

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2012
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
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 <u>THE OHIO MASONIC HOME PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>07/01/1971</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THE OHIO MASONIC HOME</u> <u>2655 WEST NATIONAL ROAD</u> <u>SPRINGFIELD, OH 45504</u>	2b Employer Identification Number (EIN) <u>31-0536997</u> 2c Sponsor's telephone number <u>937-525-4985</u> 2d Business code (see instructions) <u>623000</u>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including 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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2013</u>	<u>FILED WITH AUTHORIZED SIGNATURE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 451
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	134
b Retired or separated participants receiving benefits.....	6b	75
c Other retired or separated participants entitled to future benefits.....	6c	212
d Subtotal. Add lines 6a , 6b , and 6c	6d	421
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	9
f Total. Add lines 6d and 6e	6f	430
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1G 1I		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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
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)

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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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>2012</u>
2	Assets:
a	Market value 2a <u>10306476</u>
b	Actuarial value 2b <u>10635880</u>
3	Funding target/participant count breakdown:
a	For retired participants and beneficiaries receiving payment 3a <u>74</u> <u>4147921</u>
b	For terminated vested participants 3b <u>231</u> <u>3568696</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>27543</u>
(2)	Vested benefits 3c(2) <u>2042786</u>
(3)	Total active 3c(3) <u>146</u> <u>2070329</u>
d	Total 3d <u>451</u> <u>9786946</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>7.08 %</u>
6	Target normal cost 6 <u>70937</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>10/04/2013</u>
Signature of actuary	Date
<u>MARTIN E. MOLLOY</u>	<u>11-06227</u>
Type or print name of actuary	Most recent enrollment number
<u>AON CONSULTING, INC.</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) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1890416
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	428979
9 Amount remaining (line 7 minus line 8)	0	1461437
10 Interest on line 9 using prior year's actual return of <u>-1.21</u> %		-17683
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>6.34</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1443754

Part III Funding Percentages		
14 Funding target attainment percentage	14	93.92 %
15 Adjusted funding target attainment percentage	15	108.67 %
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	80.00 %
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
11/13/2012	100000				
04/08/2013	30000				
05/06/2013	30000				
06/14/2013	30000				
07/09/2013	30000				
08/15/2013	60000				
Totals ►			18(b)	280000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	257059
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	70937	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	594820	177705	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	248642	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	214490	214490
36 Additional cash requirement (line 34 minus line 35)	36	34152	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	257059	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	222907	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	214490	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

SCHEDULE C (Form 5500) 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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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 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
AMERICAN CENTURY INVSTMNT MGMT INC.

44-0619208

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
FIDELITY MANAGEMENT AND RESEARCH CO

04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NUVEEN FUND ADVISORS, INC. 333 W. WACKER DRIVE
CHICAGO, IL 60606

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

13-5108880

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

HARBOR CAPITAL ADVISORS, INC.

P.O. BOX 804660
CHICAGO, IL 60680-4108

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

BLACKROCK FINANCIAL MANAGEMENT

13-3806691

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

SCOUT INVESTMENTS, INC.

P.O. BOX 1241
MILWAUKEE, WI 53201-1241

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

THE VANGUARD GROUP, INC.

23-2376849

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

PIMCO

33-0629048

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

BARCLAYS GLOBAL INVESTORS

94-3112180

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

CHARLES SCHWAB INVSTMNT MNGMT, INC.

P.O. BOX 8283
BOSTON, MA 02266-8323

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

CREDIT SUISSE

ELEVEN MADISON AVENUE
NEW YORK, NY 10010-3629

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

T. ROWE PRICE

52-0556948

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

ABERDEEN ASSET MANAGEMENT INC.

1735 MARKET STREET
32ND FLOOR
PHILADELPHIA, PA 19103

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

OFI GLOBAL ASSET MANAGEMENT, INC.

P.O. BOX 5270
DENVER, CO 80217

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

OPPENHEIMER FUNDS

13-2527171

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

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

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

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

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

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

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 50	NONE	37329	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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)

(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

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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
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			
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	0	15655
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	180000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	6886	17645
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	150506	177134
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(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)	10149084	10835248
(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	10306476	11225682

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	8880	9481
k Total liabilities (add all amounts in lines 1g through 1j)	1k	8880	9481

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10297596	11216201
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	280000	
(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)		280000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	263320	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		263320
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1116036
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1659356

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	703571	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	-273	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		703298
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)	37930	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	-477	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		37453
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		740751

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		918605
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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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>31-0841368</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>10</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 (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Howard, Wershbale & Co.
CPAs & Advisors

The Ohio Masonic Home Pension Plan

YEARS ENDED DECEMBER 31, 2012 AND 2011

THE OHIO MASONIC HOME PENSION PLAN

YEARS ENDED DECEMBER 31, 2012 AND 2011

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Independent Auditors' Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Ohio Masonic Home Pension Plan, which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act (ERISA) 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 5, which was certified by US Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules on pages 16 through 23 as of and for the year ended December 31, 2012 are required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

Howard, Nersisyan & Co.

Columbus, Ohio
October 8, 2013

THE OHIO MASONIC HOME PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
Assets:		
Investments at fair value:		
Mutual funds	\$ 10,835,248	\$ 10,149,084
Money market fund	<u>177,134</u>	<u>140,414</u>
	11,012,382	10,289,498
 Receivables:		
Investment income	17,645	6,886
Employer contributions	<u>180,000</u>	<u> </u>
	<u>197,645</u>	<u>6,886</u>
 Cash	<u>15,655</u>	<u>10,092</u>
 Total assets	11,225,682	10,306,476
 Liability, accrued administrative expenses	<u>9,481</u>	<u>8,880</u>
 Net assets available for benefits	<u><u>\$ 11,216,201</u></u>	<u><u>\$ 10,297,596</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, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
Changes to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 1,116,036	\$ (373,756)
Interest and dividends	263,320	244,177
Other income	<u>1,053</u>	<u>1,053</u>
	1,379,356	(128,526)
Employer contributions	<u>280,000</u>	<u></u>
Total change in investment income (loss)	<u>1,659,356</u>	<u>(128,526)</u>
Deductions from net assets attributed to:		
Benefits paid directly to participants	703,298	573,595
Administrative expenses	<u>37,453</u>	<u>40,391</u>
Total deductions	<u>740,751</u>	<u>613,986</u>
Net increase (decrease)	918,605	(742,512)
Net assets available for benefits, beginning	<u>10,297,596</u>	<u>11,040,108</u>
Net assets available for benefits, ending	<u><u>\$ 11,216,201</u></u>	<u><u>\$ 10,297,596</u></u>

See notes to financial statements.

