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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500-SF</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br>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).<br><b>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
|                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2017 or fiscal plan year beginning <u>07/01/2017</u> and ending <u>06/30/2018</u> |                                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> a single-employer plan<br><input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a one-participant plan<br><input type="checkbox"/> a foreign plan |
| <b>B</b> This return/report is                                                                           | <input type="checkbox"/> the first return/report<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                                     |
| <b>C</b> Check box if filing under:                                                                      | <input type="checkbox"/> Form 5558<br><input type="checkbox"/> automatic extension<br><input type="checkbox"/> DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                          |
| <b>1a</b> Name of plan<br><u>OHIO WESLEYAN UNIVERSITY RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                         | <b>1b</b> Three-digit plan number (PN) ▶ <u>003</u><br><b>1c</b> Effective date of plan <u>07/01/1968</u>                                                                                |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>OHIO WESLEYAN UNIVERSITY</u><br><br><u>61 S. SANDUSKY STREET</u><br><u>DELAWARE, OH 43015</u> | <b>2b</b> Employer Identification Number (EIN) <u>31-4379585</u><br><b>2c</b> Sponsor's telephone number <u>740-368-3363</u><br><b>2d</b> Business code (see instructions) <u>611000</u> |
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.                                                                                                                                                                                                                                                         | <b>3b</b> Administrator's EIN<br><b>3c</b> Administrator's telephone number                                                                                                              |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                            | <b>4b</b> EIN<br><b>4d</b> PN                                                                                                                                                            |
| <b>5a</b> Total number of participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                    | <b>5a</b> <u>98</u>                                                                                                                                                                      |
| <b>b</b> Total number of participants at the end of the plan year .....                                                                                                                                                                                                                                                                                           | <b>5b</b> <u>94</u>                                                                                                                                                                      |
| <b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                   | <b>5c</b>                                                                                                                                                                                |
| <b>d(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                           | <b>5d(1)</b> <u>18</u>                                                                                                                                                                   |
| <b>d(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                 | <b>5d(2)</b> <u>15</u>                                                                                                                                                                   |
| <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                        | <b>5e</b> <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.

|                  |                                                   |                   |                                                              |
|------------------|---------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | <u>01/17/2019</u> | <u>LAURI J. STRIMKOVSKY</u>                                  |
|                  | Signature of plan administrator                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | <u>01/17/2019</u> | <u>LAURI J STRIMKOVSKY</u>                                   |
|                  | Signature of employer/plan sponsor                | Date              | Enter name of individual signing as employer or plan sponsor |

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

Form 5500-SF (2017)  
v.170203

- 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
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4062440. (See instructions.)

**Part III Financial Information**

| <b>7</b> Plan Assets and Liabilities                                                                 |              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|------------------------------------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>a</b> Total plan assets .....                                                                     | <b>7a</b>    | 2192168                      | 2102818                |
| <b>b</b> Total plan liabilities .....                                                                | <b>7b</b>    | 0                            | 173                    |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) .....                                       | <b>7c</b>    | 2192168                      | 2102645                |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year                                          |              | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b> Contributions received or receivable from:                                                  |              |                              |                        |
| <b>(1)</b> Employers .....                                                                           | <b>8a(1)</b> | 0                            |                        |
| <b>(2)</b> Participants .....                                                                        | <b>8a(2)</b> | 0                            |                        |
| <b>(3)</b> Others (including rollovers) .....                                                        | <b>8a(3)</b> | 0                            |                        |
| <b>b</b> Other income (loss) .....                                                                   | <b>8b</b>    | 150893                       |                        |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | <b>8c</b>    |                              | 150893                 |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | <b>8d</b>    | 225614                       |                        |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions) ....                      | <b>8e</b>    | 0                            |                        |
| <b>f</b> Administrative service providers (salaries, fees, commissions) .....                        | <b>8f</b>    | 14802                        |                        |
| <b>g</b> Other expenses .....                                                                        | <b>8g</b>    | 0                            |                        |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....                                         | <b>8h</b>    |                              | 240416                 |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c) .....                                     | <b>8i</b>    |                              | -89523                 |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                       | <b>8j</b>    | 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:  
1B 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**

| <b>10</b> During the plan year:                                                                                                                                                                                                           |            | <b>Yes</b>                          | <b>No</b>                           | <b>Amount</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------|-------------------------------------|---------------|
| <b>a</b> 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) .....                       | <b>10a</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                      | <b>10b</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>c</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                   | <b>10c</b> | <input checked="" type="checkbox"/> |                                     | 2000000       |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                   | <b>10d</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>e</b> 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.) ..... | <b>10e</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                        | <b>10f</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....                                                                                                                                          | <b>10g</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                              | <b>10h</b> |                                     |                                     |               |
| <b>i</b> 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 .....                                                       | <b>10i</b> |                                     |                                     |               |

