

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
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>07/01/2012</u> and ending <u>06/30/2013</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 PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1978</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1978</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1978</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CATHOLIC CHARITIES OF SOUTHWESTERN OHIO</u> <u>100 EAST 8TH STREET</u> <u>CINCINNATI, OH 45202-2129</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0536968</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>513-241-7745</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>624100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0536968</u>	2c Sponsor's telephone number <u>513-241-7745</u>	2d Business code (see instructions) <u>624100</u>	
2b Employer Identification Number (EIN) <u>31-0536968</u>					
2c Sponsor's telephone number <u>513-241-7745</u>					
2d Business code (see instructions) <u>624100</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	Filed with authorized/valid electronic signature.	06/13/2014	TED BERGH
	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) <u>BARNES, DENNIG & CO., LTD</u> <u>150 EAST FOURTH STREET</u> <u>CINCINNATI, OH 45202</u>			Preparer's telephone number (optional) <u>513-241-8313</u>

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		5 229
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	50
b Retired or separated participants receiving benefits.....	6b	58
c Other retired or separated participants entitled to future benefits.....	6c	109
d Subtotal. Add lines 6a , 6b , and 6c	6d	217
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	6
f Total. Add lines 6d and 6e	6f	223
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	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1G		
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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 07/01/2012 and ending 06/30/2013

A Name of plan <u>THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CATHOLIC CHARITIES OF SOUTHWESTERN OHIO</u>	D Employer Identification Number (EIN) <u>31-0536968</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>13-1614399</u>	<u>88668</u>	<u>005558-J</u>	<u>223</u>	<u>07/01/2012</u>	<u>06/30/2013</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>0</u>	<u>148</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

STEPHEN YARDS
7300 TURFWAY ROAD, SUITE 560
FLORENCE, KY 41042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	<u>76</u>	<u>PORTION OF INCENTIVE COMP. PROGRAM</u>	<u>3</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MICHAEL NORDYKE
7300 TURFWAY ROAD, SUITE 560
FLORENCE, KY 41042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	<u>32</u>	<u>PORTION OF INCENTIVE COMP. PROGRAM</u>	<u>3</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOHN MCGUIRE JR.

7300 TURFWAY ROAD, SUITE 560
FLORENCE, KY 41042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	24	PORTION OF INCENTIVE COMP. PROGRAM	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JASON PINSON

7300 TURFWAY ROAD, SUITE 560
FLORENCE, KY 41042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	16	PORTION OF INCENTIVE COMP. PROGRAM	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	583087
5 Current value of plan's interest under this contract in separate accounts at year end	5	7102742

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	329809
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c Additions: (1) Contributions deposited during the year	7c(1)	45000	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	5178	
(4) Transferred from separate account	7c(4)	615000	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	665178
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d Total of balance and additions (add lines 7b and 7c(6))	7d	994987
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	370159
(2) Administration charge made by carrier	7e(2)	19582
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	22160

▶ ADMINISTRATION EXPENSES

(5) Total deductions	7e(5)	411901
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	583086
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 07/01/2012 and ending 06/30/2013

▶ **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 PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO</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>CATHOLIC CHARITIES OF SOUTHWESTERN OHIO</u>	D Employer Identification Number (EIN) <u>31-0536968</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>07</u> Day <u>01</u> Year <u>2012</u>
2	Assets:
a	Market value 2a <u>7368684</u>
b	Actuarial value 2b <u>7330943</u>
3	Funding target/participant count breakdown:
a	For retired participants and beneficiaries receiving payment 3a <u>61</u> <u>3805390</u>
b	For terminated vested participants 3b <u>106</u> <u>1537450</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>29129</u>
(2)	Vested benefits 3c(2) <u>2556307</u>
(3)	Total active 3c(3) <u>57</u> <u>2585436</u>
d	Total 3d <u>224</u> <u>7928276</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.99 %</u>
6	Target normal cost 6 <u>33233</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>03/05/2014</u>
Signature of actuary	Date
<u>ROBERT J. MCELROY, E.A., M.A.A.A.</u>	<u>11-05088</u>
Type or print name of actuary	Most recent enrollment number
<u>MUTUAL OF AMERICA</u>	<u>212-224-1429</u>
Firm name	Telephone number (including area code)
<u>320 PARK AVENUE</u> <u>NEW YORK, NY 10022-6839</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)	531078	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	255477	
9	Amount remaining (line 7 minus line 8)	275601	
10	Interest on line 9 using prior year's actual return of <u>2.34</u> %	6449	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		141
	b Interest on (a) using prior year's effective interest rate of <u>5.57</u> % except as otherwise provided (see instructions)		3
	c Total available at beginning of current plan year to add to prefunding balance		144
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	282050	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	88.90 %
15	Adjusted funding target attainment percentage	15	88.90 %
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	79.61 %
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
10/23/2012	15000				
01/17/2013	15000				
04/15/2013	15000				
07/12/2013	16000				
			Totals ►	18(b)	61000 18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	58272
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
0	0	0
(4) 4th	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
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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
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	33233	
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	879383	24784	
b Waiver amortization installment			
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	58017	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	58017	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	58272	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	255	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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		

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 **07/01/2012** and ending **06/30/2013**

A Name of plan THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CATHOLIC CHARITIES OF SOUTHWESTERN OHIO	D Employer Identification Number (EIN) 31-0536968

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	
FIDELITY MANAGEMENT & RESEARCH COMP	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
THE VANGUARD GROUP, INC.	PO BOX 2600 VALLEY FORGE, PA 19482-2600

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DEUTSCHE INVESTMENT MANAGEMENT AMER	222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606-5808

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
OPPENHEIMER FUNDS, INC.	PO BOX 5270 DENVER, CO 80217-5270

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

AMERICAN CENTURY INVESTMENT MANAGEM

PO BOX 419786
KANSAS CITY, MO 64141-6786

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

CALVERT INVESTMENT MANAGEMENT, INC.