THE OHIO MASONIC HOME PENSION PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants receiving payments	\$ 3,767,308	\$ 4,217,169
Other participants	<u>6,562,912</u>	<u>6,531,813</u>
	10,330,220	10,748,982
Nonvested benefits	<u>31,219</u>	<u>27,704</u>
Total actuarial value of accumulated plan benefits	<u><u>\$ 10,361,439</u></u>	<u><u>\$ 10,776,686</u></u>

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEARS ENDED DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 10,776,686</u>	<u>\$ 9,900,517</u>
Change during the year attributable to:		
Interest due to decrease in discount period	687,380	647,352
Change in actuarial assumptions	(326,714)	632,369
Other changes	(72,615)	170,043
Benefits paid	<u>(703,298)</u>	<u>(573,595)</u>
Net increase (decrease)	<u>(415,247)</u>	<u>876,169</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 10,361,439</u></u>	<u><u>\$ 10,776,686</u></u>

See notes to financial statements.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2012 AND 2011

1. Description of Plan:

General:

The following brief description of the Ohio Masonic Home Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

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).

The Plan is administered by the Plan administrator. The Plan administrator has overall responsibility for the operation and administration of the Plan. The Plan administrator determines the appropriateness of the Plan's investment offerings and monitors investment performance.

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 was subsequently 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 were able 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.

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. During 2012, the Employer made total contributions of \$280,000 and no contributions during 2011. The Employer's contributions for 2012 exceeded the minimum funding requirements of ERISA. There was no minimum funding requirement for 2011.

Although it has not expressed any intention to do so, the Employer 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.

Definitions for benefit computations:

1. **Plan year:** The calendar year.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

1. Description of Plan (continued):

Definitions for benefit computations (continued):

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.
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;
 - (iv) If age at hire was at least 49, 0.75% 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, 2012 AND 2011

1. Description of Plan (continued):

Normal retirement (continued):

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.

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.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

1. Description of Plan (continued):

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.

Preretirement 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 accompanying financial statements are prepared on the accrual basis of accounting.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts 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, and changes therein. Actual results may differ from those estimates.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

2. Summary of significant accounting policies (continued):

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies using information provided by its investment advisers, custodians, and insurance company. See Note 4 for a discussion of fair value measurements. 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. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits:

Benefit payments to participants are recorded upon distribution.

Administrative expenses:

The Plan's expenses are paid either by the Plan or the Employer, as provided by the Plan document. Expenses that are paid directly by the Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

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 services previously rendered by the employees. 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 were 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 services previously rendered.

The actuarial present value of accumulated plan benefits was determined by an independent actuary from Aon Hewitt for the years ended December 31, 2012 and 2011 and that amount 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.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

2. Summary of significant accounting policies (continued):

Actuarial assumptions:

The significant actuarial assumptions used in the valuations as of December 31, 2012 and 2011 for the Plan are as follows:

Investment return:

- | | |
|------------------------------|---|
| a. Funding rate | Three tiered segment rates as required by the IRS (Segment One – 4.94%; Segment Two – 6.15%; Segment Three – 6.76% for 2012 and Segment One – 2.06%; Segment Two – 5.25%; Segment Three – 6.32% for 2011) |
| b. Discount rate | 4.18% for 2012 (5.10% in 2011) |
| c. Expected return on assets | 6.59% for 2012 and 6.57% in 2011 |

Salary increases

Due to the Plan being frozen, this assumption does not apply to 2012 or 2011

Consumer Price Index

Due to the Plan being frozen, this assumption does not apply to 2012 or 2011

Mortality:

- | | |
|---|--|
| a. Funding | RP-2000 Annuitant and Nonannuitant Mortality for males and females |
| b. Generally Accepted Accounting Principles | 2013 Static Mortality Table for Annuitant and Nonannuitants |
| c. Lump sum | RP-2000 projected to 2012 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 2012 Combined Unisex Mortality Table

Subsequent events:

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through October 8, 2013, the date the Plan's financial statements were available to be issued.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

3. Investments:

The following table presents the fair values of investments at December 31, 2012 and 2011. Investments that represent 5% or more of the Plan's net assets in either year are separately identified. All investments of the plan are nonparticipant-directed at December 31, 2012 and 2011.

	Fair Value	
	2012	2011
Investments at fair value:		
Mutual Funds:		
PIMCO Total Return Fund Inst, 46,785 units in 2012 and 59,086 in 2011	\$ 525,858	\$ 642,263
Harbor Capital Appreciation Inst, 24,671 units in 2012 and 26,427 units in 2011	1,049,011	975,146
Spdr S&P 500 ETF Trust, 7,292 units in 2012 and 7,978 units in 2011	1,038,454	1,001,239
Ishares Barclays Aggregate ETF, 5,793 units in 2011		638,678
Ishares Core Total US Bond Market EFT, 4,847 units in 2012	538,405	
Vanguard Equity Income Inv, 46,381 units in 2011		1,015,749
Vanguard Equity Income Adm 20,326 units in 2012	1,028,926	
Nuveen Short Term Bond Fd Cl I, 53,846 units in 2012 and 64,630 units in 2011	541,695	635,955
Nuveen Intermediate Govt Bd Fd Cl I, 60,048 units in 2012 and 74,118 units in 2011	540,433	667,065
Nuveen High Income Bond Fd Cl I, 84,254 units in 2012 and 33,320 units in 2011	767,553	278,559
Other (funds less than 5% of plan assets)	<u>4,804,913</u>	<u>4,294,430</u>
	10,835,248	10,149,084
Money Market Fund:		
Other (funds less than 5% of plan assets) 177,134 units in 2012 and 140,414 units in 2011	<u>177,134</u>	<u>140,414</u>
	<u>\$ 11,012,382</u>	<u>\$ 10,289,498</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	
	2012	2011
Mutual funds	\$ 1,116,036	\$ (373,756)
Net appreciation (depreciation) in fair value of investments	<u>\$ 1,116,036</u>	<u>\$ (373,756)</u>

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

4. Fair value:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the methodology include:

- Quoted market prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Assets measured at fair value on a recurring basis at December 31, 2012 and 2011 were as follows:

