

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</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 OHIO MASONIC HOME PENSION PLAN</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>07/01/1971</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>31-0536997</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>937-525-4985</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>623000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1971</u>		2b Employer Identification Number (EIN) <u>31-0536997</u>		2c Sponsor's telephone number <u>937-525-4985</u>		2d Business code (see instructions) <u>623000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/01/1971</u>											
2b Employer Identification Number (EIN) <u>31-0536997</u>											
2c Sponsor's telephone number <u>937-525-4985</u>											
2d Business code (see instructions) <u>623000</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THE OHIO MASONIC HOME</u> <u>2655 WEST NATIONAL ROAD</u> <u>SPRINGFIELD, OH 45504</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	FILED WITH AN AUTHORIZED SIGNATURE
	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
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	430
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	121
b Retired or separated participants receiving benefits		6b	76
c Other retired or separated participants entitled to future benefits		6c	207
d Subtotal. Add lines 6a , 6b , and 6c		6d	404
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	9
f Total. Add lines 6d and 6e		6f	413
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 11			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

Part I	Basic Information
1 Enter the valuation date: Month _____ Day _____ Year _____	
2 Assets:	
a Market value	2a <u>11220021</u>
b Actuarial value	2b <u>11015977</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>77</u> (1) Number of participants <u>4032016</u> (2) Funding Target
b For terminated vested participants.....	3b <u>219</u> <u>4786982</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>16567</u>
(2) Vested benefits	3c(2) <u>1841105</u>
(3) Total active.....	3c(3) <u>134</u> <u>1857672</u>
d Total.....	3d <u>430</u> <u>10676670</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>6.37 %</u>
6 Target normal cost	6 <u>68599</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/03/2014</u>
	Signature of actuary	Date
<u>JASON C. WELLS</u>		<u>14-07067</u>
	Type or print name of actuary	Most recent enrollment number
<u>AON CONSULTING, INC.</u>		<u>614-436-8100</u>
	Firm name	Telephone number (including area code)
<u>445 HUTCHINSON AVE. SUITE 900</u> <u>COLUMBUS, OH 43235</u>		
	Address of the firm	

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1443754
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	214490
9 Amount remaining (line 7 minus line 8)	0	1229264
10 Interest on line 9 using prior year's actual return of <u>13.86</u> %		170376
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		222907
b Interest on (a) using prior year's effective interest rate of <u>7.08</u> % except as otherwise provided (see instructions)		30324
c Total available at beginning of current plan year to add to prefunding balance		253231
d Portion of (c) to be added to prefunding balance		253231
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1652871

Part III Funding Percentages		
14 Funding target attainment percentage	14	87.69 %
15 Adjusted funding target attainment percentage	15	103.17 %
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	93.92 %
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
02/07/2013	16667		12/31/2013	30000	
02/20/2013	16667		01/24/2014	30000	
03/19/2013	16666		03/27/2014	30000	
09/24/2013	30000		04/17/2014	30000	
10/21/2013	30000		05/20/2014	30000	
11/15/2013	30000		06/13/2014	30000	
			Totals ►	18(b) 380000	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	356420
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 II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b Interest on (a) using prior year's effective interest rate of _____% except as otherwise provided (see instructions)		
	c Total available at beginning of current plan year to add to prefunding balance		
	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)		

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

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2014	30000				
08/15/2014	30000				
			Totals ►	18(b)	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	
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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	68599	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment.....	Outstanding Balance	Installment	
b Waiver amortization installment	1313564	324755	
	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	393354	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	132115	132115
36 Additional cash requirement (line 34 minus line 35).....	36	261239	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	356420	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	95181	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	95181	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN CENTURY INVSTMNT MGMT INC.
44-0619208

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
FIDELITY MANAGEMENT AND RESEARCH CO
04-2647786

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GOLDMAN SACHS & COMPANY
13-5108880

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

HARBOR CAPITAL ADVISORS, INC.

