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

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 09/01/2016 and ending 08/31/2017

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.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
OHIO EDUCATION ASSOCIATION UNION PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1960

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)
OHIO EDUCATION ASSOCIATION

225 EAST BROAD STREET
P.O. BOX 2550
COLUMBUS, OH 43215

2b Employer Identification Number (EIN) 31-4269414

2c Plan Sponsor's telephone number 614-227-3102

2d Business code (see instructions) 541990

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.	04/25/2018	TIM MEYERS
	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 [X] 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**	266
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)**	25
a(2) Total number of active participants at the end of the plan year	**6a(2)**	24
b Retired or separated participants receiving benefits	**6b**	204
c Other retired or separated participants entitled to future benefits	**6c**	8
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	236
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	26
f Total. Add lines **6d** and **6e**.	**6f**	262
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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)	[X]	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)	[X]	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)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[X]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**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

For calendar plan year 2016 or fiscal plan year beginning 09/01/2016 and ending 08/31/2017

▶ **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
OHIO EDUCATION ASSOCIATION UNION 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
OHIO EDUCATION ASSOCIATION

D Employer Identification Number (EIN)
31-4269414

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1	Enter the valuation date: Month 09 Day 01 Year 2016		
2	Assets:		
	a Market value	**2a**	119129921
	b Actuarial value	**2b**	120225890

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	233	87064675	87064675
b For terminated vested participants	8	664655	664655
c For active participants	25	14378447	14846860
d Total	266	102107777	102576190

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**	5.94 %
6	Target normal cost	**6**	396075

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

02/19/2018
Date

LORI A DEVORE
Type or print name of actuary

17-05257
Most recent enrollment number

AON CONSULTING, INC.
Firm name

614-436-8100
Telephone number (including area code)

445 HUTCHINSON AVE, SUITE 900
COLUMBUS, OH 43235-8619
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 [ ]

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	14243101
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	14243101
10	Interest on line 9 using prior year's actual return of 8.59%	0	1223482
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1092137
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.15%		67166
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		1159303
d	Portion of (c) to be added to prefunding balance		1159303
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	16625886

Part III Funding Percentages

14	Funding target attainment percentage	14	100.99%
15	Adjusted funding target attainment percentage	15	117.20%
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	100.43%
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
			Totals ► 18(b)	0	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	0

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:	2nd segment:	3rd segment:	
4.43%	5.91%	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	59

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**	396075
b Excess assets, if applicable, but not greater than line 31a	**31b**	396075

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 09/01/2016 and ending 08/31/2017

A Name of plan
OHIO EDUCATION ASSOCIATION UNION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OHIO EDUCATION ASSOCIATION

D Employer Identification Number (EIN)
31-4269414

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

BLACKSTONE ALT INV ADVISORS LLC
345 PARK AVENUE
28TH FLOOR
NEW YORK, NY 10154

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

DODGE & COX

94-1441976

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

BLACKROCK FUNDS

94-2948313

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

PIMCO INVESTMENTS LLC

33-0629048

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

WILLMINGTON TRUST INV MGMT, LLC

58-1711952

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

PDR SERVICES LLC

26-4126158

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

VANGUARD

23-1945930

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

STONE RIDGE ASSET MANAGEMENT, LLC

510 MADISON AVENUE
21ST FLOOR
NEW YORK, NY 10022

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

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

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

(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)

RYAN LABS

47-3503928

(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?
28 50 51 53 59 60 61 62 68 99	NONE	126827	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

CAP FINANCIAL PARTNERS, LLC

26-0058143

(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?
28 50	NONE	110000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MATRIX TRUST

75-3182674

(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 25 50 51 53 59 60 61 62 68 99	NONE	38099	Yes [X] No [ ]	Yes [X] No [ ]	0	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)

AON CONSULTING

23-2293237

(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?
11 50	NONE	36345	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLARK, SCHAFER, HACKETT & CO.

31-0800053

(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?
10 50	NONE	5100	Yes [ ] No [X]	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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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 09/01/2016 and ending 08/31/2017

A Name of plan
OHIO EDUCATION ASSOCIATION UNION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OHIO EDUCATION ASSOCIATION

D Employer Identification Number (EIN)
31-4269414

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: DB GRWTH PORTF INST CLASS (CIT)

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-0737797-187	C	58822003

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

For calendar plan year 2016 or fiscal plan year beginning 09/01/2016 and ending 08/31/2017

A Name of plan
OHIO EDUCATION ASSOCIATION UNION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OHIO EDUCATION ASSOCIATION

D Employer Identification Number (EIN)
31-4269414

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	12398	12398
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	398994	430346
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2398656	2540694
(2) U.S. Government securities	1c(2)	16122745	11959101
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	37231258	41696451
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	58822003
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	59116672	27948
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3849198	2677291

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	119129921	118166232
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	119129921	118166232

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**		
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	8913	
	(B) U.S. Government securities	**2b(1)(B)**	201031	
	(C) Corporate debt instruments	**2b(1)(C)**	1283939	
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**		
	(F) Other	**2b(1)(F)**	275747	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		1769630
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**		
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	1058632	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		1058632
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**		
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4752820
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7581082
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8228310	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		8228310
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	79544	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	236827	
(4) Other	2i(4)	90	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		316461
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8544771
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-963689
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: CLARK, SCHAFER, HACKETT & CO. **(2)** EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	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		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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 4048800 . (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.

For calendar plan year 2016 or fiscal plan year beginning 09/01/2016 and ending 08/31/2017

A Name of plan
OHIO EDUCATION ASSOCIATION UNION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OHIO EDUCATION ASSOCIATION

D Employer Identification Number (EIN)
31-4269414

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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): _____ _____

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** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

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

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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**

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.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

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

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 _____/_____/_____.

OHIO EDUCATION ASSOCIATION

Union Pension Plan

Financial Statements and Supplemental Schedules

August 31, 2017 and 2016

With Independent Auditors' Report

OHIO EDUCATION ASSOCIATION

Union Pension Plan

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CLARK SCHAEFER HACKETT
CPAs & ADVISORS

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Independent Auditors' Report

To the Participants and the OEA Union Defined Benefit Plan Committee
Ohio Education Association Union Pension Plan
Columbus, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Ohio Education Association Union Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of August 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Matrix Trust Company, trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended August 31, 2017 and 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of August 31, 2017 and the supplemental schedule of reportable transactions for the year ended August 31, 2017 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Clark, Schaefer, Hackett & Co.

Columbus, Ohio
February 14, 2018

OHIO EDUCATION ASSOCIATION

Union Pension Plan

Statements of Net Assets Available for Benefits

August 31, 2017 and 2016

	2017	2016
Investments, at fair value:		
Interest-bearing cash	$ 2,540,694	$ 2,398,656
Collective investement trust	58,822,003	-
Registered investment companies	27,948	59,116,672
Corporate debt instruments - preferred	29,876,158	26,312,862
Corporate debt instruments - other	11,820,293	10,918,396
U.S. government securities	11,959,101	16,122,745
Real estate investment funds	2,677,291	3,849,198
	117,723,488	118,718,529
Non-interest-bearing cash	12,398	12,398
Receivables -		
Accrued interest	430,346	398,994
Net assets available for benefits	$ 118,166,232	$ 119,129,921

See accompanying notes to the financial statements.

