

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan THE OHIO MASONIC HOME PENSION PLAN	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	07/01/1971	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) THE OHIO MASONIC HOME 2655 WEST NATIONAL ROAD SPRINGFIELD, OH 45504	2b Employer Identification Number (EIN) 31-0536997	2c Sponsor's telephone number 937-525-3067	2d Business code (see instructions) 623000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	MARION LEEMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	JOHN WHITE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE OHIO MASONIC HOME 2655 WEST NATIONAL ROAD SPRINGFIELD, OH 45504	3b Administrator's EIN 31-0536997 3c Administrator's telephone number 937-525-3067
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	597
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	176
b Retired or separated participants receiving benefits.....	6b	66
c Other retired or separated participants entitled to future benefits.....	6c	231
d Subtotal. Add lines 6a , 6b , and 6c	6d	473
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	6
f Total. Add lines 6d and 6e	6f	479
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1I 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE OHIO MASONIC HOME PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE OHIO MASONIC HOME</u>	D Employer Identification Number (EIN) <u>31-0536997</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>11695132</u>
b	Actuarial value 2b <u>12864645</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>56</u> <u>2061089</u>
b	For terminated vested participants 3b <u>228</u> <u>2928561</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>127462</u>
(2)	Vested benefits 3c(2) <u>6563780</u>
(3)	Total active 3c(3) <u>313</u> <u>6691242</u>
d	Total 3d <u>597</u> <u>11680892</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>8.24</u> %
6	Target normal cost 6 <u>566895</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/12/2010</u>
Signature of actuary	Date
<u>MARTIN E. MOLLOY</u>	<u>08-06227</u>
Type or print name of actuary	Most recent enrollment number
<u>AON CONSULTING</u>	<u>614-436-8100</u>
Firm name	Telephone number (including area code)
<u>445 HUTCHINSON AVE. SUITE 900</u> <u>COLUMBUS, OH 43235</u>	
Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	101	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	101	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>10.20</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		190443
b	Interest on (a) using prior year's effective rate of <u>6.10</u> %		11617
c	Total available at beginning of current plan year to add to prefunding balance		202060
d	Portion of (c) to be added to prefunding balance.....		202060
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	202060

Part III Funding percentages			
14	Funding target attainment percentage.....	14	108.40 %
15	Adjusted funding target attainment percentage.....	15	110.13 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	150924				
07/15/2009	150924				
10/15/2009	150924				
11/25/2009	4950000				
12/03/2009	2400000				
			Totals ►	18(b)	7802772
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 7275357
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	202060
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	7275357
38 Interest-adjusted excess contributions for current year (see instructions).....	38	7275357
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan THE OHIO MASONIC HOME PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE OHIO MASONIC HOME	D Employer Identification Number (EIN) 31-0536997

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	19286	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE

38-3311528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	3891	Yes ☐ No ☒

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

WILLIAM BLAIR & COMPANY LLC

36-2214610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	26332	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan THE OHIO MASONIC HOME PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE OHIO MASONIC HOME	D Employer Identification Number (EIN) 31-0536997	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	43757	4613
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3842176	4818027
(2) U.S. Government securities.....	1c(2)	2918172	804
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	1032031	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3478983	
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	380013	5921215
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11695132	10744659

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	7351	10339
k Total liabilities (add all amounts in lines 1g through 1j)	1k	7351	10339

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11687781	10734320
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	7802772	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7802772

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	43098	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		43098

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	194846	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		194846

(3) Rents	2b(3)		
-----------------	-------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	44444779	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	44181125	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		263654

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	1053675	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1053675
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		33736
d Total income. Add all income amounts in column (b) and enter total.....	2d		9391781

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10304681	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10304681
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	38003	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	2558	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		40561
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10345242

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-953461
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HOWARD, WERSHBALE & CO

(2) EIN: 34-1663157

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>THE OHIO MASONIC HOME PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE OHIO MASONIC HOME</u>	D Employer Identification Number (EIN) <u>31-0536997</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-0838515</u> <u>31-0841368</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>116</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☒ Decrease	☐ Both	☐ No
--	-----------------------------------	--	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

The Ohio Masonic Home Pension Plan

YEARS ENDED DECEMBER 31, 2009 AND 2008

THE OHIO MASONIC HOME PENSION PLAN

YEARS ENDED DECEMBER 31, 2009 AND 2008

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Independent Auditors' Report

Board of Trustees
The Ohio Masonic Home Pension Plan
Springfield, Ohio

We were engaged to audit the statements of net assets available for benefits of The Ohio Masonic Home Pension Plan and the related statements of changes in net assets available for benefits, accumulated plan benefits and changes in accumulated plan benefits, as of and for the years ended December 31, 2009 and 2008, and the supplemental schedules on pages 16 through 41 as of and for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by U.S. Bank, N.A. (from April 1, 2009 through December 31, 2009) and JP Morgan Chase Bank N.A. (for the year ended December 31, 2008 and for the period January 1, 2009 through March 31, 2009), the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule.

We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the respective trustees as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and the supplemental schedules on pages 16 through 41 taken as a whole. The form and content of the information included in the financial statements and the supplemental schedules on pages 16 through 41, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Howard, Wershbale & Co.

October 11, 2010

THE OHIO MASONIC HOME PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Investments:		
Mutual funds	\$ 5,921,216	\$ 380,013
Money market fund	4,809,209	3,841,827
U.S. government and government agency securities	804	2,918,172
Common stocks		3,478,983
Corporate bonds		1,032,031
	<u>10,731,229</u>	<u>11,651,026</u>
 Receivable:		
Investment income	4,612	43,757
 Cash	<u>8,818</u>	<u>349</u>
 Total assets	<u>10,744,659</u>	<u>11,695,132</u>
 Liabilities	<u>10,339</u>	<u>7,351</u>
 Net assets available for benefits	<u><u>\$ 10,734,320</u></u>	<u><u>\$ 11,687,781</u></u>

See notes to financial statements.

THE OHIO MASONIC HOME PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Changes to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 1,317,329	\$ (2,013,133)
Interest and dividends	237,944	326,731
Other income	<u>33,736</u>	<u>3,393</u>
	1,589,009	(1,683,009)
Employer contributions	<u>7,802,772</u>	<u>819,648</u>
Total additions (reductions)	<u>9,391,781</u>	<u>(863,361)</u>
Deductions from net assets attributed to:		
Benefits paid directly to participants	10,304,681	1,015,099
Administrative expenses	<u>40,561</u>	<u>58,192</u>
Total deductions	<u>10,345,242</u>	<u>1,073,291</u>
Net decrease	(953,461)	(1,936,652)
Net assets available for benefits, beginning	<u>11,687,781</u>	<u>13,624,433</u>
Net assets available for benefits, ending	<u><u>\$ 10,734,320</u></u>	<u><u>\$ 11,687,781</u></u>

See notes to financial statements.

THE OHIO MASONIC HOME PENSION PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants receiving payments	\$ 4,441,206	\$ 2,393,500
Other participants	<u>6,719,985</u>	<u>12,442,048</u>
	11,161,191	14,835,548
Nonvested benefits	<u>25,031</u>	<u>55,653</u>
Total actuarial value of accumulated plan benefits	<u><u>\$ 11,186,222</u></u>	<u><u>\$ 14,891,201</u></u>

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 14,891,201</u>	<u>\$ 14,791,760</u>
Increase (decrease) during the year attributable to:		
Plan amendment	4,859,414	
Benefits accumulated	949,160	652,212
Interest due to decrease in discount period	824,472	857,496
Change in actuarial assumptions	(30,215)	(395,168)
Benefits paid	<u>(10,307,810)</u>	<u>(1,015,099)</u>
Net (decrease) increase	<u>(3,704,979)</u>	<u>99,441</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 11,186,222</u></u>	<u><u>\$ 14,891,201</u></u>

See notes to financial statements.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

1. Description of Plan:

General:

The Ohio Masonic Home Pension Plan is a noncontributory defined benefit pension plan designed to provide retirement, disability, or death benefits to eligible employees of The Ohio Masonic Home (the Employer or Sponsor) and affiliated organizations. Substantially all employees of The Ohio Masonic Home and affiliated corporations hired prior to July 1, 2003 are covered by the Plan provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). For more complete information on benefit, vesting and other plan provisions, participants should refer to the Summary Plan Description, which is available from the Plan Sponsor.

Eligibility:

An employee was eligible to participate on January 1 when the age of 21 has been attained and he or she has completed one year of employment with 1,000 hours of service.

The Plan has been amended to limit participation to individuals eligible to participate under the Plan prior to December 31, 2004, and who elected not to participate in the new Ohio Masonic Home 403(b) Retirement Savings Plan. Only employees meeting the previously stated eligibility requirements shall continue to accrue any additional benefit and earn credited service for hours of service under the Plan. In addition, no otherwise eligible employee shall become a participant in the Plan after December 31, 2004. On September 1, 2009, the Plan was further amended whereby participants will no longer accrue any additional benefits after December 31, 2009.

Subsequent events:

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through the date of the auditor's report on these financial statements.

Definitions for benefit computations:

1. **Plan year:** The calendar year.
2. **Employment year:** The twelve-month period beginning on an individual's date of hire by the employer or the anniversary of such date of hire.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

1. Description of Plan (continued):

Definitions for benefit computations (continued):

3. **Vesting service:** An employee shall receive one year of vesting service for each plan year that he or she works 1,000 hours of service.
4. **Credited service:** An employee shall receive one year of credited service for each plan year that he or she works 1,000 hours of service.
5. **Compensation:** Total earnings for the calendar year
6. **Monthly plan compensation:** The average of a participant's compensation for the highest five consecutive years out of the final ten years preceding the earlier of termination.

Normal retirement:

1. **Eligibility:** The first day of the month coincident with or immediately following the date a participant reaches age 65.
2. **Benefit:**

For retirements and terminations before July 1, 1996, greatest of:

- (a) 25% of first \$800 of average monthly compensation plus 34.75% over \$800, such sum reduced for each year of credited service less than 15 years.
- (b) \$2.00 per year of service prior to July 1, 1971, and \$3.00 per year of service after July 1, 1971.

For retirements and terminations on or after July 1, 1996:

- (a) 35% of average monthly compensation, reduced by $1/25^{\text{th}}$ for each year that credited service at normal retirement date is less than 25.
- (b) For participants hired before July 1, 1996, and at least age 42 at hire, an additional transition benefit is also payable as follows:
 - (i) If age at hire was at least 42 but less than 44, 0.15% of average monthly compensation times credited service up to 15 years;
 - (ii) If age at hire was at least 44 but less than 46, 0.25% of average monthly compensation times credited service up to 15 years;
 - (iii) If age at hire was at least 46 but less than 49, 0.60% of average monthly compensation times credited service up to 15 years;

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

1. Description of Plan (continued):

Normal retirement (continued):

- (iv) If age at hire was at least 49, 0.75% of average monthly compensation times credited service up to 15 years.

In no event, however, can the benefit be less than the accrued benefit as of June 30, 1996.

- 3. **Forms of payment:** Lump sum, five-, 10-, 15-, 20-year certain and life, 50%, 75% and 100% joint and survivor.

Late retirement:

- 1. **Eligibility:** The first day of the month subsequent to the participant's normal retirement date and following actual termination of employment.
- 2. **Benefit:** The benefit as available at normal retirement date, but including service and salary increases to actual retirement date.
- 3. **Forms of payment:** Lump sum, five-, 10-, 15-, 20-year certain and life, 50%, 75%, and 100% joint and survivor.