	2012		2011	
	Level 2	Total Fair Value	Level 2	Total Fair Value
Mutual funds:				
Foreign large blend	\$ 1,431,412	\$ 1,431,412	\$ 1,462,740	\$ 1,462,740
Large blend	1,038,454	1,038,454	1,001,239	1,001,239
Mid blend	336,664	336,664	283,239	283,239
Inflation protected bond	377,707	377,707	347,036	347,036
Intermediate-term bond	1,604,696	1,604,696	1,948,006	1,948,006
Short-term bond	541,695	541,695	635,955	635,955
High yield bond	767,553	767,553	278,559	278,559
International bond	380,317	380,317	322,187	322,187
Real estate	333,870	333,870	423,719	423,719
Commodity funds	484,506	484,506	295,905	295,905
Diversified emerging markets	340,811	340,811	273,189	273,189
Large growth	1,523,844	1,523,844	1,457,239	1,457,239

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

4. Fair value (continued):

	2012		2011	
	Level 2	Total Fair Value	Level 2	Total Fair Value
Mutual funds (continued):				
Mid growth	315,790	315,790	202,612	202,612
Small value	108,019	108,019	85,164	85,164
Large value	<u>1,249,910</u>	<u>1,249,910</u>	<u>1,132,295</u>	<u>1,132,295</u>
	10,835,248	10,835,248	10,149,084	10,149,084
Money market fund	<u>177,134</u>	<u>177,134</u>	<u>140,414</u>	<u>140,414</u>
	<u>\$ 11,012,382</u>	<u>\$ 11,012,382</u>	<u>\$ 10,289,498</u>	<u>\$ 10,289,498</u>

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market fund is valued at its face value which estimates its fair value.

5. Information certified by trustee:

The plan administrator engaged U.S. Bank, N.A. as trustee 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 trustee, in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

6. Plan expenses:

Third-party administrator fees and other professional fees are currently paid by the Employer. The Employer provides other accounting and administrative services at no cost to the Plan. Certain administrative expenses of the Plan amounted to \$61,046 in 2012 and \$69,899 in 2011 were paid by the Sponsor. Investment expenses are included in net appreciation (depreciation) in fair value of investments.

7. Income tax status:

The Plan obtained its latest determination letter on March 12, 2009, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. In February 2013, the Plan filed with the IRS to receive a new determination letter. A response from the IRS has not yet been received.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

7. **Income tax status (continued):**

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audit for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax evaluations for years prior to 2009.

8. **Plan termination:**

In the event the Plan is terminated, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

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.

Whether all participants receive their benefits, should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC

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.

9. **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 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 END OF YEAR

EMPLOYER IDENTIFICATION NUMBER 31-0536997

PLAN NUMBER 001

DECEMBER 31, 2012

Description	Number of Shares	Cost	Fair Value
Mutual funds:			
Aberdeen Fds Emrgn	10,741	\$ 153,224	\$ 170,348
American Cent Small Cap Valu Ins	12,634	88,484	108,019
Credit Suisse Comm Ret ST Co	30,161	250,929	242,195
Fidelity Invt Tr Ad Instl Disci	9,162	259,488	302,501
Goldman Sachs M C Value Cl Inst	5,624	179,654	220,984
Harbor Capital Appreciation Inst	24,671	786,405	1,049,011
Ipath Dow Jones Ubs Commodity	5,860	244,824	242,311
Ishares Barclays Tips Bond ETF	3,111	331,495	377,707
Ishares Core Total US Bond Market EFT	4,847	521,410	538,405
Ishares Msci Eafe Index Fund ETF	5,456	280,279	310,228
Ishares Msci Emerging Mkts ETF	3,920	161,423	173,852
Ishares S&P Smallcap 600 ETF	1,443	78,838	112,698
Laudus Intl Marketmasters Funds Sel	15,363	247,093	304,485
Midcap Spdr Trust Series 1 ETF	1,206	154,719	223,966
Nuveen High Income Bond Fd Cl I	84,254	731,923	767,553
Nuveen Intermediate Govt Bd Fd Cl I	60,048	525,881	540,433
Nuveen Mid Cap Grwth Opp Fd Cl I	4,695	187,606	206,244
Nuveen Real Estate Secs I	15,704	228,429	333,870
Nuveen Short Term Bond Fund Cl I	53,846	535,277	541,695
Oppenheimer Developing Mkts Fds Cl Y	4,787	160,332	166,959
PIMCO Total Return Fund Inst	46,785	504,614	525,858
Scout International Fund	9,254	250,143	308,630
Spdr DJ Wilshire International	4,994	196,754	206,502
Spdr S&P 500 EFT Trust	7,292	761,471	1,038,454
T. Rowe Price International Bond Fund	37,655	365,731	380,317
Vanguard Equity Income Adm	20,326	924,964	1,028,926
Vanguard Explorer Fund Cl Adm	1,482	77,340	109,546
Vanguard Intl Growth Fd Cl Adm	4,953	260,675	303,551
			10,835,248
Money market fund:			
First Amer Prime Oblig Fund Cl Y	177,134	177,134	177,134
Total assets held for investments			\$ 11,012,382

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, 2012

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					10,306,476.19		
COMPARATIVE VALUE (5%)					515,323.80		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
Broker: Knight Equity Markets L.P.							
05/03/2012	Issue: 78462F103 - Spdr S&p 500 Eff Trust S	- 391.000	140.1401	21	54,774	40,655	14,119
05/03/2012	Issue: 06738C778 - Ipath Dow Jones Ubs Commodity B	1,892.000	41.2300	95	- 78,102	78,102	
05/03/2012	Issue: 464287234 - Ishares Msci Emerging Mkts E T F B	3,912.000	42.2400	196	- 165,438	165,438	
05/03/2012	Issue: 464287226 - Ishares Core Total US Bond Marketeff S	- 832.000	110.5001	44	91,892	88,533	3,360
06/19/2012	Issue: 464287226 - Ishares Core Total US Bond Marketeff S	- 1,119.000	111.1601	59	124,329	119,072	5,257
06/22/2012	Issue: 464287234 - Ishares Msci Emerging Mkts E T F B	1,379.000	37.6493	69	- 51,987	51,987	
Total For Knight Equity Markets L.P.				484	566,522	543,787	22,736
GRAND TOTAL				484	566,522	543,787	22,736