OHIO EDUCATION ASSOCIATION

Union Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended August 31, 2017 and 2016

	2017	2016
Additions:		
Contributions -		
Employer	$ -	$ 1,464,000
Investment activity:		
Interest and dividend income	2,828,262	3,312,154
Net appreciation in fair value of investments	4,752,820	6,164,250
Total investment activity	7,581,082	9,476,404
Total additions	7,581,082	10,940,404
Deductions:		
Benefits paid to participants	8,228,310	8,011,648
Commissions, custodian, and professional fees	316,461	314,788
Total deductions	8,544,771	8,326,436
Net (decrease) increase in net assets available for benefits	(963,689)	2,613,968
Net assets available for benefits:		
Beginning of year	119,129,921	116,515,953
End of year	$ 118,166,232	$ 119,129,921

See accompanying notes to the financial statements.

OEA
OHIO EDUCATION ASSOCIATION

Union Pension Plan

Notes to the Financial Statements

1. Plan Description

The following description of the Ohio Education Association (the Employer) Union Pension Plan (the 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 non-contributory defined benefit pension plan covering all members of the Ohio Education Association Professional Staff Union hired prior to September 1, 2000, and all members of the Ohio Association Staff Union/NSO hired prior to April 17, 1993. Employees hired after these respective dates are covered by a separate defined contribution retirement plan. On August 31, 2013, all Professional Staff Union Member participants not yet retired were credited with benefits through their Normal Retirement Date (NRD) and benefits were then frozen for this group effective September 1, 2013. If the Professional Staff Union member had already reached NRD, no additional benefits accrued. The Association Staff Union/NSO participants are unaffected by this Plan amendment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Employer contributions are made in amounts sufficient, on an actuarial basis, to fund at a minimum, the Plan's normal cost on a current basis and to fund the actuarial liability for past service costs in accordance with Department of Treasury Regulations. There were no required minimum funding contributions for the year ended August 31, 2017. The Employer's contributions to the Plan during the year ended August 31, 2016 satisfied the minimum funding requirements established by ERISA and did not exceed the Employer's maximum allowable contributions for that Plan year.

Eligibility

An eligible employee is a member of the Ohio Education Association Professional Staff Union hired prior to September 1, 2000 and all members of the Ohio Association Staff Union/NSO hired prior to April 17, 1993. Employees are eligible to participate in the Plan when they have attained the age of 21 and completed a year of eligible service or have completed three years of eligible service, regardless of age. Participants enter the Plan on the first day of the Plan year nearest the date when the eligibility requirements are met.

Vesting

Participants are 100% vested in their accrued benefit after five years of eligible service with the Employer. In some circumstances, participants in the Professional Staff Union may elect to purchase additional years of vested service in accordance with the provisions of the Plan.

Payments of benefits
Upon termination of a participant's employment for any reason prior to attaining normal retirement age, participants are entitled to receive their vested accrued benefit as of the date of termination at either their normal retirement date or an elected optional payment date as allowed within the provisions of the Plan. After attaining normal retirement age or the requirements necessary to elect an optional payment date as allowed within the provisions of the Plan, participants may elect to commence payment of their account within the provisions of the Plan. Lump-sum distributions are made, as soon as administratively possible, to participants when the present value of the qualified joint and survivor annuity or other death benefit is equal to or less than $1,000.

Certain participants are eligible to receive a 3% cost of living adjustment (adjusted biennially) in accordance with the provisions of the Plan.

Administrative expenses
Administrative fees of the Plan may be paid from the assets of the Plan to the extent permitted under ERISA. Expenses not paid by the Plan are paid by the Employer.

2. Summary of Significant Accounting Policies

The following accounting principles and practices of the Plan are set forth to facilitate the understanding of data presented in the financial statements:

Basis of accounting and income recognition
The financial statements are prepared on the accrual basis of accounting.

Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts and disclosures. As such, actual results could differ from these estimates.

Investment valuation and income recognition
The Plan's 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 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on the trade date basis. Interest is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

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 or assumptions in the near term would be material to the financial statements.

Payment of benefits
Benefits are recorded when paid.

Plan termination
Although the Employer has not indicated any intention to do so, it has the right to terminate the Plan at any time subject to the provisions set forth in the Employee Retirement Income Security Act of 1974. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations and the Plan document. Upon termination, it is possible that the net assets will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC), a U.S. governmental agency, at the time. Some benefits may not be provided for at all. Information concerning payment of benefits if the Plan terminates is available in the Plan's Summary Plan Description.

Accounting change
Recently issued accounting pronouncements—The Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, "Plan Accounting: Defined Benefit Pension Plans (Topic 960): (Part 1) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date – Practical Expedient." ASU 2015-12 simplifies disclosures and reporting by employee benefit plans. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015, with earlier adoption permitted. The Plan elected to early adopt Part II of ASU 2015-12 in 2015. This change had no impact on net assets available for benefits. Part III of ASU 2015-12 is not applicable to the Plan.

Additionally, the FASB issued ASU 2015-07, "Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or Its Equivalent)." ASU 2015-07 simplifies disclosures and reporting on investments valued at net asset value as a practical expedient. ASU 2015-07 is effective for fiscal years beginning after December 15, 2016, with earlier adoption permitted. The Plan has elected to early adopt ASU 2015-07, applied retrospectively to all periods presented. This change has no impact on net assets available for benefits.

Subsequent events
The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through February 14, 2018, the date on which the financial statements were available to be issued.

3. Information Certified by the Trustee

The following information included in the accompanying financial statements and supplemental schedules as of and for the years ended August 31, 2017 and 2016 was obtained from data that has been prepared and certified to as complete and accurate by Matrix Trust Company, the trustee of the plan, and furnished to the Plan administrator:

Investments
Net appreciation in fair value of investments
Interest and dividend income
Assets held at end of year

4. Fair Value Measurements

Generally accepted accounting principles define fair value, establish a framework for measuring fair value, and establish a fair value hierarchy that prioritizes the inputs to valuation. 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 fair value hierarchy under generally accepted accounting principles 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; and
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The following are descriptions of the valuation methodologies used for assets at fair value:

- *Interest-bearing cash:* Valued at observable market quotations for identical assets and priced on a daily basis.

- *Common/Collective Trusts*: Valued at the net asset value (NAV), which is based on the fair value of the underlying securities held by the fund less its liabilities. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. The fund manager's objective is to seek total return consisting of long-term growth of capital and current income based on various expected retirement dates.

- *Registered investment companies:* Valued at NAV of shares held by the Plan at year end, which is based on observable market quotations for identical assets and priced on a daily basis.

- *Fixed income:* U.S. government securities are valued using pricing models maximizing the use of observable inputs for similar securities. Corporate debt securities are valued using quoted prices in markets that are not very active, broker / dealer quotations, or alternative pricing sources with reasonable levels of price transparency and maximize the use of observable inputs for similar securities.