4550 MONTGOMERY AVENUE, SUITE 1000N
BETHESDA, MD 20814

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

CAPITAL RESEARCH AND MANAGEMENT COM

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

T. ROWE PRICE ASSOCIATES, INC.

100 EAST PRATT STREET
BALTIMORE, MD 21202

(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)

MUTUAL OF AMERICA LIFE INSURANCE CO

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13	NONE	41742	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 06/30/2013		
A Name of plan THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CATHOLIC CHARITIES OF SOUTHWESTERN OHIO	D Employer Identification Number (EIN) 31-0536968	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	16000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	7038875	7102742
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	329809	583087
(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	7368684	7701829

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	10515	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10515	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7358169	7701829
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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)	61000	
(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)		61000
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)	5178	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5178
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		678867
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		745045

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	370158	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		370158
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)	11645	
(2) Contract administrator fees	2i(2)	19582	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		31227
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		401385

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		343660
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: BARNES DENNIG & CO., LTD.

(2) EIN: 31-1119890

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		600000
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.).....		X	
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.		X	

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 07/01/2012 and ending 06/30/2013

A Name of plan <u>THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CATHOLIC CHARITIES OF SOUTHWESTERN OHIO</u>	D Employer Identification Number (EIN) <u>31-0536968</u>

Part I	Distributions
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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>13-1614399</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>2</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)
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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
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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):

The Pension Plan of Catholic Charities of Southwestern Ohio

**Financial Statements
With Supplementary Information
Years Ended June 30, 2013 and 2012
With Independent Auditors' Report**



BARNES DENNIG

Accounting • Tax • Business Insight

Independent Auditors' Report

To the Trustees of
The Pension Plan of Catholic Charities of Southwestern Ohio
Cincinnati, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pension Plan of Catholic Charities of Southwestern Ohio, which comprise the statements of net assets available for benefits as of June 30, 2013, and the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Mutual of America Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended June 30, 2013 and 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters described in the Basis of 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 the financial statements referred to in the first paragraph.

**Independent Auditors' Report
(Continued)**

Other Matter – Supplemental Schedule

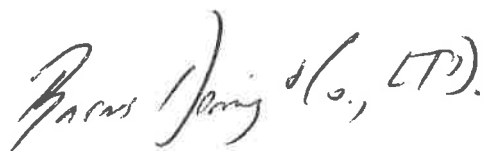
The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Other Matter – 2012 Financial Statements

The financial statements of the Plan as of June 30, 2012, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Mutual of America Life Insurance Company, the trustee of the Plan. Their report, dated April 10, 2013, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations 2013

The form and content of the information included in the 2013 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



April 10, 2014
Cincinnati, Ohio

THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

Statements of Net Assets Available for Benefits June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Assets		
Investments , at fair value		
General account	\$ 583,087	\$ 329,809
Pooled separate accounts	<u>7,102,742</u>	<u>7,038,875</u>
Total investments	7,685,829	7,368,684
 Receivables		
Employer contributions	<u>16,000</u>	<u>-</u>
Total receivables	<u>16,000</u>	<u>-</u>
Liabilities		
Accrued actuary fees	<u>-</u>	<u>10,515</u>
Total liabilities	<u>-</u>	<u>10,515</u>
Net assets available for benefits	<u>\$ 7,701,829</u>	<u>\$ 7,358,169</u>

The accompanying notes are an integral part of these financial statements

THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

Statements of Changes in Net Assets Available for Benefits Years Ended June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Additions		
Net appreciation in fair value of investments	\$ 678,867	\$ 163,046
Interest income	<u>5,178</u>	<u>8,369</u>
Total investment income	684,045	171,415
Employer contributions	<u>61,000</u>	<u>123,757</u>
Total additions	<u>745,045</u>	<u>295,172</u>
Deductions		
Benefits paid to participants	370,158	307,843
Administrative expenses	<u>31,227</u>	<u>35,815</u>
Total deductions	<u>401,385</u>	<u>343,658</u>
Net change in net assets available for benefits	343,660	(48,486)
Net assets available for benefits		
Beginning of year	<u>7,358,169</u>	<u>7,406,655</u>
End of year	<u>\$ 7,701,829</u>	<u>\$ 7,358,169</u>

The accompanying notes are an integral part of these financial statements

THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

Notes to Financial Statements

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for discussion of fair value measurements.

Purchases and sales of securities are recorded on the 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.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses

Certain administrative fees incurred in connection with the operation of the Plan are paid by Catholic Charities of Southwestern Ohio (the Agency) and, accordingly, are not reflected in the Plan's financial statements.

