurement date is January 1, 2016.

***Benefits Not Included in
Valuation***

None.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

ASC 960 Assumptions

For 2016, the assumptions used to compute the ASC 960 liability were a valuation rate of 6.00%, no pre-retirement mortality for active participants, age 62 retirement for active participants, age 65 retirement for deferred vested participants, and post-retirement mortality for non-annuitants based on RP-2014 Employee and Healthy Annuitant mortality tables for males and females without collar or amount adjustments, using RP-2014 rates published in the final RP-2014 report adjusted to the 2006 base year by factoring out the projection under Scale MP-2014 as described in Section 8.3 of the Society of Actuaries' Retirement Plans Experience Committee ("RPEC") Response to Comments on RP-2014 Mortality Tables Exposure Draft, with generational mortality improvements using Scale MP-2015. Active participants are assumed to elect a lump sum form of payment. Lump sums are based on 4.30% interest rate and mortality rates used to calculate lump sum amounts are based on the RP-2014 Employee and Healthy Annuitant Mortality Tables without collar or amount adjustments blended 50% Male/50% Female and projected generationally using blended 50% Male/50% Female from Scale MP-2015. Other participants not yet in payment are assumed to elect a single life annuity form of payment.

Contribution Receivable

None.

***Changes in Assumptions
and Methods Since Last
Actuarial Valuation***

Funding Target: The discount rates and mortality table were updated per IRS requirements.

ASC 960: The mortality, discount rate and lump sum interest rate were updated as described above.

Schedule SB, line 32 – Schedule of Amortization Bases

	Initial Date Established	Initial Amount	Initial Amortization Period	Outstanding Balance	Period Remaining 1/1/2016	Amortization Payment 1/1/2016
Shortfall Amortization Base	1/1/2015	\$ 17,770	7	\$ 15,791	6	\$ 2,955
Shortfall Amortization Base	1/1/2014	\$ 103,078	7	\$ 79,241	5	\$ 17,251
Shortfall Amortization Base	1/1/2013	\$ 101,136	7	\$ 63,340	4	\$ 16,879

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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**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 Retirement Plan for Employees of Osteopathic Heritage Foundation	B Three-digit identification number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Osteopathic Heritage Foundation	D Employer Identification Number (EIN) 31-6056252
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>1</u> Day <u>1</u> Year <u>2016</u>			
2 Assets:			
a Market value.....	2a	2,882,862	
b Actuarial value	2b	2,882,862	
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	8	275,869	275,869
b For terminated vested participants	43	807,406	807,406
c For active participants	7	1,785,506	1,785,506
d Total	58	2,868,781	2,868,781
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	5.84 %	
6 Target normal cost	6	107,113	

Statement by Enrolled Actuary

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

SIGN HERE	<u>ABT</u>	<u>09/13/17</u>
	Signature of actuary	Date
<u>Alicia B. Traviss</u>	Type or print name of actuary	<u>17-06970</u>
<u>Deloitte Consulting LLP</u>	Firm name	Most recent enrollment number
		<u>(312) 486-3379</u>
<u>111 SOUTH WACKER DRIVE</u>		Telephone number (including area code)
<u>CHICAGO</u>	<u>IL 60606-4301</u>	
	Address of the firm	

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

For Paperwork Reduction Act Notice, 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).....	0	186,590
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	150,439
9 Amount remaining (line 7 minus line 8).....	0	36,151
10 Interest on line 9 using prior year's actual return of <u>-1.91</u> %	0	-690
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		571297
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>6.00</u> %.....		25251
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-2,873
c Total available at beginning of current plan year to add to prefunding balance.....		593675
d Portion of (c) to be added to prefunding balance.....		540000
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	575461

Part III Funding Percentages

14 Funding target attainment percentage	14	80.43%
15 Adjusted funding target attainment percentage.....	15	100.49%
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	92.10%
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
03/22/2016	43,325				
06/30/2016	43,325				
10/11/2016	11,000				
01/10/2017	32,445				
06/28/2017	138,000				
Totals ▶			18(b)	268,095	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	252,765

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:

1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0**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** 107,113**b** Excess assets, if applicable, but not greater than line 31a **31b** 0

Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment.....	158,372	37,085
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 144,198

	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** 144,198**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 252,765**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 108,567**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment **42****43** Excess installment acceleration amount to be carried over to future plan years **43**