**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.)

| <b>13c(1)</b> Name of plan(s): | <b>13c(2)</b> EIN(s) | <b>13c(3)</b> PN(s) |
|--------------------------------|----------------------|---------------------|
|                                |                      |                     |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018

▶ **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.

|                                                                                                             |                                                                    |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>OHIO WESLEYAN UNIVERSITY RETIREMENT PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ▶ <u>003</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>OHIO WESLEYAN UNIVERSITY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-4379585</u> |

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2017</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | <u>2192168</u>            |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | <u>2192168</u>            |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <u>36</u>                  | <u>1220004</u>            | <u>1220004</u>           |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>44</u>                  | <u>571476</u>             | <u>571476</u>            |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>18</u>                  | <u>417173</u>             | <u>417173</u>            |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>98</u>                  | <u>2208653</u>            | <u>2208653</u>           |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | <u>5.79 %</u>             |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | <u>14546</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.

|                                                                                       |  |                                        |                   |
|---------------------------------------------------------------------------------------|--|----------------------------------------|-------------------|
| <b>SIGN HERE</b>                                                                      |  |                                        | <u>12/05/2018</u> |
| Signature of actuary                                                                  |  | Date                                   |                   |
| <u>GARY D. DICKSON, FSA</u>                                                           |  | <u>17-03764</u>                        |                   |
| Type or print name of actuary                                                         |  | Most recent enrollment number          |                   |
| <u>JHBENEFITS LTD</u>                                                                 |  | <u>614-888-1005</u>                    |                   |
| Firm name                                                                             |  | Telephone number (including area code) |                   |
| <u>100 OLD WILSON BRIDGE ROAD</u><br><u>SUITE 214</u><br><u>WORTHINGTON, OH 43085</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 ☐

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 148430                | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 47169                 | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 101261                | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>11.43</u> % .....                                                                                | 11574                 | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.00</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 112835                | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 94.14% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 94.14% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 90.96% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %      |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 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 |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.16 % | 2nd segment:<br>5.72 % | 3rd segment:<br>6.48 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 1                                        |
| <b>22</b> Weighted average retirement age.....                                                                                                                                               |                        |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 14546              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 129320              |                    | 25045         |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 39591              |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 39591               | 0                  | 39591         |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

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

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

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2017****This Form is Open to Public Inspection**

For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>Ohio Wesleyan University Retirement Plan                                                                         | <b>B</b> Three-digit plan number (PN) ▶ 003                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Ohio Wesleyan University                                      | <b>D</b> Employer Identification Number (EIN)<br>31-4379585                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2017</u>                                                                                                                                 |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b>                  | 2,192,168                 |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 2,192,168                 |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 36                         | 1,220,004                 | 1,220,004                |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 44                         | 571,476                   | 571,476                  |
| <b>c</b> For active participants .....                                                                                                                                                                          | 18                         | 417,173                   | 417,173                  |
| <b>d</b> Total .....                                                                                                                                                                                            | 98                         | 2,208,653                 | 2,208,653                |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 5.79 %                    |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 14,546                    |                          |

**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.

|                                                                                                             |                                                             |                                                                 |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                            | <u>Gary D Dickson / [Signature]</u><br>Signature of actuary | <u>12-5-18</u><br>Date                                          |
| <u>Gary D. Dickson, FSA</u><br>Type or print name of actuary                                                |                                                             | <u>17-03764</u><br>Most recent enrollment number                |
| <u>JHBenefits Ltd</u><br>Firm name                                                                          |                                                             | <u>(614) 888-1005</u><br>Telephone number (including area code) |
| <u>100 Old Wilson Bridge Road</u><br><u>Suite 214</u><br><u>Worthington OH 43085</u><br>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) 2017  
v. 170203