Related Party Transactions

Certain Plan investments are shares of separate accounts with Mutual of America Life Insurance Company, the trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management, actuarial valuations and retirement setup charges were \$31,227 and \$35,815 for the years ended June 30, 2013 and 2012, respectively.

Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions to net assets during the reporting period. Actual results may differ from those estimates.

THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

Notes to Financial Statements (Continued)

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fixed Income General Account

The Plan invests in a fixed income general account through Mutual of America. The investment is carried at an amount which is equal to the Plan's accumulated contributions, plus interest at the applicable rates, less amounts withdrawn for the purchase of annuities, payment of benefits or payment of administrative expenses. The interest rate earned for the years ended June 30, 2013 and 2012 was 1.15% and 1.75%, respectively.

Presentation Changes

The presentation of the actuarial present value of accumulated plan benefits and the changes in the actuarial present value of accumulated plan benefits has changed from its location in the financial statements in the prior year to its presentation in the notes to the financial statements in the current year.

Subsequent Events

The Plan has evaluated subsequent events through April 10, 2014, which is the date the financial statements were available to be issued.

NOTE 2 DESCRIPTION OF THE PLAN

The following description of the Pension Plan of Catholic Charities of Southwestern Ohio (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering all lay employees of the Catholic Charities of Southwestern Ohio (the Agency). The Plan was amended to freeze the Plan to new participants for benefit accrual service as well as final average earnings as of December 31, 2011. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Agency contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan members. Effective December 31, 1977, employee contributions were no longer required or permitted by the Plan and have ceased. Participants are fully vested in their contributions made prior to December 31, 1977. Present employees' accumulated contribution at June 30, 2013 and 2012 were \$30,522 and \$36,818, respectively, including interest credited at federal rates and changed periodically.

THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

Notes to Financial Statements (Continued)

NOTE 2 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits

Employees, ages 21-65, with one or more years of service, who entered the Plan before December 31, 2011, are entitled to monthly pension benefits beginning at normal retirement age (65) equal to 1/12 of the product of 1.65% of the participant's final average earnings through December 31, 2011 multiplied by total years of credited service (no maximum). Final average earnings are defined as the average of the highest five consecutive completed calendar years' compensation earned during the last ten consecutive calendar years of service through December 31, 2011 and credited service

is defined as the total years and months as a participant under the Plan or the Agency's prior plan underwritten by Mutual of America.

The Plan permits early retirement at ages 55-64, with reduced benefits. Participants may retire with fully accrued benefits upon attaining age 62 with 10 years of credited service. Prior to January 1, 2005, when a participant or beneficiary became eligible to receive benefits, an annuity was purchased to fund those benefits. The annuity and the related liability were excluded from the plan assets and accumulated plan benefits. Effective January 1, 2005, the Plan no longer purchased annuities, but instead paid the benefits out of the funds of the Plan.

If a participant terminates employment and the single sum present value of the participant's vested accrued benefit derived from the employer contribution is not greater than \$1,000, the participant will receive a single sum distribution of the present value of the entire vested portion. Participants are fully vested in their accrued benefits upon entering the Plan.

Death & Disability Benefits

If a vested participant dies before retirement benefits have commenced, the annual death benefit payable to the spouse is equal to 66 2/3% of the accrued benefit, reduced by early commencement.

If death occurs after age 55 or after age 45 and ten years of credited service, the participant's spouse, or if not living, child/children, is entitled to receive income through an extended survivor annuity, utilizing the 66 2/3% joint and survivor annuity option with 10 years certain, as defined in the Plan Agreement. These survivor benefits are paid monthly from the Plan's assets. The liability is included in the accumulated plan benefits.

While a disabled participant is receiving social security disability benefits, they will accrue credited service based on their salary rate in effect prior to their disability, provided this rate does not exceed 120% of the their salary rate in effect one year prior to their disability.

Tax Status of Benefit Plan

The Plan obtained its latest determination letter on March 9, 2004 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements

THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

Notes to Financial Statements (Continued)

NOTE 2 DESCRIPTION OF THE PLAN (CONTINUED)

Tax Status of Benefit Plan (Continued)

The Plan has adopted the GAAP provisions for accounting for uncertainty in income taxes. These provisions clarify the accounting for uncertainty in income taxes recognized in the Plan's financial statements and prescribes a recognition threshold and measurement principles for the Plan's financial statement recognition and measurement of tax positions taken or expected to be taken on a tax return that are not certain to be realized. The implementation of this standard had no material impact on the Plan's financial statements.