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

Issue: 31846V104 - First Amer Prime Oblig Fund Cl Y

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, 2012

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/04/2012	B	5,671.310	1.0000		- 5,671	5,671	
01/05/2012	B	1,881.280	1.0000		- 1,881	1,881	
01/06/2012	B	37.530	1.0000		- 38	38	
01/30/2012	B	050	1.0000				
01/31/2012	B	6,725.360	1.0000		- 6,725	6,725	
02/02/2012	B	7,244.250	1.0000		- 7,244	7,244	
02/06/2012	B	38.310	1.0000		- 38	38	
02/07/2012	B	1,592.830	1.0000		- 1,593	1,593	
02/24/2012	B	16,821.490	1.0000		- 16,821	16,821	
03/02/2012	B	9.740	1.0000		- 10	10	
03/06/2012	B	39.040	1.0000		- 39	39	
03/07/2012	B	1,602.570	1.0000		- 1,603	1,603	
03/14/2012	B	71,686.510	1.0000		- 71,687	71,687	
03/28/2012	B	1,449.070	1.0000		- 1,449	1,449	
03/30/2012	B	354.970	1.0000		- 355	355	
04/03/2012	B	11,125.610	1.0000		- 11,126	11,126	
04/05/2012	B	39.600	1.0000		- 40	40	
04/09/2012	B	2,371.590	1.0000		- 2,372	2,372	
04/30/2012	B	5,316.630	1.0000		- 5,319	5,319	
05/04/2012	B	147,031.630	1.0000		- 147,032	147,032	
05/07/2012	B	1,621.250	1.0000		- 1,621	1,621	
05/07/2012	B	.010	1.0000				

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, 2012

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/09/2012	B	40.370	1.0000		- 40	40	
06/04/2012	B	9,724.300	1.0000		- 9,724	9,724	
06/06/2012	B	39.540	1.0000		- 40	40	
06/07/2012	B	3,574.670	1.0000		- 3,575	3,575	
06/14/2012	B	541.850	1.0000		- 542	542	
06/22/2012	B	124,329.410	1.0000		- 124,329	124,329	
06/28/2012	B	10,341.750	1.0000		- 10,342	10,342	
07/03/2012	B	9,821.570	1.0000		- 9,822	9,822	
07/05/2012	B	1,987.310	1.0000		- 1,987	1,987	
07/06/2012	B	39.120	1.0000		- 39	39	
07/09/2012	B	1,908.970	1.0000		- 1,909	1,909	
07/30/2012	B	.010	1.0000				
07/31/2012	B	5,781.970	1.0000		- 5,782	5,782	
07/31/2012	B	273.000	1.0000		- 273	273	
08/02/2012	B	33.690	1.0000		- 34	34	
08/06/2012	B	39.720	1.0000		- 40	40	
08/07/2012	B	845.590	1.0000		- 846	846	
09/05/2012	B	5,417.610	1.0000		- 5,418	5,418	
09/06/2012	B	1,164.700	1.0000		- 1,165	1,165	
09/07/2012	B	39.960	1.0000		- 40	40	
09/10/2012	B	839.620	1.0000		- 840	840	
09/20/2012	B	235.350	1.0000		- 235	235	

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, 2012

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/26/2012	B	660.860	1.0000		- 661	661	
09/27/2012	B	.010	1.0000				
10/19/2012	B	55,598.010	1.0000		- 55,598	55,598	
10/31/2012	B	6,364.560	1.0000		- 6,365	6,365	
11/06/2012	B	29,630.360	1.0000		- 29,630	29,630	
11/07/2012	B	1,960.590	1.0000		- 1,961	1,961	
11/08/2012	B	78,800.010	1.0000		- 78,800	78,800	
11/13/2012	B	100,000.000	1.0000		- 100,000	100,000	
11/15/2012	B	61,266.730	1.0000		- 61,267	61,267	
11/29/2012	B	.010	1.0000				
12/04/2012	B	9,301.550	1.0000		- 9,302	9,302	
12/07/2012	B	7,494.300	1.0000		- 7,494	7,494	
12/10/2012	B	7,111.320	1.0000		- 7,111	7,111	
12/11/2012	B	10,256.790	1.0000		- 10,257	10,257	
12/12/2012	B	1,193.460	1.0000		- 1,193	1,193	
12/17/2012	B	12,561.370	1.0000		- 12,561	12,561	
12/19/2012	B	41,285.730	1.0000		- 41,286	41,286	
12/19/2012	B	4,180.260	1.0000		- 4,180	4,180	
12/24/2012	B	1,859.860	1.0000		- 1,860	1,860	
12/27/2012	B	4,353.870	1.0000		- 4,354	4,354	
12/28/2012	B	4,532.880	1.0000		- 4,533	4,533	

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, 2012

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 Buys				0	898,099	898,099	0
01/03/2012	S	- 29,584.850	1.0000		29,585	29,585	
01/26/2012	S	- 8,880.450	1.0000		8,880	8,880	
01/27/2012	S	- 50,909.540	1.0000		50,910	50,910	
02/01/2012	S	- 32,285.300	1.0000		32,285	32,285	
02/16/2012	S	- 16,821.490	1.0000		16,821	16,821	
02/24/2012	S	- 16,821.490	1.0000		16,821	16,821	
03/01/2012	S	- 25,123.490	1.0000		25,123	25,123	
03/16/2012	S	- 41,354.490	1.0000		41,354	41,354	
04/02/2012	S	- 24,725.160	1.0000		24,725	24,725	
04/26/2012	S	- 9,571.320	1.0000		9,571	9,571	
05/01/2012	S	- 18,346.560	1.0000		18,347	18,347	
05/06/2012	S	- 96,873.820	1.0000		96,874	96,874	
05/14/2012	S	- 363.360	1.0000		363	363	
06/01/2012	S	- 32,648.660	1.0000		32,649	32,649	
06/25/2012	S	- 52,723.030	1.0000		52,723	52,723	
06/27/2012	S	- 47,034.490	1.0000		47,034	47,034	
07/02/2012	S	- 25,629.940	1.0000		25,630	25,630	
08/01/2012	S	- 32,648.660	1.0000		32,649	32,649	
09/04/2012	S	- 30,053.770	1.0000		30,054	30,054	
09/12/2012	S	- 3,477.410	1.0000		3,477	3,477	