Early retirement:

- 1. **Eligibility:** The first day of the month following age 57 and twelve years of service.
- 2. **Benefit:** The benefit earned to the participant's early retirement date, reduced 1/15th for each of the first 60 months and 1/30th for each of the next 36 months by which commencement of benefits precedes normal retirement date.
- 3. **Forms of payment:** Lump sum, five-, 10-, 15-, 20-year certain and life, 50%, 75% and 100% joint and survivor.

Effective September 1, 2009, the Plan was amended to provide an Early Retirement Incentive Program (ERIP) for participants meeting certain requirements, as defined. This program was effective for eligible participants terminating employment on or after September 14, 2009 and before November 30, 2009 and who provided formal documentation to the Employer on or before October 31, 2009. If the participant met the eligible requirements of the ERIP program and made the election to terminate employment in accordance with the program, an additional five years of credit service was granted for purposes of determining accrued benefits, and an additional five years of age was granted for purposes of determining eligibility.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

1. Description of Plan (continued):

Disability retirement:

1. **Eligibility:** Based on determination of total and permanent disability and eligibility for social security disability payments.
2. **Benefit:** The benefit earned to the participant's date of disability commencing after social security waiting period is completed.

Termination benefits:

1. **Eligibility:** Completion of five years of vesting service.
2. **Benefit:** The monthly benefit earned to date of termination with payment commencing at his or her normal retirement date. A participant may elect early retirement commencing at age 57 if 12 years of vesting service at date of termination.

Pre-retirement death benefits:

1. Prior to early retirement age:

- (a) **Eligibility:** If a participant dies after becoming vested, but before early retirement age, his or her surviving spouse is entitled to a preretirement death benefit.
- (b) **Benefit:** A monthly income, payable for life, commencing at the participant's first eligibility, which is the amount which would have been payable if the participant had terminated just before death electing payments under the joint and 50% surviving spouse annuity form.

2. After early retirement age but before normal retirement age:

- (a) **Eligibility:** If a participant dies after early retirement age, but before retiring, his or her surviving spouse is entitled to a preretirement death benefit.
- (b) **Benefit:** A monthly income, payable for life commencing on the first of the month following the date of death, which is the amount which would have been payable if the participant had retired just before death and elected the joint and 50% surviving spouse annuity form.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan are prepared using the accrual method.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

2. Summary of significant accounting policies (continued):

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results may differ from those estimates and assumptions.

Investment valuation and income recognition:

The Plan's investments are stated at fair value, which is determined by quoted market prices at December 31, 2009 as provided by U.S. Bank, N.A. and as of December 31, 2008 as provided by JP Morgan Chase Bank N.A., the trustees of the Plan.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. These amounts were provided by U.S. Bank, N.A. (for the period April 1, 2009 through December 31, 2009) and JP Morgan Chase Bank N.A. (for the year ended December 31, 2008 and for the period January 1, 2009 through March 31, 2009).

Payment of benefits:

Benefit payments to participants are recorded when paid.

Actuarial present value of accumulated plan benefits:

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on years of service or a percentage of average monthly compensation, whichever provides the greater benefit. The accumulated plan benefits for active employees are based on the highest five years of their last ten years average monthly compensation. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

2. Summary of significant accounting policies (continued):

Actuarial present value of accumulated plan benefits (continued):

The actuarial present value of accumulated plan benefits was determined by an actuary from Aon Consulting for the years ended December 31, 2009 and 2008 and results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest), and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement), between the valuation date and the expected date of payment.

The Plan has elected to present actuarial benefit information as of the end of the year.

Actuarial assumptions:

The significant actuarial assumptions used in the valuations as of December 31, 2009 and 2008 for the Plan are as follows:

Investment return:

- | | |
|------------------------------|---|
| a. Funding rate | Three tiered segment rates as required by the IRS (Segment One – 5.03%; Segment Two – 6.73%; Segment Three – 6.82% for 2009 and Segment One – 5.32%; Segment Two – 6.45%; Segment Three – 6.69% for 2008) |
| b. Discount rate | 6.2% for 2009 (6.3% in 2008) |
| c. Expected return on assets | 6.0% for 2009 and 2008 |

Salary increases	4.0% per year compounded annually for 2009 and 2008
------------------	---

Consumer Price Index	3.0% per year compounded annually for 2009 and 2008
----------------------	---

Mortality:

- | | |
|---|--|
| a. Funding | RP-2000 Annuitant and Nonannuitant Mortality for males and females |
| b. Generally Accepted Accounting Principles | 1994 Group Annuity Mortality Table for males and females |

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

2. Summary of significant accounting policies (continued):

Actuarial assumptions (continued):

c. Lump sum	RP-2000 projected to 2010 (2009 for 2008) Combined Unisex Mortality Table
Retirement age	Ranging from age 55 to 65 with probabilities ranging from 2% to 100%
Percentage method	80% assumed to be married (males and females)
Age difference	Males are assumed to be three years older than their spouses
Form of payment chosen by active participants	Lump sum calculated using plan interest rates and the RP-2000 Projected to 2010 (2009 for 2008) Combined Unisex Mortality Table

Contributions:

Contributions are recorded annually upon completion of the actuarial valuation for the Plan year.

3. Funding policy:

The Sponsor's funding policy is to make annual contributions to the Plan in amounts that are equal to the actuarially determined normal service cost and interest plus a portion of the past service cost liability. The Plan met the minimum funding requirements of ERISA for 2009 and 2008.

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

4. Investments:

The following table presents the fair values of investments at December 31, 2009 and 2008. Investments that represent 5% or more (if any) of the Plan's net assets are separately identified. All investments of the plan are nonparticipant-directed at December 31, 2009 and 2008.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

4. Investments (continued):

	Fair Value	
	2009	2008
Investments at fair value, as provided by U.S. Bank, N.A. and JP Morgan Chase Bank N.A.:		
Common stocks		\$ 3,478,983
U.S. government and government agency securities	\$ 804	2,918,172
Corporate bonds		1,032,031
Mutual funds	5,921,216	380,013
Money market fund	4,809,209	3,841,827
	<u>\$ 10,731,229</u>	<u>\$ 11,651,026</u>

The Plan's investments (including investments bought, sold and held during the year) increased (decreased) in value as follows for the years ended December 31:

	Net Change in Fair Value	
	2009	2008
Common stocks	\$ 467,480	\$ (1,621,194)
U.S. government and government agency securities	(94,900)	167,288
Corporate bonds	(24,334)	(156,261)
Mutual funds	969,083	(402,966)
Net appreciation (depreciation) in fair value of investments	<u>\$ 1,317,329</u>	<u>\$ (2,013,133)</u>

5. Fair value measurement:

The following information is presented in accordance with accounting principles generally accepted in the United States, which defines fair value as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date and establishes a framework for measuring fair value. A three-level valuation hierarchy is established for disclosure of fair value measurements based upon the transparency of inputs to the valuation of an asset as of the measurement date.

- Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets in active markets.
- Level 2 – inputs to the valuation methodology include quoted prices for similar assets in active markets, and inputs that are observable for the asset, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

5. Fair value measurement (continued):

Assets measured at fair value on a recurring basis at December 31, 2009, consisting of investments and money market funds, were as follows:

	<u>Total Fair Value</u>	<u>Level 2</u>
U.S. government and government agency securities	\$ 804	\$ 804
Mutual funds	5,921,216	5,921,216
Money market fund	<u>4,809,209</u>	<u>4,809,209</u>
	<u>\$ 10,731,229</u>	<u>\$ 10,731,229</u>

Assets measured at fair value on a recurring basis at December 31, 2008, consisting of investments and money market funds, were as follows:

	<u>Total Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>
Common stocks	\$ 3,478,983	\$ 3,478,983	
U.S. government and government agency securities	2,918,172		\$ 2,918,172
Corporate bonds	1,032,031		1,032,031
Mutual funds	380,013		380,013
Money market fund	<u>3,841,827</u>		<u>3,841,827</u>
	<u>\$ 11,651,026</u>	<u>\$ 3,478,983</u>	<u>\$ 8,172,043</u>

The fair value of common stocks are based on quoted market prices and other relevant information generated by market transactions. For U.S. government and government agency securities, corporate bonds, mutual funds and money market fund included in investments, fair value quoted prices for similar assets in active markets and inputs that are observable for the asset, either directly or indirectly.

6. Information certified by trustee:

The plan administrator engaged U.S. Bank, N.A. and JP Morgan Chase Bank N.A. as trustees of the Plan. The financial information included in the Plan's financial statements have been derived from information certified as complete and accurate by the trustees, in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

7. Administrative expenses:

Certain administrative expenses of the Plan amounted to \$95,824 in 2009 and \$79,288 in 2008 were paid by the Sponsor.

8. Income tax status:

The Internal Revenue Service has determined and informed the Sponsor by a letter dated March 12, 2009 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

9. Plan termination:

In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations there under and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits, would the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may not be provided for at all.

While the Employer has not expressed any intent to terminate the Plan or to discontinue contributions, it is free to do so at any time, subject to the provisions set forth in ERISA. Should the Plan be terminated at some future time, all participants become 100% vested in benefits earned as of the termination date.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

10. **Party-in-interest transactions:**

Certain Plan investments were shares of mutual funds managed by William Blair & Co., LLC. William Blair & Co., LLC was the investment manager (for the year ended December 31, 2008 and for the period January 1, 2009 through March 31, 2009) as defined by the Plan and, therefore, these transactions qualified as party-in-interest transactions.

Certain Plan investments were shares of money market funds managed by JP Morgan Chase Bank N.A. along with the Plan owning bonds and stock of JP Morgan Chase Bank. JP Morgan Chase Bank N.A. was the trustee (for the year ended December 31, 2008 and for the period January 1, 2009 through March 31, 2009) as defined by the Plan and, therefore, these transactions qualified as party-in-interest transactions.

Total fees paid for trustee, legal, actuarial, and other professional services rendered by parties-in-interest amounted to \$40,561 for 2009 and \$65,809 for 2008.

11. **Risks and uncertainties:**

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

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT YEAR END

EMPLOYER IDENTIFICATION NUMBER 31-0536997

PLAN NUMBER 001

DECEMBER 31, 2009

Description	Number of Shares	Cost	Fair Value
U.S. Bank, N.A.:			
Mutual funds:			
American Cent Equity Income Cl Inst	82,288	\$ 478,855	\$ 539,810
American Cent Small Cap Valu Ins	8,888	50,911	65,240
Fidelity Invt Tr Ad Instl Disci	6,017	152,192	182,328
First Amer Real Estate Secs Fd Cl Y	14,458	144,856	206,744
Goldman Sachs M C Value Cl Inst	2,775	64,897	80,959
Harbor Capital Appreciation Fund	16,620	448,722	547,945
Ishares Msci Eafe Index Fund E T F	2,799	130,426	154,729
Ishares S&P Smallcap 600 Index E T F	1,022	45,719	55,924
Midcap Spdr Trust Ser 1	835	87,951	110,003
Rowe T Price Mid-cap Grouwth Fd #64	1,733	65,880	82,296
Scout International Fund	7,071	165,558	206,048
Spdr Trust Series 1	6,453	598,254	719,122
Vanguard Explorer Fund #24	1,131	52,760	64,823
First Amer Inflation Pro Sec Cl Y	28,506	271,994	287,057
First Amer Inter Govt Bd Cl Y	75,364	652,016	641,350
First Amer Intermd Term Bd Fd Cl Y	65,748	624,437	661,425
First Amer Short Term Bond Fd Cl Y	66,671	647,020	663,379
PIMCO Total Return Fund	60,374	632,547	652,034
			5,921,216
Money market funds:			
Federated OH Muni Cash Tr Instl	4,809,209	4,809,209	4,809,209
U.S. government and government agency securities			
FHLMC Gd G11169 7.500% 10/1/14	799	836	804
			804
Total assets held for investments			\$ 10,731,229

* Represents a party-in-interest to the Plan.