The Plan's income tax returns are subject to review and examination by taxing jurisdictions; however there are currently no audits in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

Frozen Plan

Effective December 31, 2011, the Plan was deemed frozen. Therefore, there are no new entrants into the Plan and employees are no longer able to accrue benefits. The Plan will remain in existence until all employee benefit obligations are paid.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuary for the Plan estimates the present value of accumulated plan benefits on the basis of an actuarial valuation performed as of July 1 of each year. Accumulated Plan benefits are those future payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service that employees have rendered to date and that are expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees and their beneficiaries, and (c) beneficiaries of employees who have died. Benefits for retired or terminated employees or their beneficiaries are based on actual benefits earned during their term of employment. The accumulated plan benefits for active employees are based on their actual compensation over their respective years of service, utilizing various benefit formulas as specified by the Plan. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal, retirement or termination) between the valuation date and the expected dates of payment. The actuarial assumptions below are based on the assumptions the Plan will continue. Were the plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

Notes to Financial Statements (Continued)

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The components of the actuarial present value of accumulated Plan benefits as of July 1, 2012 and 2011 are:

	<u>2012</u>	<u>2011</u>
Vested benefits:		
Participants currently receiving payments	\$ 3,815,291	\$ 2,369,565
Other participants	<u>4,173,551</u>	<u>4,672,968</u>
	7,988,842	7,042,533
Nonvested benefits	<u>30,384</u>	<u>29,451</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 8,019,226</u></u>	<u><u>\$ 7,071,984</u></u>

The components of the changes in accumulated Plan benefits for the year ended July 1, 2012 and 2011 are:

	<u>2012</u>	<u>2011</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 7,071,984	\$ 6,422,176
Increase (decrease) during the year attributable to:		
Benefits accumulated and miscellaneous	334,148	396,707
Decrease in discount period	519,074	473,619
Change in actuarial assumptions	401,863	-
Benefit payments	<u>(307,843)</u>	<u>(220,518)</u>
Net increase	<u>947,242</u>	<u>649,808</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 8,019,226</u></u>	<u><u>\$ 7,071,984</u></u>

Due to the inherent uncertainties in actuarial estimates, it is reasonably possible that actuarial estimates could change in the near term.

THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

Notes to Financial Statements (Continued)

NOTE 4 GENERAL ACTUARIAL DATA

The more significant assumptions underlying the actuarial computations for the July 1, 2012 and 2011 valuations were as follows:

Assumed rate of interest:	7% in 2012 and 7.5% in 2011
Mortality basis:	1994 Group Annuity Table in 2012 1988 Group Annuity Table in 2011
Retirement age:	Age 63
Salary increase:	4.0% through December 31, 2011
Withdrawal rate:	17.2242% annually at age 25 13.1043% annually at age 40 4.4042% annually at age 55

As of July 1, 2012, the interest rate for pre-retirement and post-retirement funding was changed from 7.5% to 7.0%

As of July 1, 2012, the assumed mortality table was changed from the 1988 Group Annuity Table to the 1994 Group Annuity Table.

NOTE 5 FUNDING POLICY

The Plan is funded exclusively by Agency contributions. Contributions are amounts deemed necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to participants and meet the amounts required under the funding provisions of ERISA. These contributions are designed to fund normal costs. While the Agency has not expressed any intent to discontinue its contributions, the Agency has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. As of June 30, 2013, the Plan has met its minimum funding requirements.

The Plan sponsor filed an election with the Internal Revenue Service in accordance with notice 2011-3, electing to adopt the 15 year amortization option of funding relief for the plan years beginning July 1, 2012 and 2011. This election allows the Plan sponsor to defer or extend the funding of the shortfall between plan assets and plan liabilities. All required notices to the Pension Benefit Guaranty Corporation as well as to participants and beneficiaries were made.

Effective October 1, 2011, because the Plan's adjusted funding target attainment percentage is less than 80%, the Plan became subject to benefit restrictions under the applicable sections of the Internal Revenue Code and ERISA. The restrictions limit the amount of Plan assets that may be used to pay a lump sum or purchase an annuity.

THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

Notes to Financial Statements (Continued)

NOTE 6 INVESTMENTS

The following table presents the fair value of investments exceeding 5% of net assets available for benefits at June 30, 2013 and 2012:

	2013	2012
Pooled Separate Accounts:		
Mutual of America Bond Fund	\$ 2,555,781	\$ 2,455,995
Mutual of America Equity Index Fund	1,153,743	1,182,774
Mutual of America Mid-Term Bond Fund	752,279	872,687
Vanguard VIF International Portfolio	699,901	608,141
Mutual of America General Account	583,087	*
Mutual of America Mid-Cap Equity Index Fund	391,064	377,954
Fidelity Investments VIP Mid Cap Fund	388,220	*
Vanguard VIF Diversified Value Portfolio	386,542	419,170
DWS Capital Growth VIP Fund	385,451	383,754

* Investment was less than 5% of net assets for the year.

During the fiscal years ended June 30, 2013 and 2012, the Plan's investments in pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$678,867 and \$163,046, respectively.

NOTE 7 INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The following information provided by Mutual of America Life Insurance Company was certified by them to be accurate and complete with respect to the following:

- (a) The assets held by Mutual of America Life Insurance Company at June 30, 2013 and 2012, as well as the transactions involving these assets for the years ended June 30, 2013 and 2012.
- (b) The amount of investment income for the years ended June 30, 2013 and 2012.
- (c) Schedule H, Line 4i – Schedule of Assets (Held at End of Year) at June 30, 2013.

NOTE 8 FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 and the lowest priority to unobservable inputs.

THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

Notes to Financial Statements (Continued)

NOTE 8 FAIR VALUE MEASUREMENTS (CONTINUED)

The hierarchy is broken down into three levels based on the ability to observe inputs as follows:

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability;
- 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's 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.

Following is a description of the valuation approaches used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2013 and 2012.

Pooled Separate Accounts: The net asset value ("NAV") of the pooled separate account is based on the market value of its underlying investments. The pooled separate account is not a publicly-quoted price in an active market.