- *Real estate investment funds:* Funds hold various real estate and mortgage assets and are valued using quoted prices in markets that are not very active, or broker / dealer quotations.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2017 and 2016:

August 31, 2017:

	Total	Level 1	Level 2	Level 3
Interest-bearing cash	$ 2,540,694	2,540,694	-	-
Registered investment companies	27,948	27,948	-	-
Fixed income:				
Corporate debt instruments	41,696,451	-	41,696,451	-
U.S. government securities	11,959,101	-	11,959,101	-
Real estate investment funds	2,677,291	-	2,677,291	-
Total assets in the fair value hierarchy	58,901,485	2,568,642	56,332,843	
Investments measured at NAV	58,822,003	-	-	-
Investments at fair value	$117,723,488	2,568,642	56,332,843	-

August 31, 2016:

	Total	Level 1	Level 2	Level 3
Interest-bearing cash	$2,398,656	2,398,656	-	-
Registered investment companies	59,116,672	59,116,672	-	-
Fixed income:				
Corporate debt instruments	37,231,258	-	37,231,258	-
U.S. government securities	16,122,745	-	16,122,745	-
Real estate investment funds	3,849,198	-	3,849,198	-
Investments at fair value	$118,718,529	61,515,328	57,203,201	-

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share practical expedient as of August 31, 2017.

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective investment trust	$58,822,003	n/a	Daily	Daily

5. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits as of August 31 is as follows:

	2017	2016
Vested benefits:		
Participants currently receiving benefits	$ 86,730,620	$ 90,641,973
Vested benefits for other participants	15,668,844	16,422,211
Total vested	102,399,464	107,064,184
Non-vested benefits	96,693	524,758
Total actuarial present value of accumulated plan benefits	$ 102,496,157	$ 107,588,942

Changes in actuarial present value of accumulated plan benefits during the years ended August 31, 2017 and 2016:

	2017	2016
Actuarial present value of accumulated plan benefits-beginning of year	$ 107,588,942	$ 101,501,728
Increase (decrease) during the year attributable to:		
Interest accumulated	5,797,726	6,438,954
Assumption changes*	(3,239,002)	7,781,023
Other changes	576,801	(121,115)
Benefits paid	(8,228,310)	(8,011,648)
Actuarial present value of accumulated Plan benefits-end of year	$ 102,496,157	$ 107,588,942

*Assumption changes in 2017 primarily relate to the change in the interest rate from 5.60% to 5.88% and to the change in the mortality improvement scale from MP-2016 to MP-2017. Assumption changes in 2016 primarily relate to the change in interest rates from 6.60% to 5.60% and the life expectancy of participants assumption.

Accumulated plan benefits are those future periodic payments 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 paid based on employees' five highest years of compensation during years of credited service. The accumulated plan benefits information above is computed based on the employees' average compensation during the five years ending on the benefit information date. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations were as follows:

- *Life expectancy of participants* – RP-2014 Mortality Study with Blue Collar Adjustments projected generationally from 2006 with Scale MP-2017 for the year ended August 31, 2017. RP-2014 Mortality Study with Blue Collar Adjustments projected generationally from 2006 with Scale MP-2016 for the year ended August 31, 2016.

- *Salary increases* - 3.0% assumed for the years ended August 31, 2017 and August 31, 2016.

- *Retirement age assumptions* – Participants are assumed to retire according to a graded schedule beginning at age 55 and increasing until full retirement is assumed at the earlier of 32 years of service or the attainment of age 62 with 5 years of service. For Associate participants who are eligible to retire upon completion of 27 years of service under Option B, 70% are assumed to retire upon completion of 27 years of service.

- *Interest rate for funding* – The interest rate used was 5.88% and 5.60% for the years ended August 31, 2017 and August 31, 2016, respectively.

- *Form of benefit payment* – Assumed participants will elect the life annuity payment option.

- *Cost of living increase* – Assumed 3% for the years ended August 31, 2017 and 2016 for all eligible participants.

The valuation method used is the standard unit credit cost method. The foregoing 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.

6. Income Tax Status

The Plan obtained its latest determination letter on October 22, 2015, 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 believes 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.

7. Related Party Transactions

Certain Plan investments are managed by Wilmington Trust, an affiliate of Matrix Trust Company, the trustee of the Plan. Therefore, transactions involving these investments qualify as party-in-interest transactions.

OHIO EDUCATION ASSOCIATION UNION PENSION PLAN

EIN 31-4269414

PN 001

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

August 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Federated Government Obligations Fund IS (goix.x) (CUSIP WTC299486)	Interest-bearing cash	$ 2,540,694	$ 2,540,694
*	DB Growth Portfolio Institutional Class (CUSIP 97183J699)	Collective investment trust	55,705,296	58,822,003
	Alibaba Group Holding (CUSIP 01609WAC6)	Corporate debt instruments - preferred	287,470	287,662
	Alibaba Group Holding (CUSIP 01609WAQ5)	Corporate debt instruments - preferred	280,741	283,238
	Allstate Corp (CUSIP 020002BC4)	Corporate debt instruments - preferred	351,560	362,365
	America Movil SAB DE Cv (CUSIP 02364WBD6)	Corporate debt instruments - preferred	854,592	864,810
	American Express Credit (CUSIP 0258M0DT3)	Corporate debt instruments - preferred	332,910	339,174
	Ameriprise Financial Inc (CUSIP 03076CAH9)	Corporate debt instruments - preferred	246,634	241,803
	Anheuser-Busch Inbev Fin (CUSIP 035242AM8)	Corporate debt instruments - preferred	445,446	501,930
	Anheuser-Busch Inbev Fin (CUSIP 035242AP1)	Corporate debt instruments - preferred	406,134	406,275
	Apple Inc (CUSIP 037833bh2)	Corporate debt instruments - preferred	497,743	498,443
	Apple Inc (CUSIP 037833CJ7)	Corporate debt instruments - preferred	276,657	284,540
	AT&T Inc (CUSIP 00206RBK7)	Corporate debt instruments - preferred	338,711	353,808
	Bank Of NY Mellon Corp (CUSIP 06406FAB9)	Corporate debt instruments - preferred	191,216	190,068
	Bear Stearns Co (CUSIP 073902RU4)	Corporate debt instruments - preferred	467,688	424,321
	Berkshire Hathaway Fin (CUSIP 084664bq3)	Corporate debt instruments - preferred	463,871	458,562
	Berkshire Hathaway Inc (CUSIP 084670BJ6)	Corporate debt instruments - preferred	255,717	263,573
	BNP Paribas (CUSIP 05574LTX6)	Corporate debt instruments - preferred	459,791	459,159
	BP Capital Markets PLC (CUSIP 05565QDB1)	Corporate debt instruments - preferred	389,638	383,770
	BP Capital Markets PLC (CUSIP 05565QDL9)	Corporate debt instruments - preferred	153,918	154,193
	Burlington Resources Fin (CUSIP 12201pab2)	Corporate debt instruments - preferred	352,215	366,080
	CDP Financial (CUSIP 125094ad4)	Corporate debt instruments - preferred	438,184	422,640
	Chevron Corp (CUSIP 166764AH3)	Corporate debt instruments - preferred	241,044	250,826
	Chubb Ina Holdings Inc (CUSIP 00440EAW7)	Corporate debt instruments - preferred	283,746	282,124
	Cisco Systems Inc (CUSIP 17275RBL5)	Corporate debt instruments - preferred	410,886	405,082
	CNOOC Finance 2013 Ltd (CUSIP 12625GAC8)	Corporate debt instruments - preferred	463,187	478,586
	Cons Edison Co Of NY (CUSIP 209111FD0)	Corporate debt instruments - preferred	455,672	522,548
	CR Bard Inc (CUSIP 067383ac3)	Corporate debt instruments - preferred	325,947	319,695
	Credit Suisse New York (CUSIP 22546QAP2)	Corporate debt instruments - preferred	278,778	283,489
	DTE Electric Co (CUSIP 23338VAF3)	Corporate debt instruments - preferred	413,977	417,708
	Duke Energy Indiana LLC (CUSIP 26443TAA4)	Corporate debt instruments - preferred	239,354	242,789
	Electricite De France SA (CUSIP 268317AQ7)	Corporate debt instruments - preferred	144,748	149,417
	Florida Power & Light Co (CUSIP 341081FD4)	Corporate debt instruments - preferred	384,877	388,101
	Florida Power & Light Co (CUSIP 341081FK8)	Corporate debt instruments - preferred	420,771	422,804
	Franklin Resources Inc (CUSIP 354613aj0)	Corporate debt instruments - preferred	411,705	423,794
	GE Capital Intl Funding (CUSIP 36164QNA2)	Corporate debt instruments - preferred	705,336	736,664
	Georgia Power Company (CUSIP 373334jw2)	Corporate debt instruments - preferred	332,523	333,409
	Gilead Sciences Inc (CUSIP 375558BJ1)	Corporate debt instruments - preferred	324,032	329,315
	Home Depot Inc (CUSIP 437076BC5)	Corporate debt instruments - preferred	466,031	476,904
	HSBC Holdings PLC (CUSIP 404280BH1)	Corporate debt instruments - preferred	467,265	489,963
	Intel Corp (CUSIP 458140AS9)	Corporate debt instruments - preferred	194,709	208,346
	Intel Corp (CUSIP 458140AT7)	Corporate debt instruments - preferred	237,420	272,042
	John Deere Capital Corp (CUSIP 24422ETH2)	Corporate debt instruments - preferred	251,355	247,910
	Johnson & Johnson (CUSIP 478160BJ2)	Corporate debt instruments - preferred	234,935	245,162
	Jpmorgan Chase & Co (CUSIP 46625hje1)	Corporate debt instruments - preferred	464,340	480,654
	Loews Corp (CUSIP 540424AS7)	Corporate debt instruments - preferred	288,072	293,748
	Lowe's Cos Inc (CUSIP 548661DP9)	Corporate debt instruments - preferred	278,426	282,447
	Manuf & Traders Trust Co (CUSIP 55279HAQ3)	Corporate debt instruments - preferred	282,842	284,782
	Mastercard Inc (CUSIP 57636QAB0)	Corporate debt instruments - preferred	463,167	479,456
	Medtronic Inc (CUSIP 585055BT2)	Corporate debt instruments - preferred	450,854	453,267
	Merck & Co Inc (CUSIP 58933YAR6)	Corporate debt instruments - preferred	239,145	236,934
	Met Life Glob Funding I (CUSIP 59217GAX7)	Corporate debt instruments - preferred	384,567	400,066
	Microsoft Corp (CUSIP 594918BJ2)	Corporate debt instruments - preferred	412,616	404,067
	Microsoft Corp (CUSIP 594918CA0)	Corporate debt instruments - preferred	237,016	259,050
	Midamerican Energy Co (CUSIP 595620AL9)	Corporate debt instruments - preferred	137,964	153,444
	Midamerican Energy Co (CUSIP 595620AM7)	Corporate debt instruments - preferred	467,908	482,368
	National Rural Util Coop (CUSIP 637432NN1)	Corporate debt instruments - preferred	565,000	574,000
	Nike Inc (CUSIP 654106AF0)	Corporate debt instruments - preferred	332,896	339,339
	Novartis Capital Corp (CUSIP 66989HAK4)	Corporate debt instruments - preferred	269,072	283,524

