

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2016</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning <u>09/01/2016</u> and ending <u>08/31/2017</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a one-participant plan ☐ a foreign plan
B This return/report is	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information													
1a Name of plan <u>PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1950</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan <u>02/01/1950</u>									
1b Three-digit plan number (PN) ►	<u>001</u>												
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2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EASTER SEALS CENTRAL & SOUTHEAST OHIO</u> <u>3830 TRUEMAN COURT</u> <u>HILLIARD, OH 43026</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-4379471</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>614-228-5523</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>813000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-4379471</u>	2c Sponsor's telephone number <u>614-228-5523</u>	2d Business code (see instructions) <u>813000</u>									
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2c Sponsor's telephone number <u>614-228-5523</u>													
2d Business code (see instructions) <u>813000</u>													
3a Plan administrator's name and address ☐ Same as Plan Sponsor. <u>SILVIJA JAKUBOWSKI</u> <u>EASTER SEALS, INC.</u> <u>141 W JACKSON BLVD, STE 1400A</u> <u>CHICAGO, IL 60604</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>3b Administrator's EIN <u>36-2171729</u></td> </tr> <tr> <td>3c Administrator's telephone number <u>312-726-6200</u></td> </tr> </table>	3b Administrator's EIN <u>36-2171729</u>	3c Administrator's telephone number <u>312-726-6200</u>										
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>4b EIN</td> </tr> <tr> <td>4c PN</td> </tr> </table>	4b EIN	4c PN										
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5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<u>0</u>												

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/14/2018	SILVIJA JAKUBOWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/14/2018	SILVIJA JAKUBOWSKI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1853742	1900349
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1853742	1900349
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	147000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	121687	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		268687
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	109280	
e Certain deemed and/or corrective distributions (see instructions) ..	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	112800	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		222080
i Net income (loss) (subtract line 8h from line 8c)	8i		46607
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

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

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		0
c Was the plan covered by a fidelity bond?	10c	X			185000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part VI Pension Funding Compliance

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

Part VII Plan Terminations and Transfers of Assets

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

Part VIII Trust Information

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

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? If "No," skip b.	☐ Yes	☐ No
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor	☐ "Prior year" ADP test
	☐ "Current year" ADP test	☐ N/A
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test	☐ Average benefit test ☐ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes	☐ No
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .		
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .		
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	☐ Yes	☐ No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	☐ Yes	☐ No

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 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 <u>PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>EASTER SEALS CENTRAL & SOUTHEAST OHIO</u>	D Employer Identification Number (EIN) <u>31-4379471</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>1850999</u>
b Actuarial value	2b <u>1850999</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>24</u> <u>834425</u> <u>834425</u>
b For terminated vested participants.....	<u>61</u> <u>1148520</u> <u>1148520</u>
c For active participants.....	<u>3</u> <u>41411</u> <u>41411</u>
d Total.....	<u>88</u> <u>2024356</u> <u>2024356</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.08 %</u>
6 Target normal cost.....	6 <u>101000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>06/12/2018</u> Date
Signature of actuary <u>KATHLEEN E. MANNING, F.S.A.</u> Type or print name of actuary	<u>17-03050</u> Most recent enrollment number
<u>MWM CONSULTING GROUP</u> Firm name	<u>312-987-4500</u> Telephone number (including area code)
<u>55 E. JACKSON BLVD., SUITE 1000</u> <u>CHICAGO, IL 60604-2254</u> Address of the firm	