General Fund: The carrying value approximates fair value

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2013:

Description	Total	Level 1	Level 2	Level 3
General account	\$ 583,087	\$ -	\$ 583,087	\$ -
Pooled separate accounts	7,102,742	-	7,102,742	-
Total investments at fair value	<u>\$ 7,685,829</u>	<u>\$ -</u>	<u>\$ 7,685,829</u>	<u>\$ -</u>

THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

Notes to Financial Statements (Continued)

NOTE 8 FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2012:

Description	Total	Level 1	Level 2	Level 3
General account	\$ 329,809	\$ -	\$ 329,809	\$ -
Pooled separate accounts	7,038,875	-	7,038,875	-
Total investments at fair value	<u>\$ 7,368,684</u>	<u>\$ -</u>	<u>\$ 7,368,684</u>	<u>\$ -</u>

NOTE 9 PLAN TERMINATION

The Agency expects the Plan to be continued indefinitely, but reserves the right to terminate the Plan and contributions thereunder, in whole or in part, at any time by action of its Trustees. If the Plan is terminated or partially terminated, benefits will be distributed pursuant to the terms of the Plan. Its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Generally, the Plan provides the following priorities:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation.
3. Other noninsured vested benefits.
4. All other nonvested benefits.

Certain benefits under the Plan are insured by the Pension Benefit Guarantee 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 pensions. 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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2013, that ceiling is \$4,790 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

Notes to Financial Statements (Continued)

NOTE 9 PLAN TERMINATION (CONTINUED)

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 for accumulated benefit obligations and may also depend on the financial conditions of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

NOTE 10 INVESTMENT RESTRICTIONS

Mutual of America has the right to delay certain transfers and withdrawals from the General Account for up to six months following the date that they receive the request.

THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

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

June 30, 2013

SCHEDULE H – FORM 5500

FEIN # 31 – 31-0536968

PLAN NUMBER 001

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
*	Mutual of America General Account	General Fund	\$ 583,087	\$ 583,087
*	Mutual of America Bond Fund	Pooled Separate Account	1,144,252	2,555,781
	DWS Capital Growth VIP Fund	Pooled Separate Account	173,116	385,451
*	Mutual of America Mid-Term Bond Fund	Pooled Separate Account	660,290	752,279
*	Mutual of America Equity Index Fund	Pooled Separate Account	383,868	1,153,743
*	Mutual of America Mid-Cap Equity Index Fund	Pooled Separate Account	96,799	391,064
	Vanguard VIF Diversified Value Portfolio	Pooled Separate Account	219,448	386,542
	Vanguard VIF International Portfolio	Pooled Separate Account	532,629	699,901
	Fidelity Investments VIP Mid Cap Fund	Pooled Separate Account	344,287	388,220
*	Mutual of America Small Cap Value Fund	Pooled Separate Account	119,728	232,448
*	Mutual of America Small Cap Growth Fund	Pooled Separate Account	88,416	157,313
			<u>\$ 4,345,920</u>	<u>\$ 7,685,829</u>

* Denotes Party-In-Interest

See accompanying independent auditors' report

2012 SCHEDULE SB (FORM 5500) PART V – SUMMARY OF PLAN PROVISIONS

Plan Sponsor:	Catholic Charities of Southwestern Ohio	EIN #:	31-0536968
Plan Name:	Employee Benefits Plan of Catholic Charities of Southwestern Ohio	Plan #:	001

Effective Date of Plan August 1, 1974.

Effective Date of Latest Amendment December 31, 2011.

Fresh Start Date June 30, 1998.

Eligibility All employees except leased employees become Participants of this Plan after completion of one year of service and attainment of age 21. Effective prior to February 1, 1999 service with an organization in the health and social service field, within three years prior to employment with this employer, counts towards the service requirement for eligibility. Effective December 31, 2011, no additional employees will be eligible to enter the plan.

Years of prior service with Su Casa Hispanic Ministry Center count towards eligibility provided 1000 hours of service were rendered in each such year.

Compensation Compensation includes all wages, salaries, fees and amounts received for personal service rendered in the course of employment. Compensation includes contributions made to a salary reduction or deferred compensation plan. Prior to 2002, compensation for any plan year, for benefit purposes, is limited to \$150,000 adjusted for increases prescribed by the Secretary of the Treasury. For the 2002 plan year, EGTRRA increased prospectively the limit to \$200,000 annually. For prospective years after 2002, the \$200,000 limit will be indexed for inflation. For 2012, the compensation limit is \$250,000.

Final Average Earnings The highest average monthly compensation for 5 consecutive completed calendar years of employment within the last consecutive 10 completed calendar years of service. Compensation earned after December 31, 2011 will not be reflected.