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

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

BLACKROCK FINANCIAL MANAGEMENT

13-3806691

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

SCOUT INVESTMENTS, INC.

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

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

THE VANGUARD GROUP, INC.

23-2376849

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

PIMCO

33-0629048

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

BARCLAYS GLOBAL INVESTORS

94-3112180

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

CREDIT SUISSE

ELEVEN MADISON AVENUE
NEW YORK, NY 10010-3629

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

T. ROWE PRICE

52-0556948

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

ABERDEEN ASSET MANAGEMENT INC.

1735 MARKET STREET
32ND FLOOR
PHILADELPHIA, PA 19103

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

OPPENHEIMER FUNDS

13-2527171

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

NEUBERGER BERMAN MGMT LLC

605 THIRD AVENUE, 2ND FLOOR
NEW YORK, NY 10158-0180

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

ROBECO INVESTMENT FUNDS

4400 COMPUTER DRIVE
WESTBOROUGH, MA 01581

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

STATE STREET GLOBAL ADVISOR

ONE LINCOLN STREET
BOSTON, MA 02111-2900

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

DRIEHAUS MUTUAL FUNDS

PO BOX 9817
PROVIDENCE, RI 02940

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

LOOMIS SAYLES

PO BOX 219594
KANSAS CITY, MO 64121-9594

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

RIDGEWORTH FUNDS

PO BOX 8053
BOSTON, MA 02266-8053

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

LAUDUS FUNDS

PO BOX 8032
BOSTON, MA 02266-8032

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

PRINCIPAL GLOBAL INVESTORS LLC

801 GRAND AVENUE
DES MOINES, IA 50392-0490

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

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

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	39838	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: MARTIN E. MOLLOY	b EIN: 22-2232264
c Position: ENROLLED ACTUARY	
d Address: AON CONSULTING, INC. 445 HUTCHINSON AVENUE, SUITE 900 COLUMBUS, OH 43235	e Telephone: 614-436-8100

Explanation: REASSIGNMENT OF PLAN WITHIN AON.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan THE OHIO MASONIC HOME PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE OHIO MASONIC HOME	D Employer Identification Number (EIN) 31-0536997	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	15655	8772
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	180000	210000
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	17645	4969
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	177134	242526
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10835248	11690935
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11225682	12157202

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	9481	10230
k Total liabilities (add all amounts in lines 1g through 1j)	1k	9481	10230

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11216201	12146972
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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)	380000	
(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)		380000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	232066	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		232066
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1227817
c Other income.....	2c		940
d Total income. Add all income amounts in column (b) and enter total.....	2d		1840828

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	873854	
(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)		873854
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)	39838	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	-3635	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		36203
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		910057

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		930771
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HOWARD, WERSHBALE & CO.

(2) EIN: 34-1663157

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		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	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		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	
4g		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	
4h		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		
4i	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		
4j	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	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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.			
4n			

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust U.S. BANK NATIONAL ASSOCIATION	6b Trust's EIN 310841368
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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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-0841368</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>13</u>

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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 Ohio Masonic Home Pension Plan

YEARS ENDED DECEMBER 31, 2013 AND 2012

HW & Co.

CPAs & Advisors

THE OHIO MASONIC HOME PENSION PLAN

YEARS ENDED DECEMBER 31, 2013 AND 2012

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Independent Auditors' Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Ohio Masonic Home Pension Plan, which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act (ERISA) of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by US Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 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 matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules on pages 16 through 32 as of and for the year ended December 31, 2013 are required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

HW:G

Columbus, Ohio
October 14, 2014

THE OHIO MASONIC HOME PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
Assets:		
Investments at fair value:		
Mutual funds	\$ 11,690,935	\$ 10,835,248
Money market fund	<u>242,526</u>	<u>177,134</u>
	<u>11,933,461</u>	<u>11,012,382</u>
 Receivables:		
Investment income	4,969	17,645
Employer contributions	<u>210,000</u>	<u>180,000</u>
	<u>214,969</u>	<u>197,645</u>
 Cash	<u>8,772</u>	<u>15,655</u>
 Total assets	 12,157,202	 11,225,682
 Liability, accrued administrative expenses	 <u>10,230</u>	 <u>9,481</u>
 Net assets available for benefits	 <u><u>\$ 12,146,972</u></u>	 <u><u>\$ 11,216,201</u></u>

See notes to financial statements.