The above information has been certified by U.S. Bank, N.A., the trustee, as complete and accurate.

THE OHIO MASONIC HOME PENSION PLAN
SCHEDULE H, PART IV, 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997
PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ABV ADJUSTMENT	ABV REAL GAIN/LOSS
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE						
ISSUE: 4812C2676 - JPMORGAN US GOVERNMENT MMKT MORGAN (A)						
01/05/09 B	2,943	1.000	0	2,943-		2,943
01/07/09 B	484	1.000	0	484-		484
01/12/09 B	686	1.000	0	686-		686
01/15/09 B	1,528	1.000	0	1,528-		1,528
01/16/09 B	484	1.000	0	484-		484
01/26/09 B	14,935	1.000	0	14,935-		14,935
01/27/09 B	616	1.000	0	616-		616
01/28/09 B	164	1.000	0	164-		164
01/30/09 B	993	1.000	0	993-		993
02/03/09 B	1,270	1.000	0	1,270-		1,270
02/11/09 B	466	1.000	0	466-		466
02/13/09 B	570	1.000	0	570-		570
02/17/09 B	16,160	1.000	0	16,160-		16,160
02/23/09 B	173	1.000	0	173-		173
02/25/09 B	12,501	1.000	0	12,501-		12,501
02/26/09 B	1,371	1.000	0	1,371-		1,371
02/27/09 B	1,209	1.000	0	1,209-		1,209
03/03/09 B	527	1.000	0	527-		527
03/09/09 B	4,059	1.000	0	4,059-		4,059
03/10/09 B	906	1.000	0	906-		906
03/11/09 B	558	1.000	0	558-		558
03/12/09 B	1,091	1.000	0	1,091-		1,091
03/13/09 B	90	1.000	0	90-		90
03/16/09 B	15,204	1.000	0	15,204-		15,204
03/17/09 B	432	1.000	0	432-		432
03/25/09 B	18,722	1.000	0	18,722-		18,722
03/26/09 B	1,499	1.000	0	1,499-		1,499
03/27/09 B	484	1.000	0	484-		484
03/30/09 B	45	1.000	0	45-		45
03/31/09 B	28,581	1.000	0	28,581-		28,581
04/02/09 B	559	1.000	0	559-		559
04/03/09 B	1,125	1.000	0	1,125-		1,125
04/06/09 B	305	1.000	0	305-		305
04/08/09 B	919	1.000	0	919-		919
04/13/09 B	306	1.000	0	306-		306
04/14/09 B	122,991	1.000	0	122,991-		122,991
04/15/09 B	269,757	1.000	0	269,757-		269,757

(A) Represents a party-in-interest.

The above information has been certified by JP Morgan Chase Bank, N.A., the trustee, as complete and accurate.

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ABV ADJUSTMENT	ABV REAL GAIN/LOSS
SUB-TOTAL OF BUYS # 37			0	524,713	524,713	
01/02/09 S	17,446	1.000	0	17,446	17,446	0
01/14/09 S	4,722	1.000	0	4,722	4,722	0
01/21/09 S	7,351	1.000	0	7,351	7,351	0
02/02/09 S	16,450	1.000	0	16,450	16,450	0
02/20/09 S	74,935	1.000	0	74,935	74,935	0
03/02/09 S	11,851	1.000	0	11,851	11,851	0
03/05/09 S	2,558	1.000	0	2,558	2,558	0
04/01/09 S	16,040	1.000	0	16,040	16,040	0
04/07/09 S	3,656	1.000	0	3,656	3,656	0
04/08/09 S	3,818,475	1.000	0	3,818,475 *	3,818,475	0
04/14/09 S	123,297	1.000	0	123,297	123,297	0
04/15/09 S	269,757	1.000	0	269,757	269,757	0
SUB-TOTAL OF SALES # 12			0	4,366,538	4,366,538	0
SUB-TOTAL			0	4,891,251	4,891,251	0
GRAND TOTAL			0	4,891,251	4,891,251	0

The above information has been certified by JP Morgan Chase Bank N.A., the trustee, as complete and accurate.

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	ABV ADJUSTMENT -----	ABV REAL GAIN/LOSS -----
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CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

The above information has been certified by JP Morgan Chase Bank N.A., the trustee, as complete and accurate.

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ABV ADJUSTMENT	ABV REAL GAIN/LOSS
BEGINNING MARKET VALUE			11,695,131.73			
COMPARATIVE VALUE (5%)			584,756.59			
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 4812C2676 - JPMORGAN US GOVERNMENT MMKT MORGAN (A)						
04/08/09 S	3,818,475	1.000	0	3,818,475 *	3,818,475	0
GRAND TOTAL			0	3,818,475	3,818,475	0

(A) Represents a party-in-interest.

The above information has been certified by JP Morgan Chase Bank, N.A., the trustee, as complete and accurate.

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	ABV ADJUSTMENT -----	ABV REAL GAIN/LOSS -----
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CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

The above information has been certified by JP Morgan Chase Bank N.A., the trustee, as complete and accurate.

THE OHIO MASONIC HOME PENSION PLAN
SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997
PLAN NUMBER 001
YEAR ENDED DECEMBER 31, 2009

FORM 5500 – REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ENDING MARKET VALUE					10,744,658.62		
COMPARATIVE VALUE (5%)					537,232.93		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 31846V203 - First Amer Govt Oblig Fund Cl Y							
04/09/2009	B	3,818,474.710	1.0000		- 3,818,475 *	3,818,475	
06/15/2009	B	779,338.080	1.0000		- 779,338 *	779,338	
06/24/2009	S	- 2,313,094.000	1.0000		2,313,094 *	2,313,094	
06/25/2009	B	1,805,193.080	1.0000		- 1,805,193 *	1,805,193	
06/26/2009	S	- 574,314.250	1.0000		574,314 *	574,314	
07/17/2009	B	1,700,243.190	1.0000		- 1,700,243 *	1,700,243	
07/20/2009	S	- 2,867,344.000	1.0000		2,867,344 *	2,867,344	
07/23/2009	S	- 1,307,074.720	1.0000		1,307,075 *	1,307,075	
07/27/2009	B	1,285,113.880	1.0000		- 1,285,114 *	1,285,114	
08/06/2009	S	- 4,162,064.380	1.0000		4,162,064 *	4,162,064	
Issue: 31853P800 - First Amer Inter Govt Bd Cl Y							
07/17/2009	B	74,604.734	8.6600		- 646,077 *	646,077	
Issue: 318530797 - First Amer Short Term Bond Fd Cl Y							
07/17/2009	B	66,309.147	9.7300		- 645,188 *	645,188	
Issue: 318530813 - First Amer Intermd Term Bd Fd Cl Y							
07/17/2009	B	67,455.136	9.5400		- 643,522 *	643,522	
Issue: 60934N427 - Federated Oh Muni Cash Tr Instl							

The above information has been certified by U.S. Bank, N.A., the trustee, as complete and accurate.

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZE GAIN/LOS
08/06/2009	B	4,162,064.380	1.0000		- 4,162,064 *	4,162,064	
11/02/2009	S	- 840,674.660	1.0000		840,675 *	840,675	
11/25/2009	B	4,950,000.000	1.0000		- 4,950,000 *	4,950,000	
12/01/2009	S	- 6,774,556.480	1.0000		6,774,556 *	6,774,556	
12/03/2009	S	- 1,474,962.420	1.0000		1,474,962 *	1,474,962	
12/04/2009	B	4,541,458.440	1.0000		- 4,541,458 *	4,541,458	
12/08/2009	B	600,129.300	1.0000		- 600,129 *	600,129	
Issue: 693390700 - Pimco Total Return Fund							
07/17/2009	B	61,439.714	10.5000		- 645,117 *	645,117	
Issue: 912828HE3 - U S Treasury Nt 4.250% 9/30/12							
07/16/2009	S	- 1,270,000.000	1.0820		1,374,126 *	1,317,651	56,47
GRAND TOTAL				0	47,910,128	47,853,653	56,47

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

Broker: Don'T Use/Frmly Barclay Invest

Issue: 912828HA1 - U S Treasury Nt 4.750% 8/15/17							
07/16/2009	S	- 70,000.000	1.0974		76,817	74,028	2,78
Issue: 912828HE3 - U S Treasury Nt 4.250% 9/30/12							
07/16/2009	S	- 1,270,000.000	1.0820		1,374,126 *	1,317,651	56,47
Issue: 912810FT0 - U S Treasury Bd 4.500% 2/15/36							
07/16/2009	S	- 60,000.000	1.0096		60,574	58,308	2,26
Total For Don'T Use/Frmly Barclay Invest				0	1,511,517	1,449,987	61,52

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THE OHIO MASONIC HOME PENSION PLAN
SCHEDULE H, PART IV, 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997
PLAN NUMBER 001
YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZE GAIN/LOSS
Broker: First Clearing, LLC							
06/10/2009	S	Issue: 36207KKJ8 - G N M A #434197 6.000% 2/15/14 - 6,571.410	1.0300		6,769	6,604	165
06/10/2009	S	Issue: 3128CUH74 - F H L M C Gd G30254 6.500% 5/01/19 - 42,325.390	1.0450		44,230	44,263	- 33
06/10/2009	S	Issue: 31368HLW1 - F N M A #190341 5.000% 9/01/18 - 46,844.370	1.0181		47,693	46,347	1,346
07/06/2009	S	Issue: 949746NY3 - Wells Fargo Co 4.375% 1/31/13 - 50,000.000	1.0079		50,397	49,527	870
07/06/2009	S	Issue: 78387GAP8 - Sbc Communications 5.100% 9/15/14 - 50,000.000	1.0519		52,595	49,747	2,848
07/06/2009	S	Issue: 459200GM7 - IBM Corp 7.625% 10/15/18 - 50,000.000	1.1880		59,401	50,149	9,252
07/08/2009	S	Issue: 976656BZ0 - Wisconsin Elec Pwr 5.700% 12/01/36 - 30,000.000	.9754		29,263	30,052	- 789
07/08/2009	S	Issue: 637432CU7 - National Rural Util 7.250% 3/01/12 - 50,000.000	1.0964		54,820	54,156	664
07/08/2009	S	Issue: 677415CD1 - Ohio Power Co 5.500% 2/15/13 - 50,000.000	1.0391		51,955	50,014	1,941
07/16/2009	S	Issue: 828807AQ0 - Simon Ppty Group 6.350% 8/28/12 - 50,000.000	1.0264		51,321	51,664	- 343
07/16/2009	S	Issue: 24422EQQ5 - John Deere Cap 4.500% 4/03/13 - 50,000.000	1.0297		51,484	49,804	1,680
07/16/2009	S	Issue: 054937AG2 - Bb&t Corporation 4.900% 6/30/17 - 50,000.000	.9242		46,209	41,497	4,712
07/29/2009	S	Issue: 501044BV2 - Kroger Co 8.000% 9/15/29 - 30,000.000	1.0355		31,065	33,807	- 2,742
07/29/2009	S	Issue: 20825UAC8 - Conoco Fdg Co 7.250% 10/15/31 - 50,000.000	1.0452		52,258	56,842	- 4,584