2012 SCHEDULE SB (FORM 5500) PART V – SUMMARY OF PLAN PROVISIONS

Benefit Accrual Service	Years and months of participation under this Plan or any prior plan of this Employer. Benefit Accrual Service shall also include participation under any other pension plan of the Catholic Social Service of Springfield. Any service rendered after January 1, 1993 with Catholic Social Services of Hamilton and all months of employment with Su Casa Hispanic Ministry Center shall count as Benefit Accrual Service. Effective December 31, 2011, Benefit Accrual Service shall cease to accrue under the plan for all plan participants.
Vesting	100% immediately.
Retirement Dates	
Normal	The first of the month coincident with or next following the Participant's 65th birthday.
Early	The first of the month on or after attainment of age 55 (but before age 65), on which the Participant elects to retire.
Deferred	The first of any month following Normal Retirement Date on which the Participant elects to retire.
Frozen Accrued Benefit	The Accrued Benefit as of the Fresh Start Date determined under the provisions of the Plan then in effect.
Benefit Formula	The monthly Normal Retirement benefit is determined as follows: The greater of (A) or (B): (A) The Frozen Accrued Benefit; (B) The annual benefit of 1.65% of Final Average Earnings multiplied by Benefit Accrual Service.
Accrued Benefit	The Accrued Benefit is computed under the Benefit Formula above using Final Average Earnings at date of determination assuming the Participant continues to earn Benefit Accrual Service until his Normal Retirement Age or date of determination, if later, and adjusted as follows: The portion of the retirement benefit based on total Benefit Accrual Service (item (B) in the Benefit Formula above) is multiplied by a fraction (not to exceed one) equal to actual Benefit Accrual Service divided by projected Benefit Accrual Service at Normal Retirement Age. The multiplication by this factor does not apply to the Frozen Accrued Benefit (item (A) in the Benefit Formula above).

2012 SCHEDULE SB (FORM 5500) PART V – SUMMARY OF PLAN PROVISIONS

Early Retirement Benefit	The Accrued Benefit reduced by 1/15 for each of the first 5 years and 1/30 for each of the next 5 years by which the Early Retirement Date precedes the Normal Retirement Date. A Participant with 10 “years of service” may retire early at age 62 with no reduction in Accrued Benefit, or reductions of 1/15 for each of the first 5 years and 1/30 for each of the next 2 years by which the Early Retirement Date precedes age 62. For this purpose “years of service” means years of employment with the Employer.
Deferred Retirement Benefit	The Accrued Benefit reflecting Final Average Earnings and Benefit Accrual Service to the Deferred Retirement Date.
Maximum Benefit	The annual benefit shall not exceed the lesser of (i) \$160,000 indexed after 2002 for inflation adjustments and (ii) 100% of the average compensation for the 3 consecutive years producing the highest average. For 2012, the dollar amount of \$200,000 is in the form of a non-refund life annuity. This amount is adjusted to reflect commencement before age 62 or after age 65 or for forms of payment other than a non-refund life annuity and Cost of Living Supplements, if any. It is prorated for less than 10 years of participation in the Plan.
Minimum Accrued Benefit	The Accrued Benefit computed under the provisions of the plan as of the latest amendment adoption date.
Normal Form of Payment	A non-refund monthly life annuity.
Automatic Form of Payment	For a married Participant, a monthly Joint and 66 2/3% Survivor with 120 months certain and continuous annuity actuarially equivalent to the monthly benefit in the Normal form.
Optional Forms of Payment	The Plan provides other possible forms of annuity, all actuarially equivalent to the normal form of payment.
Lump Sum at Retirement	None.
Cost of Living Increase	None.
Death Benefit Before Retirement	If a partially or fully vested participant dies before retirement benefits have begun, the annual death benefit payable to the spouse is equal to 66 2/3% of the vested Accrued Benefit, reduced for early commencement, and further reduced to reflect the Automatic Form of Payment. If death occurs after age 55, or age 45 and 10 years of employment, then the amount payable to the Spouse is computed as above, except that the Participant is assumed to remain in service until his Normal Retirement Date instead of terminating a day before death.

2012 SCHEDULE SB (FORM 5500) PART V – SUMMARY OF PLAN PROVISIONS

Disability Annuity Credit

Periods of disability while a participant receives a Social Security Disability Income are also counted as Benefit Accrual Service excluding the first six months of disability and ending on Normal or Early Retirement Date.

The compensation rate in effect immediately prior to disability is assumed to continue while disabled. Such compensation rate shall not exceed 120% of the compensation rate in effect one year prior to disability.

THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

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

June 30, 2013

SCHEDULE H – FORM 5500

FEIN # 31 – 31-0536968

PLAN NUMBER 001

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
*	Mutual of America General Account	General Fund	\$ 583,087	\$ 583,087
*	Mutual of America Bond Fund	Pooled Separate Account	1,144,252	2,555,781
	DWS Capital Growth VIP Fund	Pooled Separate Account	173,116	385,451
*	Mutual of America Mid-Term Bond Fund	Pooled Separate Account	660,290	752,279
*	Mutual of America Equity Index Fund	Pooled Separate Account	383,868	1,153,743
*	Mutual of America Mid-Cap Equity Index Fund	Pooled Separate Account	96,799	391,064
	Vanguard VIF Diversified Value Portfolio	Pooled Separate Account	219,448	386,542
	Vanguard VIF International Portfolio	Pooled Separate Account	532,629	699,901
	Fidelity Investments VIP Mid Cap Fund	Pooled Separate Account	344,287	388,220
*	Mutual of America Small Cap Value Fund	Pooled Separate Account	119,728	232,448
*	Mutual of America Small Cap Growth Fund	Pooled Separate Account	88,416	157,313
			<u>\$ 4,345,920</u>	<u>\$ 7,685,829</u>