| Part II   |                                                                                                                                                                     | Beginning of Year Carryover and Prefunding Balances |                        |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------|
|           |                                                                                                                                                                     | (a) Carryover balance                               | (b) Prefunding balance |
| <b>7</b>  | Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                                      | 148,430                                             | 0                      |
| <b>8</b>  | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                  | 47,169                                              | 0                      |
| <b>9</b>  | Amount remaining (line 7 minus line 8).....                                                                                                                         | 101,261                                             | 0                      |
| <b>10</b> | Interest on line 9 using prior year's actual return of <u>11.43%</u> .....                                                                                          | 11574                                               | 0                      |
| <b>11</b> | Prior year's excess contributions to be added to prefunding balance:                                                                                                |                                                     |                        |
|           | <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                                                     | 0                      |
|           | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.00</u> %..... |                                                     | 0                      |
|           | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                                                     | 0                      |
|           | <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                                                     | 0                      |
|           | <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                                                     | 0                      |
| <b>12</b> | Other reductions in balances due to elections or deemed elections.....                                                                                              | 0                                                   | 0                      |
| <b>13</b> | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                                   | 112,835                                             | 0                      |

  

| Part III  |                                                                                                                                                                  | Funding Percentages |        |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------|
| <b>14</b> | Funding target attainment percentage .....                                                                                                                       | <b>14</b>           | 94.14% |
| <b>15</b> | Adjusted funding target attainment percentage.....                                                                                                               | <b>15</b>           | 94.14% |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>           | 90.96% |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b>           | %      |

  

| Part IV                                                                                                                              |                                                                                                                | Contributions and Liquidity Shortfalls  |                             |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:                                             |                                                                                                                |                                         |                             |
| (a) Date<br>(MM-DD-YYYY)                                                                                                             | (b) Amount paid by<br>employer(s)                                                                              | (c) Amount paid by<br>employees         |                             |
|                                                                                                                                      |                                                                                                                |                                         |                             |
|                                                                                                                                      |                                                                                                                |                                         |                             |
|                                                                                                                                      |                                                                                                                |                                         |                             |
|                                                                                                                                      |                                                                                                                |                                         |                             |
|                                                                                                                                      |                                                                                                                |                                         |                             |
|                                                                                                                                      |                                                                                                                |                                         |                             |
| <b>Totals ▶</b>                                                                                                                      |                                                                                                                | <b>18(b)</b>                            | 0                           |
|                                                                                                                                      |                                                                                                                | <b>18(c)</b>                            | 0                           |
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                                                                |                                         |                             |
| <b>a</b>                                                                                                                             | Contributions allocated toward unpaid minimum required contributions from prior years.....                     | <b>19a</b>                              | 0                           |
| <b>b</b>                                                                                                                             | Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b>                              | 0                           |
| <b>c</b>                                                                                                                             | Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....  | <b>19c</b>                              | 0                           |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                                                                |                                         |                             |
| <b>a</b>                                                                                                                             | Did the plan have a "funding shortfall" for the prior year?.....                                               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b>                                                                                                                             | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>c</b>                                                                                                                             | 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**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.16 %                                                                                                                       | 2nd segment:<br>5.72 % | 3rd segment:<br>6.48 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                        |                        | <b>21b</b> 1                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 14,546             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 129,320             | 25,045             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 39,591             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 39,591              | 0                  | 39,591        |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

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

## Schedule SB Line 19- Discounted Employer Contributions

Ohio Wesleyan University Retirement Plan

EIN: 31-4379585

PN: 003

| Date of Contribution | Amount of Contribution | Plan Year Applied | Applicable Effective Interest Rate | Interest-Adjusted Contribution to 07/01/2017 |
|----------------------|------------------------|-------------------|------------------------------------|----------------------------------------------|
| Total                | \$0                    |                   |                                    | \$0                                          |

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

Ohio Wesleyan University Retirement Plan  
 EIN: 31-4379585      PN: 003

### Actuarial Assumptions

#### Interest

|                  |                                     |
|------------------|-------------------------------------|
| Funding-minimum  | Segment rates (4.16%, 5.72%, 6.48%) |
| Funding-maximum  | Segment rates (1.71%, 3.83%, 4.75%) |
| Plan Termination | Segment rates (1.96%, 3.60%, 4.39%) |
| ASC 960          | 6.00%                               |
| PBGC             | Segment rates (1.96%, 3.60%, 4.39%) |