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THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)							
DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZE GAIN/LOS
07/29/2009	Issue: 500255AN4 - Kohls Corp S	6.000% 1/15/33 - 15,000.000	.8452		12,678	13,850	- 1,172
Total For First Clearing, LLC				0	642,138	628,323	13,815
Broker: G.X. Clarke & Company							
06/10/2009	Issue: 31402QV65 - F N M A #735137 S	6.500% 11/01/22 - 64,608.800	1.0575		68,324	68,162	162
06/10/2009	Issue: 31385JBZ0 - F N M A #545556 S	7.000% 4/01/32 - 58,220.320	1.0600		61,714	59,967	1,747
06/10/2009	Issue: 31292GVZ6 - F H L M C Gd C00632 S	7.000% 7/01/28 - 44,520.960	1.0600		47,192	46,581	611
06/10/2009	Issue: 31374GDN4 - F N M A #313409 S	6.500% 3/01/12 - 15,786.420	1.0200		16,102	16,615	- 513
06/10/2009	Issue: 31385JGG7 - F N M A #545699 S	6.500% 6/01/32 - 19,631.630	1.0575		20,760	20,037	723
06/10/2009	Issue: 31385JK49 - F N M A #545815 S	7.000% 7/01/32 - 35,784.630	1.0600		37,932	36,858	1,074
06/10/2009	Issue: 31402CU67 - F N M A #725205 S	5.000% 3/01/34 - 184,952.550	.9963		184,259	178,442	5,817
06/10/2009	Issue: 31371KY62 - F N M A #254633 S	6.000% 1/01/23 - 35,275.690	1.0331		36,444	35,783	661
06/10/2009	Issue: 3128MMAR4 - F H L M C Gd G18015 S	4.500% 10/01/19 - 12,541.760	.9900		12,416	12,056	360
06/10/2009	Issue: 31371KJY8 - F N M A #254179 S	6.000% 1/01/22 - 23,716.490	1.0300		24,428	23,850	578
06/10/2009	Issue: 31400CEY6 - F N M A #683351 S	5.500% 2/01/33 - 39,314.520	1.0163		39,953	38,934	1,019

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THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)							
DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZ GAIN/LO
06/10/2009	Issue: 31335HKD4 - F H L M C Gd C90292 7.000% 9/01/19 S	- 15,481.640	1.0438		16,159	15,956	2
06/10/2009	Issue: 3128PEJ74 - F H L M C Gd J02986 6.500% 7/01/21 S	- 13,471.650	1.0500		14,145	13,688	4
06/10/2009	Issue: 31296PS45 - F H L M C Gd A15039 5.500% 10/01/33 S	- 38,689.500	1.0131		39,197	38,155	1,0
06/10/2009	Issue: 31335HHQ9 - F H L M C Gd C90239 7.000% 11/01/18 S	- 20,230.700	1.0450		21,141	20,850	2
06/10/2009	Issue: 31335HHE6 - F H L M C Gd C90229 7.000% 8/01/18 S	- 22,990.320	1.0450		24,025	23,694	3
06/10/2009	Issue: 31405QSK5 - F N M A #796222 5.500% 11/01/34 S	- 40,970.350	1.0156		41,611	40,140	1,4
06/10/2009	Issue: 31410PPJ6 - F N M A #893325 7.000% 9/01/21 S	- 20,442.780	1.0500		21,465	21,005	4
06/10/2009	Issue: 31335HKB8 - F H L M C Gd C90290 7.000% 8/01/19 S	- 25,687.020	1.0450		26,843	26,474	3
Total For G.X. Clarke & Company				0	754,110	737,247	16.8

Broker: Piper Jaffray

06/23/2009	Issue: 78462F103 - Spdr S&p 500 Elf Trust B	5,040.000	89.4100	252	- 450,878	450,878	
06/23/2009	Issue: 595635103 - Midcap Spdr Trust Ser 1 B	659.000	100.9992	33	- 66,591	66,591	
06/23/2009	Issue: 464287804 - Ishares S&p Smallcap 600 Index E T F B	774.000	42.8800	39	- 33,228	33,228	
06/23/2009	Issue: 464287465 - I Shares Msci Eafe Index Fund E T F B	2,199.000	44.8400	110	- 98,713	98,713	

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THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)							
DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Piper Jaffray				434	649,410	649,410	
Broker: Unx/Sei Brokerage Services							
06/22/2009	Issue: 002824100 - Abbott Laboratories S	- 1,690.000	46.7111	87	78,855	96,110	- 17,255
06/22/2009	Issue: 194162103 - Colgate Palmolive Co S	- 1,425.000	70.7643	74	100,765	87,081	13,684
06/22/2009	Issue: 580135101 - McDonalds Corp S	- 1,700.000	57.2520	88	97,241	95,251	1,990
06/22/2009	Issue: 806857108 - Schlumberger Ltd S	- 1,450.000	52.7201	74	76,370	94,593	- 18,223
06/22/2009	Issue: 00724F101 - Adobe Sys Inc S	- 3,100.000	27.4905	157	85,063	90,378	- 5,315
06/22/2009	Issue: 790849103 - ST Jude Med Inc S	- 2,750.000	39.6715	140	108,956	110,191	- 1,235
06/22/2009	Issue: 17275R102 - Cisco Sys Inc S	- 5,125.000	18.4600	259	94,349	111,640	- 17,291
06/22/2009	Issue: 704326107 - Paychex Inc S	- 3,650.000	26.6005	185	96,907	125,914	- 29,007
06/22/2009	Issue: 74005P104 - Praxair Inc S	- 1,200.000	69.9914	62	83,928	57,779	26,149
06/22/2009	Issue: 500255104 - Kohls Corp S	- 1,700.000	43.4519	87	73,781	73,763	18
06/22/2009	Issue: 235851102 - Danaher Corp S	- 2,150.000	59.7450	111	128,341	98,728	29,613
06/22/2009	Issue: 45168D104 - Idexx Labs Inc S	- 2,200.000	44.0110	112	96,712	113,094	- 16,382

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THE OHIO MASONIC HOME PENSION PLAN
SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997
PLAN NUMBER 001
YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)							
DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZE GAIN/LOS
06/22/2009	Issue: 776696106 - Roper Inds Inc S	- 1,400.000	44.2943	72	61,940	55,859	6,081
06/22/2009	Issue: 311900104 - Fastenal Co S	- 2,425.000	32.4213	123	78,498	73,225	5,273
06/22/2009	Issue: 773903109 - Rockwell Automation Inc S	- 3,125.000	30.0353	159	93,702	135,675	- 41,973
06/22/2009	Issue: 767744105 - Ritchie Bros Auctioneers Inc S	- 4,400.000	22.9028	223	100,550	114,744	- 14,194
06/22/2009	Issue: 151020104 - Celgene Corp S	- 2,200.000	46.5232	113	102,238	119,248	- 17,010
06/22/2009	Issue: 26875P101 - E O G Res Inc S	- 700.000	67.8039	36	47,427	52,559	- 5,132
06/22/2009	Issue: 61166W101 - Monsanto Co S	- 1,400.000	78.3820	73	109,662	162,502	- 52,840
06/22/2009	Issue: 46120E602 - Intuitive Surgical Inc S	- 325.000	154.6403	18	50,241	45,330	4,911
06/22/2009	Issue: 79466L302 - Salesforce Com Inc S	- 1,000.000	37.4913	51	37,440	35,920	1,520
07/22/2009	Issue: 037411105 - Apache Corp S	- 1,150.000	76.5564	60	87,980	87,974	6
07/22/2009	Issue: 037833100 - Apple Inc S	- 1,100.000	157.4036	59	173,085	138,870	34,215
07/22/2009	Issue: 478366107 - Johnson Ctls Inc S	- 2,475.000	24.5704	125	60,686	60,823	- 137
07/22/2009	Issue: 832110100 - Smith Intl Inc S	- 2,550.000	25.0811	129	63,828	83,101	- 19,273
07/22/2009	Issue: 931422109 - Walgreen Co S	- 3,975.000	29.9209	202	118,734	130,198	- 11,464

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THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZE GAIN/LOS
07/22/2009	Issue: 740189105 - Precision Castparts Corp S	- 1,500.000	77.8026	78	116,626	93,396	23,23
07/22/2009	Issue: 548661107 - Lowes Co Inc S	- 4,500.000	20.7709	227	93,242	97,515	- 4,27
07/22/2009	Issue: 594918104 - Microsoft Corp S	- 4,950.000	24.6200	251	121,618	125,751	- 4,13
07/22/2009	Issue: 278865100 - Ecolab Inc S	- 2,200.000	38.4008	112	84,370	105,724	- 21,35
07/22/2009	Issue: 018490102 - Allergan Inc S	- 1,800.000	50.6519	92	91,081	100,260	- 9,17
07/22/2009	Issue: 747525103 - Qualcomm Inc S	- 3,025.000	48.3106	155	145,985	121,285	24,69
07/22/2009	Issue: 808513105 - Schwab Charles Corp S	- 6,000.000	17.0530	303	102,015	130,708	- 28,69
07/22/2009	Issue: 375558103 - Gilead Sciences Inc S	- 3,100.000	47.5910	159	147,373	44,174	103,19
07/22/2009	Issue: 78462F103 - Spdr S&p 500 Etf Trust B	5,104.000	95.8681	255	- 489,566	489,566	
07/22/2009	Issue: 595635103 - Midcap Spdr Trust Ser 1 B	661.000	109.5485	33	- 72,445	72,445	
07/22/2009	Issue: 949746101 - Wells Fargo Co S	- 2,000.000	24.6000	101	49,099	59,658	- 10,55
07/22/2009	Issue: 38141G104 - Goldman Sachs Group Inc S	- 755.000	159.6700	41	120,510	100,173	20,33
07/22/2009	Issue: 462846106 - Iron Mountain Inc S	- 3,000.000	29.6833	152	88,898	57,180	31,71
07/22/2009	Issue: 464287804 - Ishares S&p Smallcap 600 Index E T F B	783.000	46.4680	39	- 36,424	36,424	

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THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZ GAIN/LO
07/22/2009	Issue: 46625H100 - J P Morgan Chase Co S	- 2,000.000	36.9508	102	73,800	78,407	- 4,6
07/22/2009	Issue: 464287465 - I Shares Msci Eafe Index Fund E T F B	2,287.000	48.1892	114	- 110,323	110,323	
07/22/2009	Issue: 12572Q105 - Cme Group Inc S	- 300.000	277.4400	17	83,215	98,257	- 15,0
07/22/2009	Issue: 292505104 - Encana Corp S	- 1,925.000	52.6312	99	101,216	95,246	5,9
07/22/2009	Issue: 451734107 - Ihs Inc Cl A S	- 1,450.000	48.6797	74	70,511	81,287	- 10,7
12/03/2009	Issue: 78462F103 - Spdr S&p 500 Etf Trust S	- 3,691.000	111.5100	195	411,388	342,190	69,1
12/03/2009	Issue: 595635103 - Midcap Spdr Trust Ser 1 S	- 485.000	127.5704	26	61,846	51,085	10,7
12/03/2009	Issue: 464287804 - Ishares S&p Smallcap 600 Index E T F S	- 535.000	52.2113	27	27,906	23,933	3,9
12/03/2009	Issue: 464287465 - I Shares Msci Eafe Index Fund E T F S	- 1,687.000	57.2420	87	96,480	78,610	17,8
Total For Unx/Sei Brokerage Services				5,618	5,103,216	5,044,147	59,0
GRAND TOTAL				6,052	8,660,391	8,509,114	151,2

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 025076209 - American Cent Equity Income Cl Inst							
06/23/2009	B	59,395.782	5.6900		- 337,962	337,962	
07/22/2009	B	63,583.753	5.9400		- 377,687	377,687	