* Denotes Party-In-Interest

See accompanying independent auditors' report

SCHEDULE OF ACTIVE PARTICIPANT DATA

 PLAN SPONSOR: CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

 PLAN NAME: EMPLOYEE BENEFITS PLAN OF
CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

EMPLOYER IDENTIFICATION NUMBER: 31-0536968

 PLAN NUMBER: 001

ATTAINED AGE	----- YEARS OF CREDITED SERVICE -----										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	1	4	-	-	-	-	-	-	-	-	5
30 to 34	-	1	1	-	-	-	-	-	-	-	2
35 to 39	1	2	2	-	-	-	-	-	-	-	5
40 to 44	1	2	3	1	-	-	-	-	-	-	7
45 to 49	1	4	3	-	2	-	-	-	-	-	10
50 to 54	-	-	3	1	-	1	1	1	-	-	7
55 to 59	-	1	3	3	1	-	-	-	-	-	8
60 to 64	-	2	2	1	1	-	-	-	4	-	10
65 to 69	-	-	-	1	-	1	-	-	-	-	2
70 & up	-	-	-	1	-	-	-	-	-	-	1
Total	4	16	17	8	4	2	1	1	4	-	57

**2012 SCHEDULE SB (FORM 5500) PART V – STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS**

Plan Sponsor: Catholic Charities of Southwestern Ohio

EIN #: 31-0536968

Plan Name: Employee Benefits Plan of Catholic Charities of
Southwestern Ohio

Plan #: 001

Actuarial Cost Method

Section 430(a) defines the minimum required contribution for a single employer plan as the sum of the plan's target normal cost and the shortfall and waiver amortization charges for the plan year. Under section 430(b), a plan's target normal cost for a plan year is the present value of all benefits expected to accrue or be earned under the plan during the plan year.

The shortfall amortization charge is determined based on the difference between the plan's funding target and the value of plan assets. Under section 430(d) a plan's "funding target" for a plan year is the present value of all benefits accrued or earned under the plan as of the beginning of the plan year.

Section 430(h)(2) specifies the interest rates that must be used in determining a plan's target normal cost and funding target. Under the provision, present value is determined using three interest rates (segment rates), each of which applies to benefit payments expected to be paid during a certain period. The first segment rate applies to benefits reasonably determined to be payable during the 5-year period beginning on the first day of the plan year. The second segment rate applies to benefits reasonably determined to be payable during the 15-year period following the initial 5-year period. The third segment rate applies to benefits reasonably determined to be payable after the end of that 15-year period.

Each segment rate is a single interest rate determined monthly by the Treasury Department on the basis of a corporate bond yield curve. The corporate bond yield curve used for this purpose is to be prescribed monthly by the Treasury Department and is to reflect the average, for the 24-month period ending with the preceding month, of yields on investment grade corporate bonds with varying maturities that are in the top three quality levels available.

In lieu of the segment rates described above, an employer may elect to determine the present value of benefits expected to be paid using interest rates from the full corporate bond yield curve in effect for the month prior to the beginning of the plan year.

Asset Valuation Method

The regulations provide that plan assets must be valued either at their fair market value on the valuation date or at the "average" value of assets on the valuation date. Under this average value, the value of plan assets is set equal to the average of the fair market value of assets on the valuation date and the adjusted fair market value of assets determined for one or more earlier determination dates. The regulations would provide that the period of time between the valuation date and each of the earlier determination dates must be equal, not more than 12 months per period, and the earliest of these determination dates cannot be earlier than the last day of the 25th month before the valuation date of the plan year. The resulting average must be between 90 and 110 percent of the fair market value of plan assets.

For purposes of determining the minimum required contribution pursuant to the PPA, the Actuarial Value of Assets, under the plan's asset valuation method, is equal to the Average Value of Assets. The Average Value of Assets is determined by averaging the fair market value of assets on the valuation date with the adjusted fair market value of assets for the preceding year, and second preceding year. The resulting average is adjusted to remain between 90 and 110 percent of the fair market value of plan assets.

**2012 SCHEDULE SB (FORM 5500) PART V – STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS**

Assumed Retirement Age	Age 63, or immediate if beyond age 63.								
Mortality Rates Before Retirement	IRS 2012 Static Mortality Table for Males and Females.								
Mortality Rates After Retirement	IRS 2012 Static Mortality Table for Males and Females.								
Interest Rates for Funding Pre- and Post-Retirement	July 2012 MAP-21 Segment Rates: 1st Segment: 5.54% 2nd Segment: 6.85% 3rd Segment: 7.52% Effective Rate: 6.99%								
Participant Withdrawal Rates	T-10 Rates of Withdrawal from the Pension Actuary's Handbook, as illustrated below: <table> <tr> <th><u>Age</u></th><th><u>Annual Percent Withdrawing</u></th></tr> <tr> <td>25</td><td>17.2242</td></tr> <tr> <td>40</td><td>13.1043</td></tr> <tr> <td>55</td><td>4.4042</td></tr> </table>	<u>Age</u>	<u>Annual Percent Withdrawing</u>	25	17.2242	40	13.1043	55	4.4042
<u>Age</u>	<u>Annual Percent Withdrawing</u>								
25	17.2242								
40	13.1043								
55	4.4042								
Compensation Increase	N/A.								
Maximum Benefit and Compensation Increases	The maximum benefit and compensation limits are assumed <i>not</i> to increase in the future.								
Marital Status	80% of current participants are married.								
Spouse Age	Spouse of male participant is 3 years younger, and spouse of female participant is 3 years older.								
Administrative Expenses*	Annual estimated administrative charges.								
Benefit Election	100% of participants are assumed to elect the Normal Form of Annuity upon retirement.								