THE OHIO MASONIC HOME PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
Changes to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,227,817	\$ 1,116,036
Interest and dividends	232,071	263,320
Other income	<u>940</u>	
	1,460,828	1,379,356
Employer contributions	<u>380,000</u>	<u>280,000</u>
Total change in investment income	<u>1,840,828</u>	<u>1,659,356</u>
Deductions from net assets attributed to:		
Benefits paid directly to participants	873,854	703,298
Administrative expenses	<u>36,203</u>	<u>37,453</u>
Total deductions	<u>910,057</u>	<u>740,751</u>
Net increase	930,771	918,605
Net assets available for benefits, beginning	<u>11,216,201</u>	<u>10,297,596</u>
Net assets available for benefits, ending	<u><u>\$ 12,146,972</u></u>	<u><u>\$ 11,216,201</u></u>

See notes to financial statements.

THE OHIO MASONIC HOME PENSION PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants receiving payments	\$ 3,689,243	\$ 3,767,308
Other participants	<u>6,246,155</u>	<u>6,562,912</u>
	9,935,398	10,330,220
Nonvested benefits	<u>20,811</u>	<u>31,219</u>
Total actuarial value of accumulated plan benefits	<u><u>\$ 9,956,209</u></u>	<u><u>\$ 10,361,439</u></u>

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEARS ENDED DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 10,361,439</u>	<u>\$ 10,776,686</u>
Change during the year attributable to:		
Interest due to decrease in discount period	699,209	687,380
Change in actuarial assumptions	(340,389)	(326,714)
Other changes	109,804	(72,615)
Benefits paid	<u>(873,854)</u>	<u>(703,298)</u>
Net decrease	<u>(405,230)</u>	<u>(415,247)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 9,956,209</u></u>	<u><u>\$ 10,361,439</u></u>

See notes to financial statements.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2013 AND 2012

1. Description of Plan:

General:

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

The Ohio Masonic Home Pension Plan is a noncontributory defined benefit pension plan designed to provide retirement, disability, or death benefits to eligible employees of The Ohio Masonic Home (the Employer or Sponsor) and affiliated organizations. Substantially all employees of The Ohio Masonic Home and affiliated corporations hired prior to July 1, 2003 are covered by the Plan provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

Eligibility:

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

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

Funding policy:

The Sponsor's funding policy is to make annual contributions to the Plan in amounts that are equal to the actuarially determined normal service cost and interest, plus a portion of the past service cost liability. The Employer made total contributions of \$380,000 during 2013 and \$280,000 during 2012. The Employer's contributions for 2013 and 2012 exceeded the minimum funding requirements of ERISA.

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

Definitions for benefit computations:

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

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2013 AND 2012

1. Description of Plan (continued):

Definitions for benefit computations (continued):

2. **Employment year:** The twelve-month period beginning on an individual's date of hire by the employer or the anniversary of such date of hire.
3. **Vesting service:** An employee shall receive one year of vesting service for each plan year that he or she works 1,000 hours of service.
4. **Credited service:** An employee shall receive one year of credited service for each plan year that he or she works 1,000 hours of service.
5. **Compensation:** Total earnings for the calendar year
6. **Monthly plan compensation:** The average of a participant's compensation for the highest five consecutive years out of the final ten years preceding the earlier of termination.