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THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)							
DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZ GAIN/LO
Total For Buys				0	715,649	715,649	
12/03/2009	S	- 40,691.441	6.5500		266,529	236,794	29,7
Total For Sells				0	266,529	236,794	29,7
Total American Cent Equity Income Cl Inst				0	982,178	952,443	29,7
Issue: 31846V203 - First Amer Govl Oblig Fund Cl Y							
04/09/2009	B	3,818,474.710	1.0000		- 3,818,475 *	3,818,475	
04/14/2009	B	123,297.140	1.0000		- 123,297	123,297	
04/15/2009	B	6,015.790	1.0000		- 6,016	6,016	
04/15/2009	B	420,681.040	1.0000		- 420,681	420,681	
04/16/2009	B	10,614.770	1.0000		- 10,615	10,615	
04/24/2009	B	149,740.500	1.0000		- 149,741	149,741	
04/28/2009	B	20,236.000	1.0000		- 20,236	20,236	
04/30/2009	B	101.500	1.0000		- 102	102	
05/04/2009	B	306.990	1.0000		- 307	307	
05/04/2009	B	4,006.710	1.0000		- 4,007	4,007	
05/11/2009	B	372.240	1.0000		- 372	372	
05/15/2009	B	12,334.970	1.0000		- 12,335	12,335	
05/18/2009	B	87.580	1.0000		- 88	88	
05/22/2009	B	532.500	1.0000		- 533	533	

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THE OHIO MASONIC HOME PENSION PLAN
SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997
PLAN NUMBER 001
YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZ GAIN/LO
05/26/2009	B	18,647.450	1.0000		- 18,647	18,647	
05/27/2009	B	9,190.920	1.0000		- 9,191	9,191	
06/02/2009	B	196.200	1.0000		- 196	196	
06/08/2009	B	90.000	1.0000		- 90	90	
06/10/2009	B	1,725.700	1.0000		- 1,726	1,726	
06/12/2009	B	447.190	1.0000		- 447	447	
06/15/2009	B	779,338.080	1.0000		- 779,338 *	779,338	
06/15/2009	B	47,830.650	1.0000		- 47,831	47,831	
06/16/2009	B	92,135.670	1.0000		- 92,136	92,136	
06/17/2009	B	6,784.980	1.0000		- 6,785	6,785	
06/18/2009	B	1,056.750	1.0000		- 1,057	1,057	
06/19/2009	B	768.530	1.0000		- 769	769	
06/22/2009	B	850.000	1.0000		- 850	850	
06/25/2009	B	1,805,193.080	1.0000		- 1,805,193 *	1,805,193	
06/25/2009	B	17,594.810	1.0000		- 17,595	17,595	
06/26/2009	B	63,512.140	1.0000		- 63,512	63,512	
06/29/2009	B	62,729.870	1.0000		- 62,730	62,730	
06/30/2009	B	37,836.450	1.0000		- 37,836	37,836	
07/01/2009	B	48,332.610	1.0000		- 48,333	48,333	
07/07/2009	B	290.280	1.0000		- 290	290	
07/09/2009	B	293,898.200	1.0000		- 293,898	293,898	
07/13/2009	B	213,368.890	1.0000		- 213,369	213,369	

The above information has been certified by U.S. Bank, N.A., the trustee, as complete and accurate.

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZE GAIN/LOS
07/15/2009	B	1,643.960	1.0000		- 1,644	1,644	
07/15/2009	B	150,924.000	1.0000		- 150,924	150,924	
07/17/2009	B	1,700,243.190	1.0000		- 1,700,243 *	1,700,243	
07/21/2009	B	240,159.940	1.0000		- 240,160	240,160	
07/21/2009	B	17.640	1.0000		- 18	18	
07/27/2009	B	1,285,113.880	1.0000		- 1,285,114 *	1,285,114	
07/30/2009	B	.010	1.0000				
07/31/2009	B	505.000	1.0000		- 505	505	
08/03/2009	B	234,333.270	1.0000		- 234,333	234,333	
08/03/2009	B	212.460	1.0000		- 212	212	
08/05/2009	B	2,541.130	1.0000		- 2,541	2,541	
Total For Buys				0	11,684,318	11,684,318	
05/01/2009	S	- 16,530.750	1.0000		16,531	16,531	
05/07/2009	S	- 32,886.020	1.0000		32,886	32,886	
05/13/2009	S	- 45,861.920	1.0000		45,862	45,862	
06/01/2009	S	- 17,457.880	1.0000		17,458	17,458	
06/11/2009	S	- 55,221.550	1.0000		55,222	55,222	
06/16/2009	S	- 6,697.290	1.0000		6,697	6,697	
06/23/2009	S	- 56,838.210	1.0000		56,838	56,838	
06/24/2009	S	- 2,313,094.000	1.0000		2,313,094 *	2,313,094	
06/26/2009	S	- 574,314.250	1.0000		574,314 *	574,314	

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THE OHIO MASONIC HOME PENSION PLAN
SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997
PLAN NUMBER 001
YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZ GAIN/LO
06/29/2009	S	- 62,684.870	1.0000		62,685	62,685	
06/30/2009	S	- 35,332.320	1.0000		35,332	35,332	
07/01/2009	S	- 62,000.110	1.0000		62,000	62,000	
07/02/2009	S	- 19,472.340	1.0000		19,472	19,472	
07/02/2009	S	- 173.360	1.0000		173	173	
07/20/2009	S	- 2,867,344.000	1.0000		2,867,344 *	2,867,344	
07/23/2009	S	- 1,307,074.720	1.0000		1,307,075 *	1,307,075	
07/28/2009	S	- 7,776.600	1.0000		7,777	7,777	
08/04/2009	S	- 41,490.800	1.0000		41,491	41,491	
08/06/2009	S	- 4,162,064.380	1.0000		4,162,064 *	4,162,064	
Total For Sells				0	11,684,315	11,684,315	
Total First Amer Govt Oblig Fund Cl Y				0	23,368,633	23,368,633	
Issue: 31853P800 - First Amer Inter Govt Bd Cl Y							
06/23/2009	B	29,083.662	8.6300		- 250,992	250,992	
07/17/2009	B	74,604.734	8.6600		- 646,077 *	646,077	
08/03/2009	B	3,173.580	8.6500		- 27,451	27,451	
Total For Buys				0	924,520	924,520	
12/03/2009	S	- 31,497.753	8.8100		277,495	272,504	4,991

The above information has been certified by U.S. Bank, N.A., the trustee, as complete and accurate.

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)							
DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZ GAIN/LC
Total For Sells				0	277,495	272,504	4,991
Total First Amer Inter Govt Bd Cl Y				0	1,202,015	1,197,024	4,991
Issue: 318530797 - First Amer Short Term Bond Fd Cl Y							
06/23/2009	B	26,036.515	9.6400		- 250,992	250,992	
07/17/2009	B	66,309.147	9.7300		- 645,188 *	645,188	
Total For Buys				0	896,180	896,180	
12/03/2009	S	- 25,674.404	9.9700		255,974	249,160	6,814
Total For Sells				0	255,974	249,160	6,814
Total First Amer Short Term Bond Fd Cl Y				0	1,152,154	1,145,340	6,814
Issue: 318530813 - First Amer Intermd Term Bd Fd Cl Y							
06/23/2009	B	26,729.712	9.3900		- 250,992	250,992	
07/17/2009	B	67,455.136	9.5400		- 643,522 *	643,522	
Total For Buys				0	894,514	894,514	
12/03/2009	S	- 28,436.832	10.1000		287,212	270,077	17,135
Total For Sells				0	287,212	270,077	17,135

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THE OHIO MASONIC HOME PENSION PLAN
SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997
PLAN NUMBER 001
YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)							
DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZE GAIN/LOS
Total First Amer Intermd Term Bd Fd Cl Y				0	1,181,726	1,164,591	17,135
Issue: 411511504 - Harbor Capital Appreciation Fund #12							
06/23/2009	B	12,988.547	26.0200		- 337,962	337,962	
07/22/2009	B	13,114.275	27.9700		- 366,806	366,806	
Total For Buys				0	704,768	704,768	
12/03/2009	S	- 9,483.308	32.2900		306,216	256,046	50,170
Total For Sells				0	306,216	256,046	50,170
Total Harbor Capital Appreciation Fund #12				0	1,010,984	960,814	50,170
Issue: 60934N427 - Federated Oh Muni Cash Tr Instl							
08/06/2009	B	4,162,064.380	1.0000		- 4,162,064 *	4,162,064	
08/10/2009	B	136.600	1.0000		- 137	137	
08/17/2009	B	87.110	1.0000		- 87	87	
08/24/2009	B	172.500	1.0000		- 173	173	
08/28/2009	B	.020	1.0000				
09/02/2009	B	10,924.980	1.0000		- 10,925	10,925	
09/03/2009	B	4,656.150	1.0000		- 4,656	4,656	
09/04/2009	B	937.300	1.0000		- 937	937	
09/09/2009	B	45.810	1.0000		- 46	46	

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THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZE GAIN/LOS
09/15/2009	B	53.960	1.0000		- 54	54	
09/17/2009	B	5,556.610	1.0000		- 5,557	5,557	
09/29/2009	B	198.090	1.0000		- 198	198	
09/30/2009	B	3,477.230	1.0000		- 3,477	3,477	
09/30/2009	B	82.520	1.0000		- 83	83	
10/02/2009	B	10,399.930	1.0000		- 10,400	10,400	
10/06/2009	B	4,406.190	1.0000		- 4,406	4,406	
10/15/2009	B	69.200	1.0000		- 69	69	
10/16/2009	B	150,924.000	1.0000		- 150,924	150,924	
10/21/2009	B	1,933.930	1.0000		- 1,934	1,934	
10/29/2009	B	.040	1.0000				
10/30/2009	B	5,669.620	1.0000		- 5,670	5,670	
11/03/2009	B	10,542.680	1.0000		- 10,543	10,543	
11/05/2009	B	3,039.800	1.0000		- 3,040	3,040	
11/16/2009	B	53.420	1.0000		- 53	53	
11/25/2009	B	4,950,000.000	1.0000		- 4,950,000 *	4,950,000	
11/27/2009	B	.060	1.0000				
12/02/2009	B	9,839.680	1.0000		- 9,840	9,840	
12/04/2009	B	4,541,458.440	1.0000		- 4,541,458 *	4,541,458	
12/08/2009	B	600,129.300	1.0000		- 600,129 *	600,129	
12/11/2009	B	7,763.900	1.0000		- 7,764	7,764	
12/15/2009	B	55.210	1.0000		- 55	55	

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THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)							
DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZ GAIN/LC
12/22/2009	B	14,649.360	1.0000		- 14,649	14,649	
12/24/2009	B	63,057.220	1.0000		- 63,057	63,057	
12/30/2009	B	136,518.770	1.0000		- 136,519	136,519	
12/31/2009	B	7,765.940	1.0000		- 7,766	7,766	
Total For Buys				0	14,706,670	14,706,670	
08/31/2009	S	- 58,476.570	1.0000		58,477	58,477	
09/01/2009	S	- 18,515.190	1.0000		18,515	18,515	
10/01/2009	S	- 133,942.380	1.0000		133,942	133,942	
10/21/2009	S	- 1,933.930	1.0000		1,934	1,934	
10/27/2009	S	- 11,509.660	1.0000		11,510	11,510	
11/02/2009	S	- 840,674.660	1.0000		840,675 *	840,675	
11/23/2009	S	- 20,700.520	1.0000		20,701	20,701	
12/01/2009	S	- 6,774,556.480	1.0000		6,774,556 *	6,774,556	
12/03/2009	S	- 1,474,962.420	1.0000		1,474,962 *	1,474,962	
12/07/2009	S	- 1,074.990	1.0000		1,075	1,075	
12/09/2009	S	- 1,017.550	1.0000		1,018	1,018	
12/16/2009	S	- 359,360.830	1.0000		359,361	359,361	
12/17/2009	S	- 1,270.740	1.0000		1,271	1,271	
12/23/2009	S	- 63,057.220	1.0000		63,057	63,057	
12/30/2009	S	- 136,407.870	1.0000		136,408	136,408	

The above information has been certified by U.S. Bank, N.A., the trustee, as complete and accurate.