#### Mortality

|                  |                                                                           |
|------------------|---------------------------------------------------------------------------|
| Funding          | Male and Female: IRS 2008+ Small Plan Combined Static Mortality (dynamic) |
| Plan Termination | Male and Female: IRS 2008 Applicable Mortality for 2017                   |
| ASC 960          | Male and Female: SOA RP-2014 Total Dataset Mortality with Scale MP-2016   |
| PBGC             | Male and Female: IRS 2008+ Small Plan Combined Static Mortality (dynamic) |

#### Retirement – Schedule SB, Line 22 – Weighted Average Retirement Age

| Funding          | Age                           | Rate | Weight |
|------------------|-------------------------------|------|--------|
|                  | 55-57                         | 5%   | 7.98   |
|                  | 58                            | 7%   | 3.48   |
|                  | 59                            | 8%   | 3.76   |
|                  | 60                            | 9%   | 3.96   |
|                  | 61                            | 10%  | 4.07   |
|                  | 62                            | 11%  | 4.10   |
|                  | 63                            | 15%  | 5.05   |
|                  | 64                            | 25%  | 7.27   |
|                  | 65                            | 100% | 22.16  |
| Plan Termination | 100% at Normal Retirement Age |      |        |
| ASC 960          | Same as funding               |      |        |
| PBGC             | Same as funding               |      |        |

Weighted average retirement age: 64.11

## Schedule SB, Part V – Summary of Actuarial Assumptions/Methods

Ohio Wesleyan University Retirement Plan  
EIN: 31-4379585 PN: 003

Reasonable efforts were made in the valuation to ensure items that are significant to the actuarial liabilities or cost are treated appropriately and not included or excluded inappropriately.

A range of results different from those shown in this report could also be considered reasonable. The results are shown to the nearest dollar for convenience and do not imply a precision not inherent in actuarial calculations.

Future actuarial measurements may differ significantly from the current measurements in this report due to factors such as plan experience differing from anticipated demographic or economic assumptions, increases or decreases inherent in the methodology used for the measurements, changes in plan provisions, or changes in applicable law.

### Cost Methods

#### Funding

The actuarial cost method used for funding purposes is frequently described as the Unit Credit funding method. This method sets the accrued liability equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year. This method is required by Internal Revenue Code.

#### Asset Method

##### Funding

Assets are valued at Market Value with receivable contributions adjusted as required by law.

### Other Methods

The valuation date was set as of the beginning of the plan year.

Interest rates used are the three Segment Rates as published monthly by the Internal Revenue Service for the first full month prior to the valuation date. The first Segment Rate is applicable for benefit payments made during the first 5 years from the valuation date, the second Segment Rate is applicable for benefit payments during the next 15 years, and the third segment rate is applicable for all benefits payments after 20 years.

Funding relief was not elected for the 2009, 2010 nor 2011 plan years.

Minimum funding interest rates are limited by a corridor over the next few valuations in accordance with the following table per the current law:

| Valuation Cycle Beginning | Percentage of the 25 year<br>Average of IRS Rates |         |
|---------------------------|---------------------------------------------------|---------|
|                           | Minimum                                           | Maximum |
| 2015                      | 90%                                               | 110%    |
| 2016                      | 90%                                               | 110%    |
| 2017                      | 90%                                               | 110%    |
| 2018                      | 85%                                               | 115%    |

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

Ohio Wesleyan University Retirement Plan

EIN: 31-4379585

PN: 003

### Actuarial Assumptions

#### Interest

|                  |                                     |
|------------------|-------------------------------------|
| Funding-minimum  | Segment rates (4.16%, 5.72%, 6.48%) |
| Funding-maximum  | Segment rates (1.71%, 3.83%, 4.75%) |
| Plan Termination | Segment rates (1.96%, 3.60%, 4.39%) |
| ASC 960          | 6.00%                               |
| PBGC             | Segment rates (1.96%, 3.60%, 4.39%) |