* These assumptions are not used to determine the Funding Target.

2012 SCHEDULE SB (FORM 5500) LINE 32 – SCHEDULE OF AMORTIZATION BASES

Plan Sponsor:	Catholic Charities of Southwestern Ohio	EIN #:	31-0536968
Plan Name:	Employee Benefits Plan of Catholic Charities of Southwestern Ohio	Plan #:	001

The following are the shortfall amortization amount(s) under PPA.

<u>Amortization Base</u>	<u>Date Established</u>	<u>Original Amortization Base</u>	<u>Outstanding Balance as of 7/1/2012</u>	<u>Remaining Years as of 7/1/2012</u>	<u>Annual Amortization Amount</u>
2010 Shortfall	7/1/2010	956,899	\$852,293	13*	\$93,558
2011 Shortfall	7/1/2011	\$1,300,216	1,131,951	14*	\$118,748
2012 Shortfall	7/1/2012	\$(1,104,861)	\$(1,104,861)	7	\$(187,522)
Net Amount			<u>\$879,383</u>		<u>\$24,784</u>

* 15 year funding relief elected for the 2010 and 2011 plan years.

2012 SCHEDULE SB (FORM 5500) PART V

LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Plan Sponsor:	Catholic Charities of Southwestern Ohio	EIN #:	31-0536968
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Plan Name:	Employee Benefits Plan of Catholic Charities of Southwestern Ohio	Plan #:	001
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Assumed Retirement Age

Age 63, or immediate if beyond age 63.

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 07/01/2012 and ending 06/30/2013			
A	This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) _____
B	This return/report is:	☐ the first return/report; ☒ an amended return/report;	☐ the final 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; ☐ special extension (enter description) _____	☐ automatic extension; ☐ the DFVC program;

Part II Basic Plan Information - enter all requested information			
1a Name of plan THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO	1b	Three-digit plan number (PN) ►	001
2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) CATHOLIC CHARITIES OF SOUTHWESTERN OHIO 100 EAST 8TH STREET CINCINNATI OH 45202-2129	1c	Effective date of plan 01/01/1978	
	2b	Employer Identification Number (EIN) 31-0536968	
	2c	Sponsor's telephone number 513-241-7745	
	2d	Business code (see instructions) 624100	

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		6-13-2014	TED BERGH
	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) BARNES, DENNIG & CO., LTD 150 EAST FOURTH STREET CINCINNATI OH 45202			Preparer's telephone number (optional) (513) 241-8313

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: a Sponsor's name	4b EIN 4c PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	229
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	50
b Retired or separated participants receiving benefits	6b	58
c Other retired or separated participants entitled to future benefits	6c	109
d Subtotal. Add lines 6a, 6b, and 6c	6d	217
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	6
f Total. Add lines 6d and 6e	6f	223
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	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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) ☒ **1** **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 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 07/01/2012 and ending 06/30/2013► **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

EBP OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

B Three-digit
plan number (PN) ►

001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

D Employer Identification Number (EIN)

31-0536968

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 7 Day 1 Year 2012**2** Assets:

a Market value	2a	7,368,684
b Actuarial value	2b	7,330,943

3 Funding target/participant count breakdown:

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 61	3,805,390
b For terminated vested participants.....	3b 106	1,537,450
c For active participants:		
(1) Non-vested benefits	3c(1)	29,129
(2) Vested benefits	3c(2)	2,556,307
(3) Total active.....	3c(3) 57	2,585,436
d Total.....	3d 224	7,928,276

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	

5 Effective interest rate **5** 6.99 %**6** Target normal cost **6** 33,233**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

Robert J. McElroy, E.A., M.A.A.A.

Type or print name of actuary

Mutual of America

Firm name

320 Park Avenue

New York

Address of the firm

NY 10022-6839

03/05/2014

Date

11-05088

Most recent enrollment number

(212) 224-1429

Telephone number (including area code)

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)	531,078	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	255,477	0
9 Amount remaining (line 7 minus line 8)	275,601	0
10 Interest on line 9 using prior year's actual return of <u>2.34</u> %	6,449	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		141
b Interest on (a) using prior year's effective interest rate of <u>5.57</u> % except as otherwise provided (see instructions)		3
c Total available at beginning of current plan year to add to prefunding balance		144
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)	282,050	0

Part III Funding Percentages

14 Funding target attainment percentage	14	88.90 %
15 Adjusted funding target attainment percentage	15	88.90 %
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	79.61 %
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
10/23/2012	15,000				
01/17/2013	15,000				
04/15/2013	15,000				
07/12/2013	16,000				
Totals ►			18(b)	61,000	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	58,272

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 0
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	33,233	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	879,383		24,784
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	58,017	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement.....		0	0
36 Additional cash requirement (line 34 minus line 35).....	36	58,017	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	58,272	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	255	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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