OHIO EDUCATION ASSOCIATION UNION PENSION PLAN

EIN 31-4269414

PN 001

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

August 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Oracle Corp (CUSIP 68389XAE5)	Corporate debt instruments - preferred	465,445	512,380
	Pacific Gas & Electric (CUSIP 694308GE1)	Corporate debt instruments - preferred	271,757	274,552
	Pacificorp (CUSIP 695114CG1)	Corporate debt instruments - preferred	180,542	196,331
	Pepsico Inc (CUSIP 713448DD7)	Corporate debt instruments - preferred	391,101	392,837
	Pfizer Inc (CUSIP 717081EC3)	Corporate debt instruments - preferred	231,387	248,669
	Roche Holding Inc (CUSIP 771196be1)	Corporate debt instruments - preferred	415,100	409,481
	Shell International Fin (CUSIP 822582BX9)	Corporate debt instruments - preferred	250,844	249,270
	Siemens Financieringsmat (CUSIP 82620KAU7)	Corporate debt instruments - preferred	282,895	285,181
	Southwestern Public Serv (CUSIP 845743bn2)	Corporate debt instruments - preferred	360,843	401,406
	Statoil Asa (CUSIP 85771PAL6)	Corporate debt instruments - preferred	201,687	217,961
	Statoilhydro ASA (CUSIP 85771SAA4)	Corporate debt instruments - preferred	406,241	385,110
	Stryker Corp (CUSIP 863667ab7)	Corporate debt instruments - preferred	482,433	469,540
	TJX Cos Inc (CUSIP 872540AP4)	Corporate debt instruments - preferred	240,515	253,170
	Toyota Motor Credit Corp (CUSIP 89233p5t9)	Corporate debt instruments - preferred	461,030	471,461
	Trans-Canada Pipelines (CUSIP 89352HAS8)	Corporate debt instruments - preferred	539,690	534,093
	Union Pacific Corp (CUSIP 907818EN4)	Corporate debt instruments - preferred	302,673	319,445
	United Technologies Corp (CUSIP 913017CJ6)	Corporate debt instruments - preferred	358,326	346,288
	United Technologies Corp (CUSIP 913017CR8)	Corporate debt instruments - preferred	284,424	281,235
	Unitedhealth Group Inc (CUSIP 91324PBE1)	Corporate debt instruments - preferred	455,263	497,886
	Unitedhealth Group Inc (CUSIP 91324PCQ3)	Corporate debt instruments - preferred	189,977	218,624
	US Bancorp (CUSIP 91159hhc7)	Corporate debt instruments - preferred	233,542	238,191
	Visa Inc (CUSIP 92826CAD4)	Corporate debt instruments - preferred	220,075	226,244
	Walt Disney Company/The (CUSIP 25468PDB9)	Corporate debt instruments - preferred	160,625	148,586
	Wells Fargo & Company (CUSIP 94974bfc9)	Corporate debt instruments - preferred	517,600	523,440
	Wells Fargo & Company (CUSIP 94974BFJ4)	Corporate debt instruments - preferred	463,526	478,964
	Wyeth (CUSIP 983024af7)	Corporate debt instruments - preferred	420,366	415,575
	American Credit Acceptance Rec 2017-1 D (CUSIP 02529GAG7)	Corporate debt instruments - other	419,489	421,126
	Americredit Automobile Receiva 2017-2 D (CUSIP 03065GAG5)	Corporate debt instruments - other	309,927	315,506
	Amgen Inc (CUSIP 031162bn9)	Corporate debt instruments - other	563,890	561,550
	AT&T Inc (CUSIP 00206RCS9)	Corporate debt instruments - other	297,521	298,807
	AT&T Inc (CUSIP 00206RDN9)	Corporate debt instruments - other	279,916	286,308
	Bank Of America Corp (CUSIP 06051gee5)	Corporate debt instruments - other	690,408	675,028
	BP Capital Markets PLC (CUSIP 05565QCD8)	Corporate debt instruments - other	33,527	35,155
	Capital One NA (CUSIP 14042RBS9)	Corporate debt instruments - other	245,100	243,976
	Citigroup Inc (CUSIP 172967HC8)	Corporate debt instruments - other	505,505	503,719
	Comcast Corp (CUSIP 20030NBH3)	Corporate debt instruments - other	439,538	475,879
	Drive Auto Receivables Trust 2017-Aa D (CUSIP 26208CAN8)	Corporate debt instruments - other	351,630	352,976
	Duke Energy Corp (CUSIP 26441CAK1)	Corporate debt instruments - other	227,657	225,617
	Ecolab Inc (CUSIP 278865AP5)	Corporate debt instruments - other	545,677	549,692
	Energy Transfer Partners (CUSIP 29273rar0)	Corporate debt instruments - other	181,409	197,351
	Exeter Automobile Receivables 2017-1A C (CUSIP 30166JAE5)	Corporate debt instruments - other	441,181	446,323
	Ford Motor Credit Co LLC (CUSIP 345397XN8)	Corporate debt instruments - other	277,593	276,854
	Ford Motor Credit Co LLC (CUSIP 345397XY4)	Corporate debt instruments - other	300,000	299,865
	France Telecom (CUSIP 35177paw7)	Corporate debt instruments - other	232,982	236,480
	General Electric Capital Corp (CUSIP 36962G4B7)	Corporate debt instruments - other	134,513	144,456
	General Electric Co (CUSIP 369604BH5)	Corporate debt instruments - other	847,723	864,866
	Goldman Sachs Group Inc (CUSIP 38141ggs7)	Corporate debt instruments - other	462,599	457,626
	Huntington Bancshares (CUSIP 446150AH7)	Corporate debt instruments - other	233,887	231,743
	Keycorp (CUSIP 49326eed1)	Corporate debt instruments - other	465,612	461,084
	Kinder Morgan Ener Part (CUSIP 494550BD7)	Corporate debt instruments - other	185,792	212,524
	Lyondellbasell Ind Nv (CUSIP 552081ag6)	Corporate debt instruments - other	216,429	208,532
	Morgan Stanley (CUSIP 61747waf6)	Corporate debt instruments - other	471,224	461,057
	Oglethorpe Power Corp (CUSIP 677050AE6)	Corporate debt instruments - other	364,985	345,049
	Omnicom Group Inc (CUSIP 681919az9)	Corporate debt instruments - other	462,130	482,775
	Shire Acq Inv Ireland Da (CUSIP 82481LAB5)	Corporate debt instruments - other	245,306	243,236
	Southern Cal Edison (CUSIP 842400GG2)	Corporate debt instruments - other	276,089	295,342
	Sprint Spectrum / Spec I (CUSIP 85208NAA8)	Corporate debt instruments - other	490,163	492,130
	Ventas Realty LP (CUSIP 92277GAD9)	Corporate debt instruments - other	277,516	284,444
	Verizon Communications (CUSIP 92343VBY9)	Corporate debt instruments - other	225,295	233,217