Normal retirement:

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

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

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

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

- (a) 35% of average monthly compensation, reduced by $1/25^{\text{th}}$ for each year that credited service at normal retirement date is less than 25.
- (b) For participants hired before July 1, 1996, and at least age 42 at hire, an additional transition benefit is also payable as follows:
 - (i) If age at hire was at least 42 but less than 44, 0.15% of average monthly compensation times credited service up to 15 years;
 - (ii) If age at hire was at least 44 but less than 46, 0.25% of average monthly compensation times credited service up to 15 years;
 - (iii) If age at hire was at least 46 but less than 49, 0.60% of average monthly compensation times credited service up to 15 years;
 - (iv) If age at hire was at least 49, 0.75% of average monthly compensation times credited service up to 15 years.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2013 AND 2012

1. Description of Plan (continued):

Normal retirement (continued):

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

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

Late retirement:

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

Early retirement:

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

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

Disability retirement:

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

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2013 AND 2012

1. Description of Plan (continued):

Termination benefits:

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

Preretirement death benefits:

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

2. Summary of significant accounting policies:

Basis of accounting:

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

Use of estimates:

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

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2013 AND 2012

2. Summary of significant accounting policies (continued):

Investment valuation and income recognition:

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

Payment of benefits:

Benefit payments to participants are recorded upon distribution.

Administrative expenses:

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

Actuarial present value of accumulated plan benefits:

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

The actuarial present value of accumulated plan benefits was determined by an independent actuary from Aon Hewitt for the years ended December 31, 2013 and 2012 and that amount results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest), and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement), between the valuation date and the expected date of payment.

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

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2013 AND 2012

2. Summary of significant accounting policies (continued):

Actuarial assumptions:

The significant actuarial assumptions used in the valuations as of December 31, 2013 and 2012 for the Plan are as follows:

Investment return:

- | | |
|------------------------------|---|
| a. Funding rate | Three tiered segment rates as required by the IRS (Segment One – 4.99%; Segment Two – 6.32%; Segment Three – 6.99% for 2013 and Segment One – 4.94%; Segment Two – 6.15%; Segment Three – 6.76% for 2012) |
| b. Discount rate | 5.01% for 2013 (4.18% in 2012) |
| c. Expected return on assets | 6.76% for 2013 (6.59% in 2012) |

Salary increases

Due to the Plan being frozen, this assumption does not apply to 2013 or 2012

Consumer Price Index

Due to the Plan being frozen, this assumption does not apply to 2013 or 2012

Mortality:

- | | |
|---|--|
| a. Funding | RP-2000 Annuitant and Nonannuitant Mortality for males and females |
| b. Generally Accepted Accounting Principles | 2014 Static Mortality Table for Annuitant and Nonannuitants |
| c. Lump sum | RP-2000 projected to 2013 Combined Unisex Mortality Table |

Retirement age

Ranging from age 55 to 65 with probabilities ranging from 2% to 100%

Percentage method

80% assumed to be married (males and females)

Age difference

Males are assumed to be three years older than their spouses

Form of payment chosen by active participants

Lump sum calculated using plan interest rates and the RP-2000 Projected to 2013 Combined Unisex Mortality Table

Subsequent events:

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through October 14, 2014, the date the Plan's financial statements were available to be issued.

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2013 AND 2012

3. Investments:

The following table presents the fair values of investments at December 31, 2013 and 2012. Investments that represent 5% or more of the Plan's net assets in either year are separately identified. All investments of the plan are nonparticipant-directed at December 31, 2013 and 2012.