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, 2012

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/01/2012	S	- 4,880.700	1.0000		4,881	4,881	
10/26/2012	S	- 9,657.660	1.0000		9,658	9,658	
11/01/2012	S	- 52,304.910	1.0000		52,305	52,305	
11/15/2012	S	- 61,688.210	1.0000		61,688	61,688	
12/03/2012	S	- 59,710.930	1.0000		59,711	59,711	
12/06/2012	S	- 56,747.560	1.0000		56,748	56,748	
12/26/2012	S	- 20,508.300	1.0000		20,508	20,508	
Total For Sells				0	861,374	861,374	0
Total First Amer Prime Oblig Fund CI Y				0	1,759,473	1,759,473	0
Issue: 77958H104 - T Rowe Price Intl Bond Fund							
05/03/2012	B	36,616.910	9.9600		- 364,704	364,704	
Total For Buys				0	364,704	364,704	0
11/05/2012	S	- 32,040.471	10.0700		322,648	311,198	11,450
Total For Sells				0	322,648	311,198	11,450
Total T Rowe Price Intl Bond Fund				0	687,352	675,902	11,450
GRAND TOTAL				0	2,446,825	2,435,375	11,450

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, 2012

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

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 ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2012**This Form is Open to Public
Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

► 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) ► 001
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>2012</u>		
2 Assets:		
a Market value	2a	10,306,476
b Actuarial value	2b	10,635,880
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 74	4,147,921
b For terminated vested participants.....	3b 231	3,568,696
c For active participants:		
(1) Non-vested benefits	3c(1)	27,543
(2) Vested benefits	3c(2)	2,042,786
(3) Total active.....	3c(3) 146	2,070,329
d Total.....	3d 451	9,786,946
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate	5	7.08 %
6 Target normal cost	6	70,937

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>Martin E. Molloy</u> Signature of actuary	<u>10/04/2013</u> Date
	<u>Martin E. Molloy</u> Type or print name of actuary	<u>11-06227</u> Most recent enrollment number
	<u>Aon Consulting, Inc.</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</u> <u>OH 43235</u>	

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) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,890,416
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	428,979
9 Amount remaining (line 7 minus line 8)	0	1,461,437
10 Interest on line 9 using prior year's actual return of <u>(1.21)</u> %		(17,683)
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>6.34</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	1,443,754

Part III Funding Percentages

14 Funding target attainment percentage	14	93.92 %
15 Adjusted funding target attainment percentage	15	108.67 %
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	80.00 %
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
11/13/2012	100,000				
04/08/2013	30,000				
05/06/2013	30,000				
06/14/2013	30,000				
07/09/2013	30,000				
08/15/2013	60,000				
Totals ►			18(b)	280,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	257,059

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	70,937	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	594,820		177,705
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	248,642	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	214,490	214,490
36 Additional cash requirement (line 34 minus line 35).....	36	34,152	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	257,059	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	222,907	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	214,490	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2012

Date	Amount	Interest Rate	Days to Discount to 1/1/2012	Interest Adjusted Contribution
November 13, 2012	\$ 100,000	7.08%	317	\$ 94,247
April 8, 2013	30,000	7.08%	463	27,513
May 6, 2013	30,000	7.08%	491	27,369
June 14, 2013	30,000	7.08%	530	27,171
July 9, 2013	30,000	7.08%	555	27,044
August 15, 2013	60,000	7.08%	592	53,715
Total Contribution	280,000			257,059

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	2.00%	0.9224	1.10
60.5	5.00%	0.9039	2.73
61.5	5.00%	0.8587	2.64
62.5	20.00%	0.8158	10.20
63.5	10.00%	0.6526	4.14
64.5	10.00%	0.5874	3.79
65	100.00%	0.5286	34.36
Weighted Average			63.38

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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

Interest rates for Minimum Funding and Benefit Restriction Purposes	Based on segment rates with a four-month lookback (as of September 2011), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st segment rate	5.54%
2nd segment rate	6.85%
3rd segment rate	7.52%
Interest rates for Maximum Tax and PBGC Purposes	Based on segment rates with a four-month lookback (as of September 2011), without regard to the MAP-21 interest rate corridor
1st segment rate	2.06%
2nd segment rate	5.25%
3rd segment rate	6.32%
Optional payment form election percentage	100% of participants are assumed to elect a lump sum
Optional payment form conversion interest rate	Same as funding interest rates above for lump sums
Optional payment form conversion mortality	Current 417(e) table for lump sums
Retirement age	
Active participants	See Table 1
Terminated vested participants	Age 65
Mortality rates	
Healthy and disabled	2012 static mortality for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal rates	See Table 2
Disability rates	None
Decrement timing	Middle of year decrements, with 100% retirement occurring at beginning of year

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Surviving spouse benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are 3 years older than their spouses.
Benefit limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$200,000.
Valuation of plan assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected return on assets	
2010 plan year	6.00%
2011 plan year	6.73%, limited to 6.57%
Trust expenses included in target normal cost	The normal cost for funding purposes includes assumed expenses equal to (i) the actual expenses paid by the trust in the previous year for trustee and investment advisory services, plus (ii) the current year's expected PBGC premium payment.
Actuarial method	Standard unit credit cost method
Valuation date	January 1, 2012

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	5.00%
61	5.00%
62	20.00%
63	10.00%
64	10.00%
65+	100.00%

The weighted retirement age is 63.

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
20	9.9384%	50	4.2247%
21	9.8898%	51	3.6823%
22	9.8398%	52	3.1228%
23	9.7877%	53	2.5661%
24	9.7331%	54	2.0347%
25	9.6742%	55	1.5488%
26	9.6114%	56	1.1247%
27	9.5438%	57	0.7718%
28	9.4704%	58	0.4939%
29	9.3906%	59	0.2879%
30	9.3031%	60	0.1465%
31	9.2065%	61	0.0594%
32	9.1000%	62	0.0152%
33	8.9820%	63+	0.0000%
34	8.8511%		
35	8.7062%		
36	8.5466%		
37	8.3717%		
38	8.1815%		
39	7.9756%		
40	7.7543%		
41	7.5151%		
42	7.2556%		
43	6.9760%		
44	6.6758%		
45	6.3540%		
46	6.0053%		
47	5.6227%		
48	5.2000%		
49	4.7337%		

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

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

General Information

Original Effective Date:	July 1, 1971
Effective Date of Last Amendment:	December 31, 2009
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.

As of December 31, 2009, no additional service will count toward benefit accruals.

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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.

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.

No further benefits will accrue after December 31, 2009.

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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.

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. No further benefits will accrue after December 31, 2009.

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 Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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 Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The following non-prescribed actuarial assumption was changed for the 2012 plan year:

- The expected asset return assumption was changed from 6.73% for 2011 to 6.59% for 2012.