#### Mortality

|                  |                                                                           |
|------------------|---------------------------------------------------------------------------|
| Funding          | Male and Female: IRS 2008+ Small Plan Combined Static Mortality (dynamic) |
| Plan Termination | Male and Female: IRS 2008 Applicable Mortality for 2017                   |
| ASC 960          | Male and Female: SOA RP-2014 Total Dataset Mortality with Scale MP-2016   |
| PBGC             | Male and Female: IRS 2008+ Small Plan Combined Static Mortality (dynamic) |

#### Retirement – Schedule SB, Line 22 – Weighted Average Retirement Age

| Funding          | Age                           | Rate | Weight |
|------------------|-------------------------------|------|--------|
|                  | 55-57                         | 5%   | 7.98   |
|                  | 58                            | 7%   | 3.48   |
|                  | 59                            | 8%   | 3.76   |
|                  | 60                            | 9%   | 3.96   |
|                  | 61                            | 10%  | 4.07   |
|                  | 62                            | 11%  | 4.10   |
|                  | 63                            | 15%  | 5.05   |
|                  | 64                            | 25%  | 7.27   |
|                  | 65                            | 100% | 22.16  |
| Plan Termination | 100% at Normal Retirement Age |      |        |
| ASC 960          | Same as funding               |      |        |
| PBGC             | Same as funding               |      |        |

Weighted average retirement age: 64.11

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

Ohio Wesleyan University Retirement Plan

EIN: 31-4379585

PN: 003

### Actuarial Assumptions

#### Turnover

---

|                  |        |
|------------------|--------|
| Funding          | T-2    |
| Plan Termination | <none> |
| ASC 960          | <none> |
| PBGC             | T-2    |

---

#### Disability

---

|                  |        |
|------------------|--------|
| Funding          | <none> |
| Plan Termination | <none> |
| ASC 960          | <none> |
| PBGC             | <none> |

---

#### Future Salary Increases

---

|                  |       |
|------------------|-------|
| Funding          | 0.00% |
| Plan Termination | 0.00% |
| ASC 960          | 0.00% |
| PBGC             | 0.00% |

---

#### Covered Compensation Projection

---

|                  |       |
|------------------|-------|
| Funding          | 0.00% |
| Plan Termination | 0.00% |
| ASC 960          | 0.00% |
| PBGC             | 0.00% |

---

## **Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (Continued)**

Ohio Wesleyan University Retirement Plan  
EIN: 31-4379585      PN: 003

### **Additional Assumptions**

It is assumed that 100% of the active participants are married, with the male spouse 0 years older than the female spouse

All participants are assumed to elect the normal form of payment upon exit from employment.

All participants are assumed to work full time in all future years until retirement.

The IRS limitations for compensation and benefits as of the valuation date are applied. Increases to these limits are not assumed for funding purposes.

Early Retirement was included in the valuation of the plan.

Disability Retirement was not included in the valuation of the plan.

The information for plan assets was obtained from the trust while the employee data was provided by the employer. Although the information provided was not audited by us, we have reviewed the information and determined it to be reasonable with prior information in our records.

Employee census information was collected as of June 30, 2017. All participants meeting the eligibility requirements as of this date are included in the valuation of the plan. The plan was frozen as of June 30, 1998.

Asset information was collected as of June 30, 2017.

If plan expenses are paid from the trust, an expense load assumption must be added to the Target Normal Cost. The expense load is equal to the total fees paid in the prior year.

It is assumed there are no other employees eligible to participate in the plan.

The employer is not part of a control group.

### **Schedule SB, Line 24 – Change in Assumption and Schedule SB, Line 25 – Change in Method**

|         |                                                                                                                                                                                                                                                                                                                                                    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Funding | The prescribed segment rates and mortality table for funding purposes were updated from the prior year in accordance with the required rates published by the Treasury. The prior year segment rates and mortality table for minimum funding were Segment rates (4.43%, 5.91%, 6.65%) and IRS 2008+ Small Plan Combined Static Mortality for 2016. |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## **Schedule SB, Part V – Summary of Plan Provisions**

Ohio Wesleyan University Retirement Plan  
EIN: 31-4379585      PN: 003

### **Plan Effective Date**

July 1, 1968

### **Plan Year**

From July 1 to June 30

### **Eligibility**

All employees are eligible to enter on the January 1 or July 1 following attainment of age 21 and completion of one year of service provided they are paid on an hourly rate basis or are of the clerical or administrative assistant class. Eligibility was frozen effective June 30, 1998.