	Fair Value	
	2013	2012
Investments at fair value:		
Mutual Funds:		
Ridgeworth Inst US Gov Sec Ult Short, 111,189 shares in 2013	\$ 1,124,123	
PIMCO Total Return Fund Inst, 104,989 shares in 2013 and 46,785 in 2012	1,122,333	\$ 525,858
Harbor Capital Appreciation Inst, 24,671 shares in 2012		1,049,011
Fidelity Capital Trust Appreciation Fund #307, 22,277 shares in 2013	805,998	
Spdr S&P 500 ETF Trust, 4,346 shares in 2013 and 7,292 shares in 2012	802,663	1,038,454
Vanguard Equity Income Adm, 12,426 shares in 2013 20,326 shares in 2012	775,128	1,028,926
Nuveen High Income Bond Fd Cl I, 37,292 shares in 2013 and 84,254 shares in 2012	336,748	767,553
Nuveen Short Term Bond Fd Cl I, 53,846 shares in 2012		541,695
Nuveen Intermediate Govt Bd Fd Cl I, 60,048 shares in 2012		540,433
Ishares Core Total US Bond Market EFT, 4,847 shares in 2012		538,405
Other (funds less than 5% of plan assets)	<u>6,723,942</u>	<u>4,804,913</u>
	11,690,935	10,835,248
Money Market Fund:		
Other (funds less than 5% of plan assets) 242,526 shares in 2013 and 177,134 shares in 2012	<u>242,526</u>	<u>177,134</u>
	<u>\$ 11,933,461</u>	<u>\$ 11,012,382</u>

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

	Net Change in Fair Value	
	2013	2012
Mutual funds	<u>\$ 1,227,817</u>	<u>\$ 1,116,036</u>
Net appreciation in fair value of investments	<u>\$ 1,227,817</u>	<u>\$ 1,116,036</u>

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2013 AND 2012

4. Fair value:

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

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

Level 2 – Inputs to the methodology include:

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

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

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

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

Assets measured at fair value on a recurring basis at December 31, 2013 and 2012 were as follows:

	2013		2012	
	Level 2	Total Fair Value	Level 2	Total Fair Value
Mutual funds:				
Foreign large blend	\$ 1,737,164	\$ 1,737,164	\$ 1,431,412	\$ 1,431,412
Large growth	1,627,450	1,627,450	1,523,844	1,523,844
Short-term bond	1,124,123	1,124,123	541,695	541,695
Intermediate-term bond	1,122,333	1,122,333	1,604,696	1,604,696
Large blend	1,043,195	1,043,195	1,038,454	1,038,454
Large value	1,012,887	1,012,887	1,249,910	1,249,910
Nontraditional bond	686,099	686,099		
Mid blend	617,897	617,897	336,664	336,664
Commodity funds	472,925	472,925	484,506	484,506
Real estate	440,215	440,215	333,870	333,870
Inflation protected bond	337,943	337,943	377,707	377,707
High yield bond	336,748	336,748	767,553	767,553
International bond	333,508	333,508	380,317	380,317

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2013 AND 2012

4. Fair value (continued):

	2013		2012	
	Level 2	Total Fair Value	Level 2	Total Fair Value
Mutual funds (continued):				
Diversified emerging markets	315,096	315,096	340,811	340,811
Mid growth	238,059	238,059	315,790	315,790
Small growth	323,059	323,059		
Small value	121,970	121,970	108,019	108,019
	11,690,935	11,690,935	10,835,248	10,835,248
Money market fund	242,526	242,526	177,134	177,134
	<u>\$ 11,933,461</u>	<u>\$ 11,933,461</u>	<u>\$ 11,012,382</u>	<u>\$ 11,012,382</u>

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

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

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

5. Information certified by trustee:

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

6. Plan expenses:

Third-party administrator fees and other professional fees are currently paid by the Employer. The Employer provides other accounting and administrative services at no cost to the Plan. Certain administrative expenses of the Plan amounted to \$119,998 in 2013 and \$61,046 in 2012 were paid by the Sponsor. Investment expenses are included in net appreciation in fair value of investments.

7. Income tax status:

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

THE OHIO MASONIC HOME PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2013 AND 2012

7. Income tax status (continued):

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax evaluations for years prior to 2010.