OHIO EDUCATION ASSOCIATION UNION PENSION PLAN

EIN 31-4269414

PN 001

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

August 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	California St Build America Bonds-Taxable-Va (CUSIP 13063A5G5)	Real estate investment funds	356,570	383,876
	Comm Mortgage Trust 2015-Lc21 C (CUSIP 12593FBH6)	Real estate investment funds	358,553	359,725
	JP Morgan Chase Commercial Mor 2016-Nine A (CUSIP 46646GAA5)	Real estate investment funds	397,998	389,438
	JPMBB Commercial Mortgage Secu 2015-C28 C (CUSIP 46644FAK7)	Real estate investment funds	472,305	490,401
	Sfave Commercial Mortgage Secu 2015-5Ave B (CUSIP 78413MAL2)	Real estate investment funds	340,484	337,939
	Shops At Crystals Trust 2016-C 2016-Cstl D (CUSIP 82510wal4)	Real estate investment funds	301,344	313,206
	Sierra Receivables Funding Co 2016-3A B (CUSIP 82652YAB0)	Real estate investment funds	219,382	217,919
	Wells Fargo Commercial Mortgag 2016-Lc25 B (CUSIP 95000JBA5)	Real estate investment funds	178,347	184,787
*	Wilmington U.S. Government Money Market Fund Select Shs (CUSIP 97181C704)	Registered investment companies	27,948	27,948
	Chrysler Capital Auto Receivab 2016-Ba D (CUSIP 17119BAG2)	US government securites	329,942	331,401
	Five Guys Funding, Llc 2017-1A A2 (CUSIP 33830JAA3)	US government securites	280,000	288,856
	Fremf Mortgage Trust 2015-K47 C (CUSIP 30293AAQ3)	US government securites	368,516	392,765
	Fremf Mortgage Trust 2016-K54 B (CUSIP 30288RAE0)	US government securites	332,630	344,091
	Government National Mortgage A 2015-101 Mb (CUSIP 38379KVZ8)	US government securites	229,500	231,646
	Government National Mortgage A 2015-73 Me (CUSIP 38379KMN5)	US government securites	236,094	239,945
	Government National Mortgage A 2017-76 B (CUSIP 38379RWA7)	US government securites	259,867	265,660
	UBS-Citigroup Commercial Mortg 2011-C1 E (CUSIP 90268TAS3)	US government securites	477,005	432,103
	US Treasury Note/Bond (CUSIP 912810RT7)	US government securites	222,432	239,370
	US Treasury Note/Bond (CUSIP 912810RV2)	US government securites	1,506,821	1,562,554
	US Treasury Note/Bond (CUSIP 912828P87)	US government securites	118,341	118,388
	US Treasury Note/Bond (CUSIP 912828T91)	US government securites	447,069	463,868
	US Treasury Note/Bond (CUSIP 912828TY6)	US government securites	284,539	278,359
	US Treasury Note/Bond (CUSIP 912828X70)	US government securites	159,438	160,850
	US Treasury Note/Bond (CUSIP 912828X88)	US government securites	231,707	234,986
	US Treasury STRIPS (CUSIP 912833Y38)	US government securites	839,594	1,009,824
	US Treasury STRIPS (CUSIP 912834AD0)	US government securites	733,906	889,182
	US Treasury STRIPS (CUSIP 912834du9)	US government securites	661,129	801,805
	US Treasury STRIPS (CUSIP 912834ev6)	US government securites	579,683	706,511
	US Treasury STRIPS (CUSIP 912834JH2)	US government securites	513,924	630,192
	US Treasury STRIPS (CUSIP 912834KV9)	US government securites	444,760	548,777
	US Treasury STRIPS (CUSIP 912834LX4)	US government securites	387,153	479,564
	US Treasury STRIPS (CUSIP 912834MZ8)	US government securites	327,395	402,467
	US Treasury STRIPS (CUSIP 912834PB8)	US government securites	173,103	212,538
	US Treasury STRIPS (CUSIP 912834PM4)	US government securites	350,866	397,600
	US Treasury STRIPS (CUSIP 912834QH4)	US government securites	280,051	295,799
			$ 112,617,525	$ 117,723,488

* Identifies a party-in-interest to the Plan

OHIO EDUCATION ASSOCIATION UNION PENSION PLAN
EIN 31-4269414
PN 001
Schedule H, Line 4.j. - Schedule of Reportable Transactions
Year Ended Augsut 31, 2017