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____ %.....		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		774
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.28</u> %		49
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		823
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	91.43%
15	Adjusted funding target attainment percentage	15	91.43%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	87.04%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/12/2016	35000	0			
03/13/2017	35000	0			
06/12/2017	35000	0			
09/14/2017	35000	0			
05/10/2018	7000	0			
			Totals ►	18(b)	147000
				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	141040
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?		☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....		☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">1st segment: 4.43%</div> <div style="text-align: center;">2nd segment: 5.91%</div> <div style="text-align: center;">3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	61
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	101000
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	173357	37639
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 style="text-align: center;">138639
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement		0
36	Additional cash requirement (line 34 minus line 35)		36 style="text-align: center;">138639
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 style="text-align: center;">141040
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	2401
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 style="text-align: center;">0
40	Unpaid minimum required contributions for all years		40 style="text-align: center;">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 (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EASTER SEALS CENTRAL AND SOUTHEAST OHIO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 31-4379471</td> </tr> </table>	D Employer Identification Number (EIN) 31-4379471	
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E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value.....	2a		1,850,999
b Actuarial value.....	2b		1,850,999
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.....	24	834,425	834,425
b For terminated vested participants.....	61	1,148,520	1,148,520
c For active participants.....	3	41,411	41,411
d Total.....	88	2,024,356	2,024,356
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.08%	
6 Target normal cost.....	6	101,000	

Statement by Enrolled Actuary

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

SIGN HERE	<div style="text-align: center;"> Signature of actuary KATHLEEN E. MANNING, F.S.A. Type or print name of actuary MWM CONSULTING GROUP Firm name 55 E. JACKSON BLVD., SUITE 1000 CHICAGO IL 60604-2254 Address of the firm </div>	<div style="text-align: center;"> <div style="font-size: 2em; margin-bottom: 10px;">5/31/2018</div> Date 1703050 Most recent enrollment number 312-987-4500 Telephone number (including area code) </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2016
v. 160205

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

21 Discount rate:				
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	101,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	173,357	37,639	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	138,639	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	138,639	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	141,040	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2,401	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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

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

EIN/PN: 31-4379471 / 001

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

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

Note (1)

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

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

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

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

Schedule SB, Line 19, Discounted Employer Contributions

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

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LY Valuation Date	9/1/2016	Quarterly Due Dates
Val Date	9/1/2017	12/15/2016
Prior Year Effective Rate	6.08%	03/15/2017
MRC w/out regard to CB	138,639	06/15/2017
Quarterly	31,194	09/15/2017
Apply Credit Balances to Residual	No	05/15/2018

Contributions Made			Quarterly Applied to					Discounted					Totals			
Cash / Credit Balance	Date Made	Amount	1	2	3	4	Residual	1	2	3	4	Residual	Total	Cash	Carryover	Prefunding
Cash	12/12/2016	35,000	31,194	3,806	-	-	-	30,684	3,744	-	-	-	34,428	34,428	-	-
Cash	3/13/2017	35,000	-	27,388	7,612	-	-	-	26,546	7,378	-	-	33,924	33,924	-	-
Cash	6/12/2017	35,000	-	-	23,582	11,418	-	-	-	22,523	10,905	-	33,428	33,428	-	-
Cash	9/14/2017	35,000	-	-	-	19,776	15,224	-	-	-	18,603	14,321	32,924	32,924	-	-
Cash	5/10/2018	7,000	-	-	-	-	7,000	-	-	-	-	6,336	6,336	6,336	-	-
Cash			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals		147,000											141,040	141,040	-	-

Remainder Due	(2,401)
Carryover Applied	-
Prefunding Applied	-
Residual Due 5/15/2018	(2,655)

Schedule SB, Line 32a, Schedule of Amortization Payments

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

EIN/PN: 31-4379471 / 001

Item	Unfunded Accrued Liability		Amortization Payment		Outstanding Balance on 9/1/2016
	Amount	Established	Remaining Periods	Payment on 9/1	
2013 Shortfall Amortization Base	\$ 98,189	09/01/2013	4 yrs.	\$ 16,526	\$ 62,015
2014 Shortfall Amortization Base	\$ (32,972)	09/01/2014	5 yrs.	\$ (5,518)	\$ (25,346)
2015 Shortfall Amortization Base	\$ 207,853	09/01/2015	6 yrs.	\$ 34,567	\$ 184,721
2016 Shortfall Amortization Base	\$ (48,033)	09/01/2016	7 yrs.	<u>\$ (7,936)</u>	<u>\$ (48,033)</u>
				\$ 37,639	\$ 173,357