8. Plan termination:

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

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

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

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

9. Risks and uncertainties:

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

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

THE OHIO MASONIC HOME PENSION PLAN

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

EMPLOYER IDENTIFICATION NUMBER 31-0536997

PLAN NUMBER 001

DECEMBER 31, 2013

Description	Number of Shares	Cost	Fair Value
Mutual funds:			
Aberdeen Fds Emrgn	10,549	\$ 149,632	\$ 152,645
American Cent Small Cap Valu Ins	12,459	92,168	121,970
Credit Suisse Comm Ret ST Co	32,896	269,293	237,835
Driehaus Select Credit Fund	33,582	343,203	341,524
Fidelity Capital Trust Appreciation Fund #307	22,277	723,831	805,998
Fidelity Invt Tr Ad Instl Disci	10,867	333,431	439,262
Goldman Sachs M C Value Cl Inst	5,351	195,637	237,759
Ipath Dow Jones Ubs Commodity	6,397	263,644	235,090
Ishares Barclays Tips Bond ETF	3,075	331,428	337,943
Ishares Msci Eafe Index Fund ETF	6,464	350,739	433,702
Ishares Msci Emerging Mkts ETF	3,764	153,462	157,316
Ishares S&P Smallcap 600 ETF	1,105	61,012	120,589
Laudus Intl Marketmasters Funds Sel	17,951	316,726	430,275
Loomis Syles Strategic Alpha Fund Y	34,286	343,203	344,575
Midcap Spdr Trust Series 1 ETF	994	151,035	242,735
Neuberger Berman Long Short	18,753	238,532	238,532
Nuveen High Income Bond Fd Cl I	37,292	325,214	336,748
Nuveen Real Estate Secs I	22,346	368,296	440,215
Oppenheimer Developing Mkts Fds Cl Y	4,201	141,454	157,780
PIMCO Total Return Fund Inst	104,989	1,147,993	1,122,333
Principal Global Real Estate	31,198	265,492	254,573
Ridgeworth Inst US Gov Sec Ult Short	111,189	1,124,123	1,124,123
Robeco Boston Partners L S Research	16,669	235,531	240,532
Scout International Fund	11,651	341,438	434,102
Spdr S&P 500 EFT Trust	4,346	453,868	802,663
T Rowe Price Mid-cap Grouwth Fd #64	3,271	208,337	238,059
T. Rowe Price International Bond Fund	35,106	340,690	333,508
T. Rowe Price Small Cap Stock	2,768	101,171	123,322
Vanguard Equity Income Adm	12,426	572,242	775,128
Vanguard Intl Growth Fd Cl Adm	5,795	326,770	430,099
			11,690,935
Money market fund:			
First Amer Prime Oblig Fund Cl Y	242,526	242,526	242,526
Total assets held for investments			\$ 11,933,461

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

THE OHIO MASONIC HOME PENSION PLAN

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

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					11,045,682.16		
COMPARATIVE VALUE (5%)					552,284.10		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 316066109 - Fidelity Cap Tr Apprec Fd #307							
03/27/2013	B	32,853.531	32.2300		- 1,058,869 *	1,058,869	
Issue: 411511504 - Harbor Capital Aprction Inst							
03/27/2013	S	- 24,359.788	45.2600		1,102,524 *	776,484	326,040
Issue: 464287226 - Ishares Core Total US Bond Marketetf							
12/03/2013	S	- 5,453.000	106.9523	283	582,928 *	586,909	- 3,980
Issue: 670678648 - Nuveen Short Term Bond Fund Cl I							
12/03/2013	S	- 87,646.302	10.0500		880,845 *	875,034	5,811
Issue: 76628T439 - Ridgeworth Inst US Gov Sec Ult Shrt							
12/05/2013	B	110,895.041	10.1100		- 1,121,149 *	1,121,149	
GRAND TOTAL				283	4,746,315	4,418,445	327,871

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

Broker: Oppenheimer & Co. Inc.