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single transactions in excess of 5% of the net plan assets:							
*	DB Growth Portfolio Institutional Class(CUSIP 97183J699)	5,735,365.4480 shares purchased in a single transaction	$ 57,353,654	-	57,353,654	57,353,654	-
	iShares MSCI EAFE ETF(CUSIP 464287465)	50,395 shares sold in a single transaction	-	11,506,062	11,264,769	11,506,062	241,293
	SPDR S&P 500 ETF Trust(CUSIP 78462F103)	49,132 shares sold in a single transaction	-	11,268,778	10,152,102	11,268,778	1,116,676
	SPDR S&P 500 ETF Trust(CUSIP 78462F103)	72,026 shares sold in a single transaction	-	16,940,515	14,882,670	16,940,515	2,057,845
Category (iii) - Series of transactions in excess of 5% of the net plan assets:							
*	DB Growth Portfolio Institutional Class(CUSIP 97183J699)	5,751,404 shares purchased in a series of 2 transactions	57,516,766	-	57,516,766	57,516,766	-
		181,138 shares sold in a series of 2 transactions	-	1,905,000	1,811,471	1,905,000	93,529
	iShares MSCI EAFE ETF(CUSIP 464287465)	4,431 shares purchased in 1 transaction	256,289	-	256,289	256,289	-
		230,246 shares sold in a series of 4 transaction	-	14,167,566	13,935,311	14,167,566	232,255
	SPDR S & P 500 ETF Trust (CUSIP 78462F103)	136,853 shares sold in a series of 6 transactions	-	31,760,057	28,277,816	31,760,057	3,482,241
	Spdr S&P Midcap 400 EFT Trust (CUSIP 78467Y107)	12,979 shares purchased in 1 transaction	4,034,006	-	4,034,006	4,034,006	-
		19,279 shares sold in a series of 3 transactions	-	5,972,860	5,715,893	5,972,860	256,967
*	Wilmington U.S. Govt Money Market Fund Select Shs (CUSIP 9718C704)	14,090,392 shares purchased in a series of 206 transactions	14,090,392	-	14,090,392	14,090,392	-
		14,441,299 shares sold in a series of 58 transactions	-	14,441,299	14,441,299	14,441,299	-

* Identifies a party-in-interest to the Plan

Notes: Columns (e) and (f) were excluded as they were not applicable.
There were no reportable category (ii) or (iv) transactions for the year ended August 31, 2017.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of September 1, 2016

Schedule SB, Line 26—Schedule of Active Participant Data
As of September 1, 2016

Ohio Education Association
Ohio Education Association Union Pension Plan
Active Employees

EIN: 31-4269414 PN: 001

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44					1					
45-49					1		1			
50-54					2		2			
55-59					1	6	1			
60-64					1		3	1	1	
65-69					3		1			
70+										

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of May 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of May 2016), without regard to interest rate stabilization
1st Segment Rate	1.48%
2nd Segment Rate	3.90%
3rd Segment Rate	4.90%
Salary Increases	3.00%
COLA Increases	3.00%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

For ERISA Requirements

Valuation Compensation	Participant salaries are limited to the IRC Section 401(a)(17) limit that was in effect as of the beginning of the plan year. Projected benefits are limited to the IRC Section 415(b) limit that was in effect as of the end of the plan year.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $210,000 and the 401(a)(17) compensation limit of $265,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.
Expected Return on Assets	
2014 Plan Year	6.50%
2015 Plan Year	6.60%
2016 Plan Year	5.60%
Trust Expenses Included in Target Normal Cost	The normal cost for funding purposes includes assumed expenses equal to the actual expenses paid by the trust in the previous year rounded to the next $1,000. General administrative expenses include trustee and investment fees.
Actuarial Method	Standard unit credit cost method
Valuation Date	September 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Table 1
Retirement Rates

Age	Current Year Rates
55	10.00%
56	10.00%
57	20.00%
58	20.00%
59	20.00%
60	30.00%
61	30.00%
62	50.00%
63	20.00%
64	20.00%
65+	100.00%

For professional staff retirements prior to the age at which full benefits are payable from the plan, payment is assumed to be deferred until the time full benefits are payable.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Table 2
Withdrawal Rates

Age	Rate
20	5.4384%
21	5.4083%
22	5.3344%
23	5.2213%
24	5.0732%
25	4.8948%
26	4.6904%
27	4.4648%
28	4.2220%
29	3.9665%
30	3.7020%
31	3.4319%
32	3.1593%
33	2.8866%
34	2.6160%
35	2.3492%
36	2.0879%
37	1.8335%
38	1.5875%
39	1.3518%
40	1.1283%
41	0.9186%
42	0.7250%
43	0.5500%
44	0.3960%
45	0.2653%
46	0.1595%
47	0.0798%
48	0.0274%
49	0.0015%
50+	0.0000%

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

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 09/01/2016 and ending 08/31/2017

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.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
Ohio Education Association Union Pension Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1960

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)
Ohio Education Association

225 East Broad Street
P.O. Box 2550
Columbus OH 43215

2b Employer Identification Number (EIN) 31-4269414

2c Plan Sponsor's telephone number 614-227-3102

2d Business code (see instructions) 541990

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	Tim Meyers	4/24/18	Tim Meyers
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Sheryl Mathis	4/24/18	Sheryl Mathis
	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 [X] 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**	266
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)**	25
a(2) Total number of active participants at the end of the plan year	**6a(2)**	24
b Retired or separated participants receiving benefits	**6b**	204
c Other retired or separated participants entitled to future benefits	**6c**	8
d Subtotal. Add lines **6a(2), 6b**, and **6c**	**6d**	236
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	26
f Total. Add lines **6d** and **6e**	**6f**	262
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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)	[X] Trust	(3)	[X] 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

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **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_____

Plan Name	**Ohio Education Association Union Pension Plan**
Plan Sponsor EIN	**31-4269414**
ERISA Plan No.	**001**
Plan Year End	**8/31/2017**

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 09/01/2016 and ending 08/31/2017

▶ **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
OHIO EDUCATION ASSOCIATION UNION 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
OHIO EDUCATION ASSOCIATION

D Employer Identification Number (EIN)
31-4269414

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2016

2 Assets:

a Market value	**2a**	119,129,921
b Actuarial value	**2b**	120,225,890

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	233	87,064,675	87,064,675
b For terminated vested participants	8	664,655	664,655
c For active participants	25	14,378,447	14,846,860
d Total	266	102,107,777	102,576,190

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**	5.94%
6 Target normal cost	**6**	396,075

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

LAD
Signature of actuary

02/19/2018
Date

LORI A DEVORE
Type or print name of actuary

1705257
Most recent enrollment number

AON CONSULTING, INC.
Firm name

614-436-8100
Telephone number (including area code)

445 HUTCHINSON AVE, SUITE 900
COLUMBUS OH 43235-8619
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 [ ]

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	14,243,101
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	14,243,101
10	Interest on line 9 using prior year's actual return of 8.59%	0	1,223,482
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,092,137
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.15%		67,166
	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		1,159,303
	d Portion of (c) to be added to prefunding balance		1,159,303
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	16,625,886

Part III Funding Percentages

14	Funding target attainment percentage	14	100.99%
15	Adjusted funding target attainment percentage	15	117.20%
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	100.43%
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
			Totals ► 18(b)	0	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	0

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:	2nd segment:	3rd segment:	
4.43 %	5.91 %	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	59