### **Normal Retirement Age**

All participants are eligible to retire with their full Retirement Benefit upon attainment of age 65.

### **Normal Retirement Benefit**

Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

\$20 per month times credited service, with a maximum of 35 years.

Credited service includes years commencing with the date of hire and ending with the retirement year excluding years before the effective date and after the date benefit accruals ceased.

### **Normal Form of Benefit**

The normal form of payment is a monthly benefit payable for the life of the participant with no additional payments after death.

Optional forms of payment at retirement include a lump sum, a monthly life annuity with payments guaranteed for five (5), ten (10) years, or fifteen (15) years, a monthly joint and survivor annuity that pays a survivor benefit of 50%, 66 2/3%, 75% or 100% for the surviving spouse's lifetime upon the death of the participant.

### **Accrued Benefit**

On and after July 1, 1976, service is expressed as whole years and fractional parts of a year (to two decimal places) on the basis of 365 days per year. Prior to July 1, 1976, service is based on years and completed months. No accrual service will be credited after June 30, 1998.

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

Ohio Wesleyan University Retirement Plan  
EIN: 31-4379585 PN: 003

### Termination Benefit

Upon termination for any reason other than death, disability or retirement, a participant shall be entitled to a portion of the actuarial equivalent of his Accrued Benefit in accordance with the following vesting schedule payable at Normal Retirement:

| Vesting Years<br>of Service | Vesting Percent |
|-----------------------------|-----------------|
| 0 to 2                      | 0%              |
| 3                           | 20%             |
| 4                           | 40%             |
| 5                           | 60%             |
| 6                           | 80%             |
| 7 or more                   | 100%            |

Vesting service includes years commencing with the date of hire and ending with the year of separation from service.

### Early Retirement Benefit

Upon attaining age 55 and ten years of vesting service, a participant may elect to retire, receiving his vested accrued benefit reduced by a percentage equal to 5% per year that Early Retirement Date precedes Normal Retirement Date.

### Death Benefit

Paid to a vested participant's surviving spouse, if any, equal to 50% of the early, normal, or late retirement benefit that the participant would have received if he had terminated employment on his date of death, survived to his earliest retirement age, and elected an immediate benefit in a joint & 50% survivor form.

There is no pre-retirement death benefit for participants with zero vesting.

This is merely a basic summary of the some of the provisions and is not intended to be the governing document. The plan sponsor reserves the right to amend or terminate the plan. Please refer to the Plan Document and Adoption Agreement for details and additional provisions.

## **Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (Continued)**

Ohio Wesleyan University Retirement Plan  
EIN: 31-4379585      PN: 003

### **Additional Assumptions**

It is assumed that 100% of the active participants are married, with the male spouse 0 years older than the female spouse

All participants are assumed to elect the normal form of payment upon exit from employment.

All participants are assumed to work full time in all future years until retirement.

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## **Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (Continued)**

Ohio Wesleyan University Retirement Plan  
EIN: 31-4379585      PN: 003

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|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Schedule SB, Line 26 – Schedule of Active Participant Data

Ohio Wesleyan University Retirement Plan

EIN: 31-4379585

PN: 003

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

## Schedule SB, Line 32 – Schedule of Amortization Bases

Ohio Wesleyan University Retirement Plan

EIN: 31-4379585

PN: 003

| Type of Base | Valuation Date Established | Present Value of Remaining Installments | Amortization Years Remaining | Amortization Installment |
|--------------|----------------------------|-----------------------------------------|------------------------------|--------------------------|
| Shortfall    | 07/01/2017                 | (\$44,694)                              | 7                            | (\$7,339)                |
| Shortfall    | 07/01/2016                 | \$174,014                               | 6                            | \$32,384                 |
| Shortfall    | 07/01/2015                 | \$0                                     | 5                            | \$0                      |
| Shortfall    | 07/01/2014                 | \$0                                     | 4                            | \$0                      |
| Shortfall    | 07/01/2013                 | \$0                                     | 3                            | \$0                      |
| Shortfall    | 07/01/2012                 | \$0                                     | 2                            | \$0                      |
| Shortfall    | 01/01/2011                 | \$0                                     | 1                            | \$0                      |
| Total        |                            | \$129,320                               |                              | \$25,045                 |