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)							
DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZ GAIN/LC
Total For Sells				0	9,897,462	9,897,462	
Total Federated Oh Muni Cash Tr Instl				0	24,604,132	24,604,132	
Issue: 693390700 - Pimco Total Return Fund							
06/23/2009	B	24,110.951	10.4100		- 250,995	250,995	
07/17/2009	B	61,439.714	10.5000		- 645,117 *	645,117	
08/03/2009	B	1,801.893	10.6000		- 19,100	19,100	
Total For Buys				0	915,212	915,212	
12/03/2009	S	- 26,979.039	11.0000		296,769	282,665	14,
Total For Sells				0	296,769	282,665	14,
Total Pimco Total Return Fund				0	1,211,981	1,197,877	14,
Issue: 78462F103 - Spdr S&p 500 Etf Trust							
06/23/2009	B	5,040.000	89.4100	252	- 450,878	450,878	
07/22/2009	B	5,104.000	95.8681	255	- 489,566	489,566	
Total For Buys				507	940,444	940,444	
12/03/2009	S	- 3,691.000	111.5100	195	411,388	342,190	69,1

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THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZI GAIN/LO:
Total For Sells				195	411,388	342,190	69,1
Total Spdr S&p 500 Etf Trust				702	1,351,832	1,282,634	69,1
Issue: 912828HE3 - U S Treasury Nt 4.250% 9/30/12							
05/26/2009	S	- 75,000.000	1.0890		81,674	77,814	3.8
07/16/2009	S	- 1,270,000.000	1.0820		1,374,126 *	1,317,651	56,4
Total For Sells				0	1,455,800	1,395,465	60,3
Total U S Treasury Nt 4.250% 9/30/12				0	1,455,800	1,395,465	60,3
GRAND TOTAL				702	57,521,435	57,268,953	252,4

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

Broker: Don'T Use/Frmly Barclay Invest

Issue: 912828HA1 - U S Treasury NI 4.750% 8/15/17							
07/16/2009	S	- 70,000.000	1.0974		76,817	74,028	2,7
Issue: 912828HE3 - U S Treasury Nt 4.250% 9/30/12							
07/16/2009	S	- 1,270,000.000	1.0820		1,374,126 *	1,317,651	56,4
Issue: 912810FT0 - U S Treasury Bd 4.500% 2/15/36							
07/16/2009	S	- 60,000.000	1.0096		60,574	58,308	2,2
Total For Don'T Use/Frmly Barclay Invest				0	1,511,517	1,449,987	61,5

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THE OHIO MASONIC HOME PENSION PLAN
SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NUMBER E.I.N. 31-0536997
PLAN NUMBER 001
YEAR ENDED DECEMBER 31, 2009

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)							
DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
GRAND TOTAL				0	1,511,517	1,449,987	61,528

The above information has been certified by U.S. Bank, N.A., the trustee, as complete and accurate.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan The Ohio Masonic Home Pension Plan	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The Ohio Masonic Home	D Employer Identification Number (EIN) 31-0536997
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a		11,695,132
b Actuarial value.....	2b		12,864,645
3 Funding target/participant count breakdown	(1) Number of participants		(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	56	2,061,089
b For terminated vested participants.....	3b	228	2,928,561
c For active participants:			
(1) Non-vested benefits.....	3c(1)		127,462
(2) Vested benefits.....	3c(2)		6,563,780
(3) Total active.....	3c(3)	313	6,691,242
d Total.....	3d	597	11,680,892
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	8.24 %	
6 Target normal cost.....	6	566,895	

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>10-12-2010</u> Date
<u>Martin E. Molloy</u> Type or print name of actuary		<u>08-06227</u> Most recent enrollment number
<u>Aon Consulting</u> Firm name		<u>(614) 436-8100</u> Telephone number (including area code)
<u>445 Hutchinson Ave. Suite 900</u> Address of the firm		
<u>Columbus OH 43235</u> Address of the firm		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	101	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	101	0
9 Amount remaining (Item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>10.20</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		190,443
b Interest on (a) using prior year's effective rate of <u>6.10</u> %		11,617
c Total available at beginning of current plan year to add to prefunding balance		202,060
d Portion of (c) to be added to prefunding balance		202,060
12 Reduction in balances due to elections or deemed elections		
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	202,060

Part III Funding percentages

14 Funding target attainment percentage	14	108.40 %
15 Adjusted funding target attainment percentage	15	110.13 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	150,924				
07/15/2009	150,924				
10/15/2009	150,924				
11/25/2009	4,950,000				
12/03/2009	2,400,000				
Totals ▶			18(b)	7,802,772	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	7,275,357

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions used to determine funding target and target normal cost			
21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: % ☒ N/A, full yield curve used
b Applicable month (enter code).....			21b 2
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			
Part VI Miscellaneous items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No			
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27		
Part VII Reconciliation of unpaid minimum required contributions for prior years			
28 Unpaid minimum required contribution for all prior years	28		0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29		0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....	30		0
Part VIII Minimum required contribution for current year			
31 Target normal cost, adjusted, if applicable (see instructions).....	31		0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34		0
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	202,060	0
36 Additional cash requirement (item 34 minus item 35).....	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37		7,275,357
38 Interest-adjusted excess contributions for current year (see instructions).....	38		7,275,357
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39		0
40 Unpaid minimum required contribution for all years	40		0

Plan Sponsor: Ohio Masonic Home
Plan Name: Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, Line 19 - Discounted Employer Contributions

Valuation Date	01/01/2009		EIR	8.24%
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Date of Contribution	Quarterly Contribution Amount	Days	Discounting factor	Discounted Contribution Amount
04/15/2009	\$150,924	104	0.97769	\$147,557
07/15/2009	\$150,924	195	0.95858	\$144,673
10/15/2009	\$150,924	287	0.93964	\$141,814
11/25/2009	\$4,950,000	328	0.93132	\$4,610,025
12/03/2009	\$2,400,000	336	0.92970	\$2,231,288

Total	\$7,802,772		Total	\$7,275,357
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Plan Sponsor: Ohio Masonic Home
Plan Name: Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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

Cost Method

Funding: Traditional Unit Credit.

FAS 87: Projected Unit Credit.

Asset Method

Funding: Based on the average of fair market values over the period beginning on the 25th month preceding the month in which the valuation occurs and ending on the Valuation Date. The result is limited to no lower than 90% and no greater than 110% of the fair market value of plan assets as of the Valuation Date.

FAS 87: The Market-Related Value of Assets is determined by using Fair Value.

Dates of Calculations

Funding: The Valuation Date is January 1, 2009.

FAS 87: The Measurement Date is January 1, 2009.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees may have participation requirements different from other new employees.

Financial information was supplied to us by the Trustee, JP Morgan, Chase.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

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

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the January 1, 2009 valuation.

Interest Rates	Assumption
(1) Funding Target	November 2008 Full Yield Curve
(1) FAS 35	6.00%
(2) FAS 87	
(a) Discount	6.30%
(b) Long Term Rate of Return	6.00%
(4) Lump Sum for FAS 35	
(a) 30-year Treasury Rates	4.00%
(b) Minimum Present Value Segment Rates	5.24%/5.69%/5.37%
(5) Funding Long-Term Rate of Return	6.00%

Other Rates	Assumption
(2) Social Security Wage Bases	3.00%
(3) CPI for Social Security	3.00%
(4) Future Salaries	
(a) Funding	4.00%
(b) FAS 35	None
(c) FAS 87	3.00%
(5) Increase Rate for the Maximum Benefit and Compensation Limits for FAS 87	3.00%
(6) Cost of Living Adjustment	N/A

Plan Sponsor: Ohio Masonic Home
Plan Name: Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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

Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements	Description
(1) Funding	RP2000 Annuitant and Non-Annuitant Mortality for males and females as prescribed by the IRS for 2009
(2) FAS 35 and FAS 87	GAM-1994 Basic Table for Males and Females
(3) Lump Sum	RP-2000 projected to 2009 Combined Unisex Mortality Table

—Retirement—		—Termination—			—Annuitant Mortality—		
Decrement Age	Rates	Decrement Age	Male Rates	Female Rates	Decrement Age	Male Rates	Female Rates
55	0.020000	25	0.096742	0.096742	45	.001739	.000767
56	0.020000	40	0.077543	0.077543	55	.004344	.003105
57	0.020000	55	0.015488	0.015488	65	.010709	.009565
58	0.020000	65	0.000000	0.000000	75	.030193	.024716
59	0.020000						
60	0.050000				—Non-Annuitant Mortality—		
61	0.050000				Decrement Age	Male Rates	Female Rates
62	0.200000				25	.000295	.000148
63	0.100000				40	.000890	.000491
64	0.100000				55	.001911	.002083
65	1.000000				65	.005399	.005161

The weighted average retirement age is 63. Sample Retirement, Mortality and Termination rates are illustrated in the tables above.

Plan Sponsor: Ohio Masonic Home
Plan Name: Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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

Expenses

The normal cost for funding purposes includes assumed expenses equal to the actual expenses paid by the trust in the previous year. General administrative expenses include trustee and investment fees.

Form of Benefit Payment

100% of participants are assumed to elect a Lump Sum.

For the purpose of valuing death benefits, 80% of the employees are assumed to be married. Wives are assumed to be three years younger than their husbands.

Plan Sponsor: Ohio Masonic Home
Plan Name: Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, Part V – Summary of Plan Provisions

General Information

Original Effective Date:	July 1, 1971
Effective Date of Last Amendment:	March 28, 2005
Plan Year:	January 1st to December 31st
Employer Fiscal Year:	January 1st to December 31st
Employer ID Number:	31-0536997
Plan Administrator's ID Number:	31-0536997
Plan Number:	001

Eligibility

All employees of the Employer are eligible to participate in the Plan as of the January 1 next following the completion of one qualifying year of service and attainment of age 21. Employees who were previously excluded due to being 60 years of age or older at the time of employment may now participate in the Plan, but no earlier than January 1, 1988. No employees who were not participants in the plan as of December 31, 2004 are eligible to participate in the plan.

Service

Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works 1,000 Hours.

A break in service occurs at the start of any plan year in which the employee works 500 Hours or less for the Employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the Employer.
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted.
- (3) Transfer of employment from one participating Employer to another.
- (4) A period of disability during which the participant is being paid directly or indirectly by the Employer.

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

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service, or
- (2) The employee's period of absence was less than the greater of his pre-break service or 5 years.

Credited Service shall mean years of Service an Employer shall be credited with in which he completes 1,000 hours.

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

Normal Retirement Date

Normal Retirement Date is the first day of the month coinciding with or next following the date a participant attains age 65.

Normal Retirement Benefit

The amount of annual benefit paid in monthly installments for life, based on service to retirement is the sum of (1) and, if applicable, (2):

- (1) 35% of average compensation, reduced by one-twenty fifth for each year of credited service that the Participant's years of Credited Service at Normal Retirement Date are less than 25.