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	396,075
b Excess assets, if applicable, but not greater than line 31a	31b	396,075

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	10.00%	0.9000	5.04
57	20.00%	0.8100	9.23
58	20.00%	0.6480	7.52
59	20.00%	0.5184	6.12
60	30.00%	0.4147	7.46
61	30.00%	0.2903	5.31
62	50.00%	0.2032	6.30
63	20.00%	0.1016	1.28
64	20.00%	0.0813	1.04
65	100.00%	0.0650	4.23
		Weighted Average	59.03

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of May 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of May 2016), without regard to interest rate stabilization
1st Segment Rate	1.48%
2nd Segment Rate	3.90%
3rd Segment Rate	4.90%
Salary Increases	3.00%
COLA Increases	3.00%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

For ERISA Requirements

Valuation Compensation	Participant salaries are limited to the IRC Section 401(a)(17) limit that was in effect as of the beginning of the plan year. Projected benefits are limited to the IRC Section 415(b) limit that was in effect as of the end of the plan year.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $210,000 and the 401(a)(17) compensation limit of $265,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.
Expected Return on Assets	
2014 Plan Year	6.50%
2015 Plan Year	6.60%
2016 Plan Year	5.60%
Trust Expenses Included in Target Normal Cost	The normal cost for funding purposes includes assumed expenses equal to the actual expenses paid by the trust in the previous year rounded to the next $1,000. General administrative expenses include trustee and investment fees.
Actuarial Method	Standard unit credit cost method
Valuation Date	September 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Table 1
Retirement Rates

Age	Current Year Rates
55	10.00%
56	10.00%
57	20.00%
58	20.00%
59	20.00%
60	30.00%
61	30.00%
62	50.00%
63	20.00%
64	20.00%
65+	100.00%

For professional staff retirements prior to the age at which full benefits are payable from the plan, payment is assumed to be deferred until the time full benefits are payable.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Table 2
Withdrawal Rates

Age	Rate
20	5.4384%
21	5.4083%
22	5.3344%
23	5.2213%
24	5.0732%
25	4.8948%
26	4.6904%
27	4.4648%
28	4.2220%
29	3.9665%
30	3.7020%
31	3.4319%
32	3.1593%
33	2.8866%
34	2.6160%
35	2.3492%
36	2.0879%
37	1.8335%
38	1.5875%
39	1.3518%
40	1.1283%
41	0.9186%
42	0.7250%
43	0.5500%
44	0.3960%
45	0.2653%
46	0.1595%
47	0.0798%
48	0.0274%
49	0.0015%
50+	0.0000%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date: July 1, 1960

Effective Date of Last Amendment: September 1, 2013

Plan Year: September 1 to August 31

Employer Fiscal Year: September 1 to August 31

Employer ID Number: 31-4269414

Plan Number: 001

Eligibility

Certain collectively-bargained employees are eligible to participate in the Plan on the nearest September 1 following the attainment of age 21 and the completion of one year of service, or the completion of three years of service, whichever is earlier. Associate staff employees hired after April 17, 1993 and professional staff employees hired after September 1, 2000 are not eligible.

Service

Service is equal to the nearest years, completed months, and days of employment. Service for benefit accrual purposes for PSU participants is frozen as of August 31, 2013.

Service will not be interrupted by:

(1) A leave of absence granted by the Employer, including maternity or paternity leave.

(2) A period of service in the Armed Forces of the United States under which employment rights are granted.

(3) A period of disability.

(4) A lay-off for lack of work or other cause continuing for a period of not more than one year.

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

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

(1) The employee's period of absence was less than his pre-break service or less than five year

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Normal Retirement Date

Normal Retirement Date is the first day of the month coinciding with or next following attainment of age 62 and the completion of five years of service, or the completion of 32 years of service, whichever is earlier.

Normal Retirement Benefit

For associate staff employees, the amount of annual benefit to be paid in monthly installments for the individual's lifetime is 2.0% of Average Compensation multiplied by service, not greater than 32 years.

For professional staff employees, the amount of annual benefit to be paid in monthly installments for the individual's lifetime based on service to Normal Retirement Date is 2.2% of Average Compensation multiplied by service, subject to a maximum of 32 years. For employees hired prior to May 16, 1992, and who retired under Option B, their benefit was based on 2.0% of Average Compensation. Professional staff benefits were frozen as of August 31, 2013, at which time an additional benefit was determined, which is considered an Accrued Benefit.

Cost-of-Living Adjustment

Associate staff employees retiring on or after May 15, 1992 and before September 1, 2000 shall receive a Cost of Living Adjustment to their retirement benefits. The monthly benefit will be adjusted upward 3% of the retiree's monthly benefit and increased by the initial 3% increase every other September 1st thereafter.

Professional staff employees with between 15 and 20 years of service as of August 31, 1997 who retire during their 20th year of service will receive a cost-of-living adjustment to their retirement benefits. The monthly benefit will be adjusted upward 3% of the retiree's monthly benefit on the September 1st following the 5th anniversary of their retirement and will increase by the initial 3% every other September 1st thereafter.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive at actual retirement or death the greater of (1) his Accrued Benefit as of his delayed retirement date, based on his service and Average Compensation at that date or (2) his Accrued Benefit as of his Normal Retirement Date increased actuarially from his Normal Retirement Date to his commencement date.

Average Compensation

Average Compensation is equal to the highest average for 60 consecutive months of the participant's employment. Average Compensation was frozen for professional staff employees as of August 31, 2013.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the benefit as calculated in Normal Retirement Benefit above, using Average Compensation as of the date of determination and service projected to Normal Retirement Date.

As noted previously, professional staff employees had their Accrued Benefits frozen, after an increased benefit was provided, as of August 31, 2013.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Early Retirement Benefits

Option A - Upon the attainment of age 55 and ten years of service, a participant may elect to retire. A participant may elect to retire and receive a portion of their accrued benefit upon attainment of age 52 and six years of service. He may receive a monthly benefit for life beginning at his Normal Retirement Date equal to the benefit accrued at the early retirement date. Payments may begin immediately, with the benefit being reduced 1/180th for each of the first 60 months and 1/360th for each of the next 60 months by which the early retirement date precedes the Normal Retirement Date.

Option B - Upon the attainment of age 60 and five years of service or the completion of 27 years of service for associate staff or completion of 20 years of service for professional staff, a participant may elect to retire. A benefit equal to the Accrued Benefit plus an additional amount, which, when added to the Accrued Benefit equals the benefit he would have accrued if he had continued service until his Normal Retirement Date, is payable immediately.

Professional Staff - Separate early retirement provisions apply to the Accrued Benefit earned as of August 31, 2013 and the additional accrued granted through the plan amendment.

Disability Retirement Benefit

An associate staff participant who is determined to be disabled before his Normal Retirement Date will continue to accrue benefits based on the last rate of pay until the earlier of the Early Retirement Option B Date and the Normal Retirement Date.

Death Benefit

In the case of a participant who dies on or before his early retirement date, the survivor benefit shall be the actuarial equivalent of the vested Accrued Benefit to the date of death.

In the case of a participant who dies after his early retirement date, such survivor benefit shall be an amount computed as if such participant had begun receiving a joint and survivor annuity on the day before his death.

Severance Benefit

Upon the termination of employment after five or more years of service, a participant is fully vested in his Accrued Benefit.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

(1) An adjusted benefit to be paid during the participant's lifetime with a percentage of the benefit to be continued to a designated beneficiary after the participant's death for the joint annuitant's lifetime.