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2012

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			2							
30-34		15	10	1						
35-39		9	10	1						
40-44		8	8	3						
45-49		8	10	5	3	2				
50-54		5	4	1	2	4	1			
55-59		3	9	3	2			1		
60-64		2	4	3		1				
65-69		1	1	1						
70+		1	1		1					

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Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$1,246,235	January 1, 2010	5	\$276,823
Shortfall	\$523,757	January 1, 2011	6	\$100,338
Shortfall	(\$1,175,172)	January 1, 2012	7	(\$199,456)

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2012

Date	Amount	Interest Rate	Days to Discount to 1/1/2012	Interest Adjusted Contribution
November 13, 2012	\$ 100,000	7.08%	317	\$ 94,247
April 8, 2013	30,000	7.08%	463	27,513
May 6, 2013	30,000	7.08%	491	27,369
June 14, 2013	30,000	7.08%	530	27,171
July 9, 2013	30,000	7.08%	555	27,044
August 15, 2013	60,000	7.08%	592	53,715
Total Contribution	280,000			257,059

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	2.00%	0.9224	1.10
60.5	5.00%	0.9039	2.73
61.5	5.00%	0.8587	2.64
62.5	20.00%	0.8158	10.20
63.5	10.00%	0.6526	4.14
64.5	10.00%	0.5874	3.79
65	100.00%	0.5286	34.36
Weighted Average			63.38

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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

Interest rates for Minimum Funding and Benefit Restriction Purposes	Based on segment rates with a four-month lookback (as of September 2011), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st segment rate	5.54%
2nd segment rate	6.85%
3rd segment rate	7.52%
Interest rates for Maximum Tax and PBGC Purposes	Based on segment rates with a four-month lookback (as of September 2011), without regard to the MAP-21 interest rate corridor
1st segment rate	2.06%
2nd segment rate	5.25%
3rd segment rate	6.32%
Optional payment form election percentage	100% of participants are assumed to elect a lump sum
Optional payment form conversion interest rate	Same as funding interest rates above for lump sums
Optional payment form conversion mortality	Current 417(e) table for lump sums
Retirement age	
Active participants	See Table 1
Terminated vested participants	Age 65
Mortality rates	
Healthy and disabled	2012 static mortality for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal rates	See Table 2
Disability rates	None
Decrement timing	Middle of year decrements, with 100% retirement occurring at beginning of year

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Surviving spouse benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are 3 years older than their spouses.
Benefit limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$200,000.
Valuation of plan assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected return on assets	
2010 plan year	6.00%
2011 plan year	6.73%, limited to 6.57%
Trust expenses included in target normal cost	The normal cost for funding purposes includes assumed expenses equal to (i) the actual expenses paid by the trust in the previous year for trustee and investment advisory services, plus (ii) the current year's expected PBGC premium payment.
Actuarial method	Standard unit credit cost method
Valuation date	January 1, 2012

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	5.00%
61	5.00%
62	20.00%
63	10.00%
64	10.00%
65+	100.00%

The weighted retirement age is 63.

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
20	9.9384%	50	4.2247%
21	9.8898%	51	3.6823%
22	9.8398%	52	3.1228%
23	9.7877%	53	2.5661%
24	9.7331%	54	2.0347%
25	9.6742%	55	1.5488%
26	9.6114%	56	1.1247%
27	9.5438%	57	0.7718%
28	9.4704%	58	0.4939%
29	9.3906%	59	0.2879%
30	9.3031%	60	0.1465%
31	9.2065%	61	0.0594%
32	9.1000%	62	0.0152%
33	8.9820%	63+	0.0000%
34	8.8511%		
35	8.7062%		
36	8.5466%		
37	8.3717%		
38	8.1815%		
39	7.9756%		
40	7.7543%		
41	7.5151%		
42	7.2556%		
43	6.9760%		
44	6.6758%		
45	6.3540%		
46	6.0053%		
47	5.6227%		
48	5.2000%		
49	4.7337%		

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

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

General Information

Original Effective Date:	July 1, 1971
Effective Date of Last Amendment:	December 31, 2009
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.

As of December 31, 2009, no additional service will count toward benefit accruals.

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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.

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.

No further benefits will accrue after December 31, 2009.

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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.

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. No further benefits will accrue after December 31, 2009.

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 Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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 Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The following non-prescribed actuarial assumption was changed for the 2012 plan year:

- The expected asset return assumption was changed from 6.73% for 2011 to 6.59% for 2012.

Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2012
Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			2							
30-34		15	10	1						
35-39		9	10	1						
40-44		8	8	3						
45-49		8	10	5	3	2				
50-54		5	4	1	2	4	1			
55-59		3	9	3	2			1		
60-64		2	4	3		1				
65-69		1	1	1						
70+		1	1		1					

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Schedule SB Attachment (Form 5500)—2012 Plan Year
The Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$1,246,235	January 1, 2010	5	\$276,823
Shortfall	\$523,757	January 1, 2011	6	\$100,338
Shortfall	(\$1,175,172)	January 1, 2012	7	(\$199,456)

THE OHIO MASONIC HOME PENSION PLAN

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

EMPLOYER IDENTIFICATION NUMBER 31-0536997

PLAN NUMBER 001

DECEMBER 31, 2012

Description	Number of Shares	Cost	Fair Value
Mutual funds:			
Aberdeen Fds Emrgn	10,741	\$ 153,224	\$ 170,348
American Cent Small Cap Valu Ins	12,634	88,484	108,019
Credit Suisse Comm Ret ST Co	30,161	250,929	242,195
Fidelity Invt Tr Ad Instl Disci	9,162	259,488	302,501
Goldman Sachs M C Value Cl Inst	5,624	179,654	220,984
Harbor Capital Appreciation Inst	24,671	786,405	1,049,011
Ipath Dow Jones Ubs Commodity	5,860	244,824	242,311
Ishares Barclays Tips Bond ETF	3,111	331,495	377,707
Ishares Core Total US Bond Market EFT	4,847	521,410	538,405
Ishares Msci Eafe Index Fund ETF	5,456	280,279	310,228
Ishares Msci Emerging Mkts ETF	3,920	161,423	173,852
Ishares S&P Smallcap 600 ETF	1,443	78,838	112,698
Laudus Intl Marketmasters Funds Sel	15,363	247,093	304,485
Midcap Spdr Trust Series 1 ETF	1,206	154,719	223,966
Nuveen High Income Bond Fd Cl I	84,254	731,923	767,553
Nuveen Intermediate Govt Bd Fd Cl I	60,048	525,881	540,433
Nuveen Mid Cap Grwth Opp Fd Cl I	4,695	187,606	206,244
Nuveen Real Estate Secs I	15,704	228,429	333,870
Nuveen Short Term Bond Fund Cl I	53,846	535,277	541,695
Oppenheimer Developing Mkts Fds Cl Y	4,787	160,332	166,959
PIMCO Total Return Fund Inst	46,785	504,614	525,858
Scout International Fund	9,254	250,143	308,630
Spdr DJ Wilshire International	4,994	196,754	206,502
Spdr S&P 500 EFT Trust	7,292	761,471	1,038,454
T. Rowe Price International Bond Fund	37,655	365,731	380,317
Vanguard Equity Income Adm	20,326	924,964	1,028,926
Vanguard Explorer Fund Cl Adm	1,482	77,340	109,546
Vanguard Intl Growth Fd Cl Adm	4,953	260,675	303,551
			10,835,248
Money market fund:			
First Amer Prime Oblig Fund Cl Y	177,134	177,134	177,134
Total assets held for investments			\$ 11,012,382