- (2) If the participant was initially hired by the Employer before July 1, 1996 when he was at least age 49:

.75% of average monthly compensation for each year of Credited Service up to a maximum of 15

or,

if the participant was initially hired by the Employer before July 1, 1996 when he was at least age 46 but less than age 49:

.60% of average monthly compensation for each year of Credited Service up to a maximum of 15

or,

if the participant was initially hired by the Employer before July 1, 1996 when he was at least age 44 but less than age 46:

.25% of average monthly compensation for each year of Credited Service up to a maximum of 15

or,

if the participant was initially hired by the Employer before July 1, 1996 when he was at least 42 but less than age 44:

.15% of average monthly compensation for each year of Credited Service up to a maximum of 15.

In no event will a participant's Accrued Benefit as of his Normal Retirement Date be less than his Accrued Benefit as of July 1, 1996.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

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

Average Compensation

The average of the highest five consecutive plan years of monthly compensation within the last ten completed years preceding the earlier of termination or actual retirement.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using current average salary and Credited Service a participant would have at his Normal Retirement Date multiplied by the ratio of years of service on the Normal Retirement Date.

Early Retirement Benefit

Upon the completion of 12 years of Credited Service and the attainment of age 57, a participant may elect to retire. He may receive an immediate benefit equal to the Normal Retirement Benefit based on service at early retirement and reduced by one-fifteenth for each of the first five years and one-thirtieth for each of the next three years by which the payment date precedes the Normal Retirement Date.

Disability Retirement Benefit

A participant who becomes totally and permanently disabled before his Normal Retirement Date may retire and receive a monthly benefit equal to his Accrued Benefit on the date he became disabled.

Death Benefit

In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age.

In the event of an active married participant's death after the attainment of age 57 and the completion of 12 years of Credited Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint and 50% Survivor Benefit.

Severance Benefit

Upon the termination of employment after 5 or more Years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

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

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's Retirement Benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 75% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid for 60, 120, 180, or 240 Months Certain and thereafter for life.
- (5) A lump sum payment.
- (6) A reduced benefit paid during the participant's lifetime with the excess of the lump sum option over the total benefits received to be paid to his spouse after his death.

All Optional Methods of Settlement other than (5) and (6) above are actuarially equivalent to the Normal Form of Payment on a unisex basis based on the UP-1984 Mortality Table adjusted for a 40% female content in the participant group and a 9.00% interest rate.

Amendment or Termination of Plan

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

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

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

Plan Sponsor: Ohio Masonic Home
Plan Name: Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, Line 24 – Change in Actuarial Assumptions

An assumption for expenses was added to the normal cost for funding purposes as required by the Pension Protection Act of 2006. Previously no expense assumption was added to the normal cost. Beginning January 1, 2009 the normal cost for funding purposes includes assumed expenses equal to the actual expenses paid by the trust in the previous year. General administrative expenses include trustee and investment fees.

Plan Sponsor: Ohio Masonic Home
Plan Name: Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, Line 25 - Change in Method

In accordance with the Pension Protection Act of 2006 (PPA), the following changes were made:

1. The asset valuation method has been changed such that the actuarial value of assets is based on the average of fair market values over the period beginning on the last day of the 25th month preceding the month in which the valuation occurs and ending on the Valuation Date. This result is limited to no lower than 90% and no greater than 110% of the fair market value of plan assets as of the Valuation Date.
2. Effective with the January 1, 2009 a change in valuation software systems was made.
3. The Funding Target interest rates were changed from the segment rates with no look-back to the full yield curve with a two-month look-back.

Plan Sponsor: Ohio Masonic Home
Plan Name: Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, Line 26 - Schedule of Active Participant Data

Shown below is the distribution of active participants based on age and service as of the valuation date. For each age/service group, the average salary is shown if there are 20 or more participants and 1000 or more total active participants. Dashes are shown instead of average salary if there are fewer than 20 participants in the age/service group or fewer than 1000 total active participants. In determining the averages, salary is limited to the 401(a)(17) limit in effect on the valuation date.

Age	Years of Service as of 01/01/2009										Total
	Under 1	01-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25 - 29	0	0	19	2	0	0	0	0	0	0	21
	-	-	-	-	-	-	-	-	-	-	-
30 - 34	0	0	26	6	0	0	0	0	0	0	32
	-	-	-	-	-	-	-	-	-	-	-
35 - 39	0	0	15	7	2	0	0	0	0	0	24
	-	-	-	-	-	-	-	-	-	-	-
40 - 44	0	0	19	9	5	2	2	0	0	0	37
	-	-	-	-	-	-	-	-	-	-	-
45 - 49	0	0	16	10	3	5	2	0	0	0	36
	-	-	-	-	-	-	-	-	-	-	-
50 - 54	0	0	22	11	10	6	6	6	0	0	60
	-	-	-	-	-	-	-	-	-	-	-
55 - 59	0	0	25	10	6	3	1	2	3	0	50
	-	-	-	-	-	-	-	-	-	-	-
60 - 64	0	0	22	6	1	6	1	3	1	0	40
	-	-	-	-	-	-	-	-	-	-	-
65 - 69	0	0	6	2	1	2	0	0	0	0	11
	-	-	-	-	-	-	-	-	-	-	-
70 & Up	0	0	2	0	0	0	0	0	0	0	2
	-	-	-	-	-	-	-	-	-	-	-
Totals	0	0	172	63	27	24	12	11	4	0	313
	-	-	-	-	-	-	-	-	-	-	-

The following table shows averages for the costed participants in the current valuation.

Averages	Amount
Age:	36.13
Service:	12.48

Plan Sponsor: Ohio Masonic Home
Plan Name: Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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

	(1)	(2)	(3)	(4)	(5)	(6)
	Retirement		Cumulative		Retirement	
Age	q_x	p_x	p_x	= (1) * (3)	Age	= (4) * (5)
55	0.02	0.980000	1.000000	0.020000	55.0	1.100
56	0.02	0.980000	0.980000	0.019600	56.0	1.098
57	0.02	0.980000	0.960400	0.019208	57.0	1.095
58	0.02	0.980000	0.941192	0.018824	58.0	1.092
59	0.02	0.980000	0.922368	0.018447	59.0	1.088
60	0.05	0.950000	0.903921	0.045196	60.0	2.712
61	0.05	0.950000	0.858725	0.042936	61.0	2.619
62	0.2	0.800000	0.815789	0.163158	62.0	10.116
63	0.1	0.900000	0.652631	0.065263	63.0	4.112
64	0.1	0.900000	0.587368	0.058737	64.0	3.759
65	1	0.000000	0.528631	0.528631	65.0	34.361
Totals:				1.00000		63.151
Total of Column (6) / Total of Column (4), Rounded to nearest age:						63.000

THE OHIO MASONIC HOME PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Investments:		
Mutual funds	\$ 5,921,216	\$ 380,013
Money market fund	4,809,209	3,841,827
U.S. government and government agency securities	804	2,918,172
Common stocks		3,478,983
Corporate bonds		1,032,031
	<u>10,731,229</u>	<u>11,651,026</u>
 Receivable:		
Investment income	4,612	43,757
 Cash	<u>8,818</u>	<u>349</u>
 Total assets	<u>10,744,659</u>	<u>11,695,132</u>
 Liabilities	<u>10,339</u>	<u>7,351</u>
 Net assets available for benefits	<u><u>\$ 10,734,320</u></u>	<u><u>\$ 11,687,781</u></u>

See notes to financial statements.

THE OHIO MASONIC HOME PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Changes to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 1,317,329	\$ (2,013,133)
Interest and dividends	237,944	326,731
Other income	<u>33,736</u>	<u>3,393</u>
	1,589,009	(1,683,009)
Employer contributions	<u>7,802,772</u>	<u>819,648</u>
Total additions (reductions)	<u>9,391,781</u>	<u>(863,361)</u>
Deductions from net assets attributed to:		
Benefits paid directly to participants	10,304,681	1,015,099
Administrative expenses	<u>40,561</u>	<u>58,192</u>
Total deductions	<u>10,345,242</u>	<u>1,073,291</u>
Net decrease	(953,461)	(1,936,652)
Net assets available for benefits, beginning	<u>11,687,781</u>	<u>13,624,433</u>
Net assets available for benefits, ending	<u><u>\$ 10,734,320</u></u>	<u><u>\$ 11,687,781</u></u>

See notes to financial statements.

THE OHIO MASONIC HOME PENSION PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants receiving payments	\$ 4,441,206	\$ 2,393,500
Other participants	<u>6,719,985</u>	<u>12,442,048</u>
	11,161,191	14,835,548
Nonvested benefits	<u>25,031</u>	<u>55,653</u>
Total actuarial value of accumulated plan benefits	<u><u>\$ 11,186,222</u></u>	<u><u>\$ 14,891,201</u></u>

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 14,891,201</u>	<u>\$ 14,791,760</u>
Increase (decrease) during the year attributable to:		
Plan amendment	4,859,414	
Benefits accumulated	949,160	652,212
Interest due to decrease in discount period	824,472	857,496
Change in actuarial assumptions	(30,215)	(395,168)
Benefits paid	<u>(10,307,810)</u>	<u>(1,015,099)</u>
Net (decrease) increase	<u>(3,704,979)</u>	<u>99,441</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 11,186,222</u></u>	<u><u>\$ 14,891,201</u></u>

See notes to financial statements.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

1. Description of Plan:

General:

The Ohio Masonic Home Pension Plan is a noncontributory defined benefit pension plan designed to provide retirement, disability, or death benefits to eligible employees of The Ohio Masonic Home (the Employer or Sponsor) and affiliated organizations. Substantially all employees of The Ohio Masonic Home and affiliated corporations hired prior to July 1, 2003 are covered by the Plan provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). For more complete information on benefit, vesting and other plan provisions, participants should refer to the Summary Plan Description, which is available from the Plan Sponsor.

Eligibility:

An employee was eligible to participate on January 1 when the age of 21 has been attained and he or she has completed one year of employment with 1,000 hours of service.

The Plan has been amended to limit participation to individuals eligible to participate under the Plan prior to December 31, 2004, and who elected not to participate in the new Ohio Masonic Home 403(b) Retirement Savings Plan. Only employees meeting the previously stated eligibility requirements shall continue to accrue any additional benefit and earn credited service for hours of service under the Plan. In addition, no otherwise eligible employee shall become a participant in the Plan after December 31, 2004. On September 1, 2009, the Plan was further amended whereby participants will no longer accrue any additional benefits after December 31, 2009.

Subsequent events:

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through the date of the auditor's report on these financial statements.

Definitions for benefit computations:

1. **Plan year:** The calendar year.
2. **Employment year:** The twelve-month period beginning on an individual's date of hire by the employer or the anniversary of such date of hire.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

1. Description of Plan (continued):

Definitions for benefit computations (continued):

3. **Vesting service:** An employee shall receive one year of vesting service for each plan year that he or she works 1,000 hours of service.
4. **Credited service:** An employee shall receive one year of credited service for each plan year that he or she works 1,000 hours of service.
5. **Compensation:** Total earnings for the calendar year
6. **Monthly plan compensation:** The average of a participant's compensation for the highest five consecutive years out of the final ten years preceding the earlier of termination.

Normal retirement:

1. **Eligibility:** The first day of the month coincident with or immediately following the date a participant reaches age 65.
2. **Benefit:**

For retirements and terminations before July 1, 1996, greatest of:

- (a) 25% of first \$800 of average monthly compensation plus 34.75% over \$800, such sum reduced for each year of credited service less than 15 years.
- (b) \$2.00 per year of service prior to July 1, 1971, and \$3.00 per year of service after July 1, 1971.