(2) An adjusted benefit to be paid for a minimum number of months certain and thereafter for life.

(3) A lump sum benefit, if less than $5,000.

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. For lump sum benefits, assumptions are based on the applicable table and the applicable interest rate as of the July preceding the beginning of the Plan Year. Other optional forms for ASU are based on the UP-1984 Mortality Table set back one year and the PBGC interest rate as of the beginning of the Plan Year, or 5%, whichever produces the greater IRS 415 maximum benefit. Other optional forms for PSU are based on the GAM 83 Male Mortality Table set back two years and the PBGC interest rate at the beginning of the Plan Year, or 5%, whichever produces the greater IRS 415 maximum benefit.

Amendment or Termination of Plan

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

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

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

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change which was made to better anticipate future experience:

- The expected return on assets was changed from 6.60% to 5.60%.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of September 1, 2016

Schedule SB, Line 26—Schedule of Active Participant Data
As of September 1, 2016

Ohio Education Association
Ohio Education Association Union Pension Plan
Active Employees

EIN: 31-4269414 PN: 001

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44					1					
45-49					1		1			
50-54					2		2			
55-59					1	6	1			
60-64					1		3	1	1	
65-69					3		1			
70+										

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	10.00%	0.9000	5.04
57	20.00%	0.8100	9.23
58	20.00%	0.6480	7.52
59	20.00%	0.5184	6.12
60	30.00%	0.4147	7.46
61	30.00%	0.2903	5.31
62	50.00%	0.2032	6.30
63	20.00%	0.1016	1.28
64	20.00%	0.0813	1.04
65	100.00%	0.0650	4.23
		Weighted Average	59.03

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

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Employer ID Number: 31-4269414

Plan Number: 001

Eligibility

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Service

Service is equal to the nearest years, completed months, and days of employment. Service for benefit accrual purposes for PSU participants is frozen as of August 31, 2013.

Service will not be interrupted by:

(1) A leave of absence granted by the Employer, including maternity or paternity leave.

(2) A period of service in the Armed Forces of the United States under which employment rights are granted.

(3) A period of disability.

(4) A lay-off for lack of work or other cause continuing for a period of not more than one year.

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

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

(1) The employee's period of absence was less than his pre-break service or less than five year

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Normal Retirement Date

Normal Retirement Date is the first day of the month coinciding with or next following attainment of age 62 and the completion of five years of service, or the completion of 32 years of service, whichever is earlier.

Normal Retirement Benefit

For associate staff employees, the amount of annual benefit to be paid in monthly installments for the individual's lifetime is 2.0% of Average Compensation multiplied by service, not greater than 32 years.

For professional staff employees, the amount of annual benefit to be paid in monthly installments for the individual's lifetime based on service to Normal Retirement Date is 2.2% of Average Compensation multiplied by service, subject to a maximum of 32 years. For employees hired prior to May 16, 1992, and who retired under Option B, their benefit was based on 2.0% of Average Compensation. Professional staff benefits were frozen as of August 31, 2013, at which time an additional benefit was determined, which is considered an Accrued Benefit.

Cost-of-Living Adjustment

Associate staff employees retiring on or after May 15, 1992 and before September 1, 2000 shall receive a Cost of Living Adjustment to their retirement benefits. The monthly benefit will be adjusted upward 3% of the retiree's monthly benefit and increased by the initial 3% increase every other September 1st thereafter.

Professional staff employees with between 15 and 20 years of service as of August 31, 1997 who retire during their 20th year of service will receive a cost-of-living adjustment to their retirement benefits. The monthly benefit will be adjusted upward 3% of the retiree's monthly benefit on the September 1st following the 5th anniversary of their retirement and will increase by the initial 3% every other September 1st thereafter.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive at actual retirement or death the greater of (1) his Accrued Benefit as of his delayed retirement date, based on his service and Average Compensation at that date or (2) his Accrued Benefit as of his Normal Retirement Date increased actuarially from his Normal Retirement Date to his commencement date.

Average Compensation

Average Compensation is equal to the highest average for 60 consecutive months of the participant's employment. Average Compensation was frozen for professional staff employees as of August 31, 2013.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the benefit as calculated in Normal Retirement Benefit above, using Average Compensation as of the date of determination and service projected to Normal Retirement Date.

As noted previously, professional staff employees had their Accrued Benefits frozen, after an increased benefit was provided, as of August 31, 2013.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Early Retirement Benefits

Option A - Upon the attainment of age 55 and ten years of service, a participant may elect to retire. A participant may elect to retire and receive a portion of their accrued benefit upon attainment of age 52 and six years of service. He may receive a monthly benefit for life beginning at his Normal Retirement Date equal to the benefit accrued at the early retirement date. Payments may begin immediately, with the benefit being reduced 1/180th for each of the first 60 months and 1/360th for each of the next 60 months by which the early retirement date precedes the Normal Retirement Date.

Option B - Upon the attainment of age 60 and five years of service or the completion of 27 years of service for associate staff or completion of 20 years of service for professional staff, a participant may elect to retire. A benefit equal to the Accrued Benefit plus an additional amount, which, when added to the Accrued Benefit equals the benefit he would have accrued if he had continued service until his Normal Retirement Date, is payable immediately.

Professional Staff - Separate early retirement provisions apply to the Accrued Benefit earned as of August 31, 2013 and the additional accrued granted through the plan amendment.

Disability Retirement Benefit

An associate staff participant who is determined to be disabled before his Normal Retirement Date will continue to accrue benefits based on the last rate of pay until the earlier of the Early Retirement Option B Date and the Normal Retirement Date.

Death Benefit

In the case of a participant who dies on or before his early retirement date, the survivor benefit shall be the actuarial equivalent of the vested Accrued Benefit to the date of death.

In the case of a participant who dies after his early retirement date, such survivor benefit shall be an amount computed as if such participant had begun receiving a joint and survivor annuity on the day before his death.

Severance Benefit

Upon the termination of employment after five or more years of service, a participant is fully vested in his Accrued Benefit.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

(1) An adjusted benefit to be paid during the participant's lifetime with a percentage of the benefit to be continued to a designated beneficiary after the participant's death for the joint annuitant's lifetime.

(2) An adjusted benefit to be paid for a minimum number of months certain and thereafter for life.

(3) A lump sum benefit, if less than $5,000.

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. For lump sum benefits, assumptions are based on the applicable table and the applicable interest rate as of the July preceding the beginning of the Plan Year. Other optional forms for ASU are based on the UP-1984 Mortality Table set back one year and the PBGC interest rate as of the beginning of the Plan Year, or 5%, whichever produces the greater IRS 415 maximum benefit. Other optional forms for PSU are based on the GAM 83 Male Mortality Table set back two years and the PBGC interest rate at the beginning of the Plan Year, or 5%, whichever produces the greater IRS 415 maximum benefit.

Amendment or Termination of Plan

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

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

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

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

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

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

Plan Name	**Ohio Education Association Union Pension Plan**
Plan Sponsor EIN	**31-4269414**
ERISA Plan No.	**001**
Plan Year End	**8/31/2017**

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

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

Schedule SB Attachment (Form 5500)—2016 Plan Year
Ohio Education Association Union Pension Plan
EIN: 31-4269414 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change which was made to better anticipate future experience:

- The expected return on assets was changed from 6.60% to 5.60%.