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, 2012

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					10,306,476.19		
COMPARATIVE VALUE (5%)					515,323.80		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
Broker: Knight Equity Markets L.P.							
05/03/2012	Issue: 78462F103 - Spdr S&p 500 Eff Trust S	- 391.000	140.1401	21	54,774	40,655	14,119
05/03/2012	Issue: 06738C778 - Ipath Dow Jones Ubs Commodity B	1,892.000	41.2300	95	- 78,102	78,102	
05/03/2012	Issue: 464287234 - Ishares Msci Emerging Mkts E T F B	3,912.000	42.2400	196	- 165,438	165,438	
05/03/2012	Issue: 464287226 - Ishares Core Total US Bond Marketeff S	- 832.000	110.5001	44	91,892	88,533	3,360
06/19/2012	Issue: 464287226 - Ishares Core Total US Bond Marketeff S	- 1,119.000	111.1601	59	124,329	119,072	5,257
06/22/2012	Issue: 464287234 - Ishares Msci Emerging Mkts E T F B	1,379.000	37.6493	69	- 51,987	51,987	
Total For Knight Equity Markets L.P.				484	566,522	543,787	22,736
GRAND TOTAL				484	566,522	543,787	22,736

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

Issue: 31846V104 - First Amer Prime Oblig Fund Cl Y

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, 2012

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/04/2012	B	5,671.310	1.0000		- 5,671	5,671	
01/05/2012	B	1,881.280	1.0000		- 1,881	1,881	
01/06/2012	B	37.530	1.0000		- 38	38	
01/30/2012	B	050	1.0000				
01/31/2012	B	6,725.360	1.0000		- 6,725	6,725	
02/02/2012	B	7,244.250	1.0000		- 7,244	7,244	
02/06/2012	B	38.310	1.0000		- 38	38	
02/07/2012	B	1,592.830	1.0000		- 1,593	1,593	
02/24/2012	B	16,821.490	1.0000		- 16,821	16,821	
03/02/2012	B	9.740	1.0000		- 10	10	
03/06/2012	B	39.040	1.0000		- 39	39	
03/07/2012	B	1,602.570	1.0000		- 1,603	1,603	
03/14/2012	B	71,686.510	1.0000		- 71,687	71,687	
03/28/2012	B	1,449.070	1.0000		- 1,449	1,449	
03/30/2012	B	354.970	1.0000		- 355	355	
04/03/2012	B	11,125.610	1.0000		- 11,126	11,126	
04/05/2012	B	39.600	1.0000		- 40	40	
04/09/2012	B	2,371.590	1.0000		- 2,372	2,372	
04/30/2012	B	5,316.630	1.0000		- 5,319	5,319	
05/04/2012	B	147,031.630	1.0000		- 147,032	147,032	
05/07/2012	B	1,621.250	1.0000		- 1,621	1,621	
05/07/2012	B	.010	1.0000				

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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, 2012

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/09/2012	B	40.370	1.0000		- 40	40	
06/04/2012	B	9,724.300	1.0000		- 9,724	9,724	
06/06/2012	B	39.540	1.0000		- 40	40	
06/07/2012	B	3,574.670	1.0000		- 3,575	3,575	
06/14/2012	B	541.850	1.0000		- 542	542	
06/22/2012	B	124,329.410	1.0000		- 124,329	124,329	
06/28/2012	B	10,341.750	1.0000		- 10,342	10,342	
07/03/2012	B	9,821.570	1.0000		- 9,822	9,822	
07/05/2012	B	1,987.310	1.0000		- 1,987	1,987	
07/06/2012	B	39.120	1.0000		- 39	39	
07/09/2012	B	1,908.970	1.0000		- 1,909	1,909	
07/30/2012	B	.010	1.0000				
07/31/2012	B	5,781.970	1.0000		- 5,782	5,782	
07/31/2012	B	273.000	1.0000		- 273	273	
08/02/2012	B	33.690	1.0000		- 34	34	
08/06/2012	B	39.720	1.0000		- 40	40	
08/07/2012	B	845.590	1.0000		- 846	846	
09/05/2012	B	5,417.610	1.0000		- 5,418	5,418	
09/06/2012	B	1,164.700	1.0000		- 1,165	1,165	
09/07/2012	B	39.960	1.0000		- 40	40	
09/10/2012	B	839.620	1.0000		- 840	840	
09/20/2012	B	235.350	1.0000		- 235	235	

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, 2012

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/26/2012	B	660.860	1.0000		- 661	661	
09/27/2012	B	.010	1.0000				
10/19/2012	B	55,598.010	1.0000		- 55,598	55,598	
10/31/2012	B	6,364.560	1.0000		- 6,365	6,365	
11/06/2012	B	29,630.360	1.0000		- 29,630	29,630	
11/07/2012	B	1,960.590	1.0000		- 1,961	1,961	
11/08/2012	B	78,800.010	1.0000		- 78,800	78,800	
11/13/2012	B	100,000.000	1.0000		- 100,000	100,000	
11/15/2012	B	61,266.730	1.0000		- 61,267	61,267	
11/29/2012	B	.010	1.0000				
12/04/2012	B	9,301.550	1.0000		- 9,302	9,302	
12/07/2012	B	7,494.300	1.0000		- 7,494	7,494	
12/10/2012	B	7,111.320	1.0000		- 7,111	7,111	
12/11/2012	B	10,256.790	1.0000		- 10,257	10,257	
12/12/2012	B	1,193.460	1.0000		- 1,193	1,193	
12/17/2012	B	12,561.370	1.0000		- 12,561	12,561	
12/19/2012	B	41,285.730	1.0000		- 41,286	41,286	
12/19/2012	B	4,180.260	1.0000		- 4,180	4,180	
12/24/2012	B	1,859.860	1.0000		- 1,860	1,860	
12/27/2012	B	4,353.870	1.0000		- 4,354	4,354	
12/28/2012	B	4,532.880	1.0000		- 4,533	4,533	