For retirements and terminations on or after July 1, 1996:

- (a) 35% of average monthly compensation, reduced by $1/25^{\text{th}}$ for each year that credited service at normal retirement date is less than 25.
- (b) For participants hired before July 1, 1996, and at least age 42 at hire, an additional transition benefit is also payable as follows:
 - (i) If age at hire was at least 42 but less than 44, 0.15% of average monthly compensation times credited service up to 15 years;
 - (ii) If age at hire was at least 44 but less than 46, 0.25% of average monthly compensation times credited service up to 15 years;
 - (iii) If age at hire was at least 46 but less than 49, 0.60% of average monthly compensation times credited service up to 15 years;

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

1. Description of Plan (continued):

Normal retirement (continued):

- (iv) If age at hire was at least 49, 0.75% of average monthly compensation times credited service up to 15 years.

In no event, however, can the benefit be less than the accrued benefit as of June 30, 1996.

- 3. **Forms of payment:** Lump sum, five-, 10-, 15-, 20-year certain and life, 50%, 75% and 100% joint and survivor.

Late retirement:

- 1. **Eligibility:** The first day of the month subsequent to the participant's normal retirement date and following actual termination of employment.
- 2. **Benefit:** The benefit as available at normal retirement date, but including service and salary increases to actual retirement date.
- 3. **Forms of payment:** Lump sum, five-, 10-, 15-, 20-year certain and life, 50%, 75%, and 100% joint and survivor.

Early retirement:

- 1. **Eligibility:** The first day of the month following age 57 and twelve years of service.
- 2. **Benefit:** The benefit earned to the participant's early retirement date, reduced 1/15th for each of the first 60 months and 1/30th for each of the next 36 months by which commencement of benefits precedes normal retirement date.
- 3. **Forms of payment:** Lump sum, five-, 10-, 15-, 20-year certain and life, 50%, 75% and 100% joint and survivor.

Effective September 1, 2009, the Plan was amended to provide an Early Retirement Incentive Program (ERIP) for participants meeting certain requirements, as defined. This program was effective for eligible participants terminating employment on or after September 14, 2009 and before November 30, 2009 and who provided formal documentation to the Employer on or before October 31, 2009. If the participant met the eligible requirements of the ERIP program and made the election to terminate employment in accordance with the program, an additional five years of credit service was granted for purposes of determining accrued benefits, and an additional five years of age was granted for purposes of determining eligibility.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

1. Description of Plan (continued):

Disability retirement:

1. **Eligibility:** Based on determination of total and permanent disability and eligibility for social security disability payments.
2. **Benefit:** The benefit earned to the participant's date of disability commencing after social security waiting period is completed.

Termination benefits:

1. **Eligibility:** Completion of five years of vesting service.
2. **Benefit:** The monthly benefit earned to date of termination with payment commencing at his or her normal retirement date. A participant may elect early retirement commencing at age 57 if 12 years of vesting service at date of termination.

Pre-retirement death benefits:

1. Prior to early retirement age:

- (a) **Eligibility:** If a participant dies after becoming vested, but before early retirement age, his or her surviving spouse is entitled to a preretirement death benefit.
- (b) **Benefit:** A monthly income, payable for life, commencing at the participant's first eligibility, which is the amount which would have been payable if the participant had terminated just before death electing payments under the joint and 50% surviving spouse annuity form.

2. After early retirement age but before normal retirement age:

- (a) **Eligibility:** If a participant dies after early retirement age, but before retiring, his or her surviving spouse is entitled to a preretirement death benefit.
- (b) **Benefit:** A monthly income, payable for life commencing on the first of the month following the date of death, which is the amount which would have been payable if the participant had retired just before death and elected the joint and 50% surviving spouse annuity form.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan are prepared using the accrual method.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

2. Summary of significant accounting policies (continued):

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results may differ from those estimates and assumptions.

Investment valuation and income recognition:

The Plan's investments are stated at fair value, which is determined by quoted market prices at December 31, 2009 as provided by U.S. Bank, N.A. and as of December 31, 2008 as provided by JP Morgan Chase Bank N.A., the trustees of the Plan.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. These amounts were provided by U.S. Bank, N.A. (for the period April 1, 2009 through December 31, 2009) and JP Morgan Chase Bank N.A. (for the year ended December 31, 2008 and for the period January 1, 2009 through March 31, 2009).

Payment of benefits:

Benefit payments to participants are recorded when paid.

Actuarial present value of accumulated plan benefits:

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on years of service or a percentage of average monthly compensation, whichever provides the greater benefit. The accumulated plan benefits for active employees are based on the highest five years of their last ten years average monthly compensation. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

2. Summary of significant accounting policies (continued):

Actuarial present value of accumulated plan benefits (continued):

The actuarial present value of accumulated plan benefits was determined by an actuary from Aon Consulting for the years ended December 31, 2009 and 2008 and results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest), and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement), between the valuation date and the expected date of payment.

The Plan has elected to present actuarial benefit information as of the end of the year.

Actuarial assumptions:

The significant actuarial assumptions used in the valuations as of December 31, 2009 and 2008 for the Plan are as follows:

Investment return:

- | | |
|------------------------------|---|
| a. Funding rate | Three tiered segment rates as required by the IRS (Segment One – 5.03%; Segment Two – 6.73%; Segment Three – 6.82% for 2009 and Segment One – 5.32%; Segment Two – 6.45%; Segment Three – 6.69% for 2008) |
| b. Discount rate | 6.2% for 2009 (6.3% in 2008) |
| c. Expected return on assets | 6.0% for 2009 and 2008 |

Salary increases	4.0% per year compounded annually for 2009 and 2008
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Consumer Price Index	3.0% per year compounded annually for 2009 and 2008
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Mortality:

- | | |
|---|--|
| a. Funding | RP-2000 Annuitant and Nonannuitant Mortality for males and females |
| b. Generally Accepted Accounting Principles | 1994 Group Annuity Mortality Table for males and females |

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

2. Summary of significant accounting policies (continued):

Actuarial assumptions (continued):

c. Lump sum	RP-2000 projected to 2010 (2009 for 2008) Combined Unisex Mortality Table
Retirement age	Ranging from age 55 to 65 with probabilities ranging from 2% to 100%
Percentage method	80% assumed to be married (males and females)
Age difference	Males are assumed to be three years older than their spouses
Form of payment chosen by active participants	Lump sum calculated using plan interest rates and the RP-2000 Projected to 2010 (2009 for 2008) Combined Unisex Mortality Table

Contributions:

Contributions are recorded annually upon completion of the actuarial valuation for the Plan year.

3. Funding policy:

The Sponsor's funding policy is to make annual contributions to the Plan in amounts that are equal to the actuarially determined normal service cost and interest plus a portion of the past service cost liability. The Plan met the minimum funding requirements of ERISA for 2009 and 2008.

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

4. Investments:

The following table presents the fair values of investments at December 31, 2009 and 2008. Investments that represent 5% or more (if any) of the Plan's net assets are separately identified. All investments of the plan are nonparticipant-directed at December 31, 2009 and 2008.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

4. Investments (continued):

	Fair Value	
	2009	2008
Investments at fair value, as provided by U.S. Bank, N.A. and JP Morgan Chase Bank N.A.:		
Common stocks		\$ 3,478,983
U.S. government and government agency securities	\$ 804	2,918,172
Corporate bonds		1,032,031
Mutual funds	5,921,216	380,013
Money market fund	4,809,209	3,841,827
	<u>\$ 10,731,229</u>	<u>\$ 11,651,026</u>

The Plan's investments (including investments bought, sold and held during the year) increased (decreased) in value as follows for the years ended December 31:

	Net Change in Fair Value	
	2009	2008
Common stocks	\$ 467,480	\$ (1,621,194)
U.S. government and government agency securities	(94,900)	167,288
Corporate bonds	(24,334)	(156,261)
Mutual funds	969,083	(402,966)
Net appreciation (depreciation) in fair value of investments	<u>\$ 1,317,329</u>	<u>\$ (2,013,133)</u>

5. Fair value measurement:

The following information is presented in accordance with accounting principles generally accepted in the United States, which defines fair value as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date and establishes a framework for measuring fair value. A three-level valuation hierarchy is established for disclosure of fair value measurements based upon the transparency of inputs to the valuation of an asset as of the measurement date.

- Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets in active markets.
- Level 2 – inputs to the valuation methodology include quoted prices for similar assets in active markets, and inputs that are observable for the asset, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

5. Fair value measurement (continued):

Assets measured at fair value on a recurring basis at December 31, 2009, consisting of investments and money market funds, were as follows:

	Total Fair Value	Level 2
U.S. government and government agency securities	\$ 804	\$ 804
Mutual funds	5,921,216	5,921,216
Money market fund	<u>4,809,209</u>	<u>4,809,209</u>
	<u>\$ 10,731,229</u>	<u>\$ 10,731,229</u>

Assets measured at fair value on a recurring basis at December 31, 2008, consisting of investments and money market funds, were as follows:

	Total Fair Value	Level 1	Level 2
Common stocks	\$ 3,478,983	\$ 3,478,983	
U.S. government and government agency securities	2,918,172		\$ 2,918,172
Corporate bonds	1,032,031		1,032,031
Mutual funds	380,013		380,013
Money market fund	<u>3,841,827</u>		<u>3,841,827</u>
	<u>\$ 11,651,026</u>	<u>\$ 3,478,983</u>	<u>\$ 8,172,043</u>

The fair value of common stocks are based on quoted market prices and other relevant information generated by market transactions. For U.S. government and government agency securities, corporate bonds, mutual funds and money market fund included in investments, fair value quoted prices for similar assets in active markets and inputs that are observable for the asset, either directly or indirectly.

6. Information certified by trustee:

The plan administrator engaged U.S. Bank, N.A. and JP Morgan Chase Bank N.A. as trustees of the Plan. The financial information included in the Plan's financial statements have been derived from information certified as complete and accurate by the trustees, in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

7. Administrative expenses:

Certain administrative expenses of the Plan amounted to \$95,824 in 2009 and \$79,288 in 2008 were paid by the Sponsor.

8. Income tax status:

The Internal Revenue Service has determined and informed the Sponsor by a letter dated March 12, 2009 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

9. Plan termination:

In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations there under and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits, would the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may not be provided for at all.

While the Employer has not expressed any intent to terminate the Plan or to discontinue contributions, it is free to do so at any time, subject to the provisions set forth in ERISA. Should the Plan be terminated at some future time, all participants become 100% vested in benefits earned as of the termination date.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

10. **Party-in-interest transactions:**

Certain Plan investments were shares of mutual funds managed by William Blair & Co., LLC. William Blair & Co., LLC was the investment manager (for the year ended December 31, 2008 and for the period January 1, 2009 through March 31, 2009) as defined by the Plan and, therefore, these transactions qualified as party-in-interest transactions.

Certain Plan investments were shares of money market funds managed by JP Morgan Chase Bank N.A. along with the Plan owning bonds and stock of JP Morgan Chase Bank. JP Morgan Chase Bank N.A. was the trustee (for the year ended December 31, 2008 and for the period January 1, 2009 through March 31, 2009) as defined by the Plan and, therefore, these transactions qualified as party-in-interest transactions.

Total fees paid for trustee, legal, actuarial, and other professional services rendered by parties-in-interest amounted to \$40,561 for 2009 and \$65,809 for 2008.

11. **Risks and uncertainties:**

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

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