**Schedule SB, Line 26, Schedule of Active Participant Data as of
September 1, 2016**

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

EIN/PN: 31-4379471 / 001

Age Group	Service									Total
	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 -34	35 -39	40+	
Under 25	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0	0	0	0
35 - 39	0	0	1	1	0	0	0	0	0	2
40 - 44	0	0	0	0	0	0	0	0	0	0
45 - 49	0	0	0	0	0	0	0	0	0	0
50 - 54	0	0	0	0	0	0	0	0	0	0
55 - 59	0	0	0	0	1	0	0	0	0	1
60 - 64	0	0	0	0	0	0	0	0	0	0
65 - 69	0	0	0	0	0	0	0	0	0	0
70 & Over	0	0	0	0	0	0	0	0	0	0
Total	0	0	1	1	1	0	0	0	0	3

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

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

Nature of Actuarial Calculations

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

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

Actuarial Assumption Item	Annual Actuarial Valuation		ASC960/FAS 35 Plan Reporting																				
Interest	<u>Minimum Required</u> Segment Rates: Years under 5: 4.43% Years 5 through 20: 5.91% Years above 20: 6.65% Effective Rate: 6.08%	<u>Maximum Deductible and PBGC Prem.</u> Segment Rates: Years under 5: 1.48% Years 5 through 20: 3.90% Years above 20: 4.90%	Pre-retirement– 7.0% per annum Post retirement– 7.0% per annum																				
	Interest rates used to determine the minimum contribution reflect the interest rate stabilization provisions of the Highway and Transportation Funding Act of 2014.																						
Mortality	The IRS RP 2000 Group Annuity Mortality Table for Males and Females projected by Scale AA through the valuation date, plus another 7 years for annuitants and 15 years for non-annuitants		RP-2014 base rates (2004-2008) projected to 2016 by scale MP2016. No additional provision for mortality improvements was included.																				
Retirement	Rates of retirement are based upon age only.		Same as Annual Valuation																				
	<table> <tr> <th>Age</th><th>Rate</th><th>Age</th><th>Rate</th></tr> <tr> <td>55</td><td>5.00%</td><td>59</td><td>9.00%</td></tr> <tr> <td>56</td><td>6.00%</td><td>60</td><td>10.00%</td></tr> <tr> <td>57</td><td>7.00%</td><td>61</td><td>10.00%</td></tr> <tr> <td>58</td><td>8.00%</td><td>62</td><td>100.00%</td></tr> </table>	Age	Rate	Age	Rate	55	5.00%	59	9.00%	56	6.00%	60	10.00%	57	7.00%	61	10.00%	58	8.00%	62	100.00%		
Age	Rate	Age	Rate																				
55	5.00%	59	9.00%																				
56	6.00%	60	10.00%																				
57	7.00%	61	10.00%																				
58	8.00%	62	100.00%																				

Withdrawal

Rates of termination are based upon age and service. Sample rates for selected ages and service based factors applied to rates are shown.

Same as Annual Valuation

<u>Age</u>	<u>Rate</u>	<u>Service</u>	<u>Factor</u>
25	11.62%	Under 2	5.00
30	11.21%	2 to 3	4.00
40	9.40%	3 to 4	3.00
50	4.83%	4 to 5	2.00
55	0.00%	Over 5	1.00

Salary Increase

None assumed.

Same as Annual Valuation

Future Expenses

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

Same as Annual Valuation

**Asset Valuation
Method**

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

Market Value of Assets

**Actuarial Cost
Methods**

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

Same as Annual Valuation

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

Schedule SB, Part V, Summary of Plan Provisions

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

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

Effective Date

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

Eligibility (Frozen 6/1/2003)

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

Normal Retirement Date (NRD)

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

Normal Retirement Benefit (Frozen 6/1/2003)

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

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

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

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

Normal Form of Retirement Income

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

Early Retirement Date (ERD)

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

Early Retirement Benefit

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

Vesting Schedule

The participant's vested percentage is

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

Death Benefits

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

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