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, 2012

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 Buys				0	898,099	898,099	0
01/03/2012	S	- 29,584.850	1.0000		29,585	29,585	
01/26/2012	S	- 8,880.450	1.0000		8,880	8,880	
01/27/2012	S	- 50,909.540	1.0000		50,910	50,910	
02/01/2012	S	- 32,285.300	1.0000		32,285	32,285	
02/16/2012	S	- 16,821.490	1.0000		16,821	16,821	
02/24/2012	S	- 16,821.490	1.0000		16,821	16,821	
03/01/2012	S	- 25,123.490	1.0000		25,123	25,123	
03/16/2012	S	- 41,354.490	1.0000		41,354	41,354	
04/02/2012	S	- 24,725.160	1.0000		24,725	24,725	
04/26/2012	S	- 9,571.320	1.0000		9,571	9,571	
05/01/2012	S	- 18,346.560	1.0000		18,347	18,347	
05/06/2012	S	- 96,873.820	1.0000		96,874	96,874	
05/14/2012	S	- 363.360	1.0000		363	363	
06/01/2012	S	- 32,648.660	1.0000		32,649	32,649	
06/25/2012	S	- 52,723.030	1.0000		52,723	52,723	
06/27/2012	S	- 47,034.490	1.0000		47,034	47,034	
07/02/2012	S	- 25,629.940	1.0000		25,630	25,630	
08/01/2012	S	- 32,648.660	1.0000		32,649	32,649	
09/04/2012	S	- 30,053.770	1.0000		30,054	30,054	
09/12/2012	S	- 3,477.410	1.0000		3,477	3,477	

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, 2012

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/01/2012	S	- 4,880.700	1.0000		4,881	4,881	
10/26/2012	S	- 9,657.660	1.0000		9,658	9,658	
11/01/2012	S	- 52,304.910	1.0000		52,305	52,305	
11/15/2012	S	- 61,688.210	1.0000		61,688	61,688	
12/03/2012	S	- 59,710.930	1.0000		59,711	59,711	
12/06/2012	S	- 56,747.560	1.0000		56,748	56,748	
12/26/2012	S	- 20,508.300	1.0000		20,508	20,508	
Total For Sells				0	861,374	861,374	0
Total First Amer Prime Oblig Fund CI Y				0	1,759,473	1,759,473	0
Issue: 77958H104 - T Rowe Price Intl Bond Fund							
05/03/2012	B	36,616.910	9.9600		- 364,704	364,704	
Total For Buys				0	364,704	364,704	0
11/05/2012	S	- 32,040.471	10.0700		322,648	311,198	11,450
Total For Sells				0	322,648	311,198	11,450
Total T Rowe Price Intl Bond Fund				0	687,352	675,902	11,450
GRAND TOTAL				0	2,446,825	2,435,375	11,450

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, 2012

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

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

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2012****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

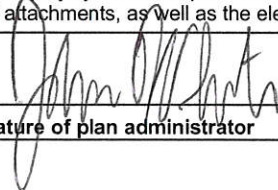
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or
☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- 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; include room or suite number (employer, if for a single-employer plan) The Ohio Masonic Home 2655 West National Road Springfield OH 45504	2b Employer Identification Number (EIN) 31-0536997
	2c Sponsor's telephone number (937) 525-4985
	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		10/11/13	John White
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

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

Form 5500 (2012)
v. 120126

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN
a Sponsor's name		4c PN
5 Total number of participants at the beginning of the plan year		5 451
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 134
b Retired or separated participants receiving benefits		6b 75
c Other retired or separated participants entitled to future benefits.....		6c 212
d Subtotal. Add lines 6a , 6b , and 6c		6d 421
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e 9
f Total. Add lines 6d and 6e		6f 430
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1G 1I		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		

9a Plan funding arrangement (check all that apply) <table style="width: 100%; border: none;"> <tr><td style="width: 5%;">(1)</td><td style="width: 5%;">☐</td><td>Insurance</td></tr> <tr><td>(2)</td><td>☐</td><td>Code section 412(e)(3) insurance contracts</td></tr> <tr><td>(3)</td><td>☒</td><td>Trust</td></tr> <tr><td>(4)</td><td>☐</td><td>General assets of the sponsor</td></tr> </table>	(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) <table style="width: 100%; border: none;"> <tr><td style="width: 5%;">(1)</td><td style="width: 5%;">☐</td><td>Insurance</td></tr> <tr><td>(2)</td><td>☐</td><td>Code section 412(e)(3) insurance contracts</td></tr> <tr><td>(3)</td><td>☒</td><td>Trust</td></tr> <tr><td>(4)</td><td>☐</td><td>General assets of the sponsor</td></tr> </table>	(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor			
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(4)	☐	General assets of the sponsor																										
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																												
a Pension Schedules <table style="width: 100%; border: none;"> <tr><td style="width: 5%;">(1)</td><td style="width: 5%;">☒</td><td>R (Retirement Plan Information)</td></tr> <tr><td>(2)</td><td>☐</td><td>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</td></tr> <tr><td>(3)</td><td>☒</td><td>SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</td></tr> </table>	(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 <table style="width: 100%; border: none;"> <tr><td style="width: 5%;">(1)</td><td style="width: 5%;">☒</td><td>H (Financial Information)</td></tr> <tr><td>(2)</td><td>☐</td><td>I (Financial Information - Small Plan)</td></tr> <tr><td>(3)</td><td>☐</td><td>A (Insurance Information)</td></tr> <tr><td>(4)</td><td>☒</td><td>C (Service Provider Information)</td></tr> <tr><td>(5)</td><td>☐</td><td>D (DFE/Participating Plan Information)</td></tr> <tr><td>(6)</td><td>☐</td><td>G (Financial Transaction Schedules)</td></tr> </table>	(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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