Issue: 78462F103 - Spdr S&p 500 Etf Trust							
03/27/2013	S	- 291.000	155.6900	16	45,290	30,388	14,902
Issue: 464287804 - Ishares Core S&p Small-Cap Etf							
03/27/2013	S	- 63.000	86.6800	3	5,458	3,442	2,016

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/27/2013	Issue: 78467Y107 - Midcap Spdr Trust Series I E T F B	229.000	207.6000	11	- 47,552	47,552	
03/27/2013	Issue: 78463X863 - Spdr Dj Wilshire International S	- 5,115.000	42.9136	261	219,242	201,783	17,460
03/27/2013	Issue: 464287176 - Ishares Barclays Tips Bond Etf S	- 59.000	121.3700	3	7,158	6,331	827
04/01/2013	Issue: 78462F103 - Spdr S&p 500 Etf Trust S	- 13.000	155.9100	1	2,026	1,358	669
04/01/2013	Issue: 464287804 - Ishares Core S&p Small-Cap Etf B	1.000	85.8350		- 86	86	
04/01/2013	Issue: 78467Y107 - Midcap Spdr Trust Series I E T F S	- 7.000	207.4200		1,452	1,017	435
04/01/2013	Issue: 464287176 - Ishares Barclays Tips Bond Etf S	- 4.000	121.3750		485	429	56
08/27/2013	Issue: 78462F103 - Spdr S&p 500 Etf Trust S	- 233.000	164.2200	12	38,251	24,333	13,918
08/27/2013	Issue: 464287804 - Ishares Core S&p Small-Cap Etf S	- 100.000	95.5600	5	9,551	5,466	4,085
08/27/2013	Issue: 78467Y107 - Midcap Spdr Trust Series I E T F S	- 35.000	219.2300	2	7,671	5,083	2,588
08/27/2013	Issue: 464287176 - Ishares Barclays Tips Bond Etf B	381.000	111.3900	19	- 42,459	42,459	
12/03/2013	Issue: 78462F103 - Spdr S&p 500 Etf Trust S	- 1,202.000	180.1000	64	216,416	125,529	90,887
12/03/2013	Issue: 06738C778 - Ipath Dow Jones Ubs Commodity S	- 542.000	36.1100	27	19,544	22,338	- 2,794
12/03/2013	Issue: 464287804 - Ishares Core S&p Small-Cap Etf S	- 87.000	106.5900	5	9,269	4,755	4,513

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/03/2013	Issue: 78467Y107 - Midcap Spdr Trust Series I E T F S	- 130.000	237.1077	7	30,817	19,753	11,064
12/03/2013	Issue: 464287465 - Ishares Msci Eafe Etf B	206.000	65.4300	10	- 13,489	13,489	
12/03/2013	Issue: 464287234 - Ishares Msci Emerging Markets Etf S	- 986.000	41.3800	50	40,751	40,193	558
12/03/2013	Issue: 464287226 - Ishares Core Total US Bond Marketetf S	- 5,453.000	106.9523	283	582,928 *	586,909	- 3,980
12/03/2013	Issue: 464287176 - Ishares Barclays Tips Bond Etf S	- 564.000	111.1700	29	62,671	60,789	1,882
12/16/2013	Issue: 06738C778 - Ipath Dow Jones Ubs Commodity S	- 91.000	37.0600	5	3,368	3,750	- 383
12/16/2013	Issue: 464287804 - Ishares Core S&p Small-Cap Etf B	12.000	105.7700	1	- 1,270	1,270	
12/16/2013	Issue: 464287465 - Ishares Msci Eafe Etf B	61.000	64.6400	3	- 3,946	3,946	
Total For Oppenheimer & Co. Inc.				817	1,411,150	1,252,448	158,703
GRAND TOTAL				817	1,411,150	1,252,448	158,703

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

Issue: 316066109 - Fidelity Cap Tr Apprec Fd #307

03/27/2013	B	32,853.531	32.2300		- 1,058,869 *	1,058,869	
04/25/2013	B	.035	32.9000		- 1	1	
12/05/2013	B	101.851	38.2700		- 3,898	3,898	
12/16/2013	B	2,013.037	34.8200		- 70,094	70,094	

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Buys				0	1,132,862	1,132,862	0
04/01/2013	S	- 151.810	32.2000		4,888	4,893	- 5
08/27/2013	S	- 1,659.501	34.2200		56,788	53,486	3,302
09/26/2013	S	- 5,123.369	36.3300		186,132	165,126	21,006
12/03/2013	S	- 5,756.326	38.4300		221,216	185,526	35,689
Total For Sells				0	469,024	409,031	59,992
Total Fidelity Cap Tr Apprec Fd #307				0	1,601,886	1,541,893	59,992

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

01/03/2013	B	7,683.140	1.0000		- 7,683	7,683	
01/04/2013	B	10,693.020	1.0000		- 10,693	10,693	
01/07/2013	B	42.880	1.0000		- 43	43	
01/24/2013	B	16,666.670	1.0000		- 16,667	16,667	
01/30/2013	B	.060	1.0000				
01/31/2013	B	8,434.820	1.0000		- 8,435	8,435	
02/04/2013	B	8,507.490	1.0000		- 8,507	8,507	
02/06/2013	B	43.320	1.0000		- 43	43	
02/07/2013	B	1,024.910	1.0000		- 1,025	1,025	
02/08/2013	B	258.800	1.0000		- 259	259	
02/21/2013	B	16,666.670	1.0000		- 16,667	16,667	

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/28/2013	B	50,323.690	1.0000		- 50,324	50,324	
03/07/2013	B	534.540	1.0000		- 535	535	
03/14/2013	B	127.600	1.0000		- 128	128	
03/19/2013	B	9,023.210	1.0000		- 9,023	9,023	
03/27/2013	B	881.850	1.0000		- 882	882	
03/28/2013	B	63,490.030	1.0000		- 63,490	63,490	
04/02/2013	B	71,335.640	1.0000		- 71,336	71,336	
04/03/2013	B	1,896.600	1.0000		- 1,897	1,897	
04/04/2013	B	1,986.310	1.0000		- 1,986	1,986	
04/05/2013	B	1,573.050	1.0000		- 1,573	1,573	
04/09/2013	B	30,000.000	1.0000		- 30,000	30,000	
05/02/2013	B	9,384.710	1.0000		- 9,385	9,385	
05/06/2013	B	35.560	1.0000		- 36	36	
05/06/2013	B	30,000.000	1.0000		- 30,000	30,000	
05/07/2013	B	2,019.650	1.0000		- 2,020	2,020	
05/23/2013	B	2,475.520	1.0000		- 2,476	2,476	
05/24/2013	B	138.850	1.0000		- 139	139	
06/06/2013	B	35.960	1.0000		- 36	36	
06/07/2013	B	1,929.090	1.0000		- 1,929	1,929	
06/13/2013	B	603.800	1.0000		- 604	604	
06/17/2013	B	30,000.000	1.0000		- 30,000	30,000	
06/18/2013	B	71.920	1.0000		- 72	72	

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/19/2013	B	3,915.060	1.0000		- 3,915	3,915	
07/02/2013	B	9,541.080	1.0000		- 9,541	9,541	
07/03/2013	B	1,927.890	1.0000		- 1,928	1,928	
07/05/2013	B	7,855.950	1.0000		- 7,856	7,856	
07/08/2013	B	1,476.510	1.0000		- 1,477	1,477	
07/09/2013	B	30,000.000	1.0000		- 30,000	30,000	
07/30/2013	B	261.640	1.0000		- 262	262	
07/31/2013	B	6,479.690	1.0000		- 6,480	6,480	
08/12/2013	B	15,170.070	1.0000		- 15,170	15,170	
08/15/2013	B	60,000.000	1.0000		- 60,000	60,000	
08/28/2013	B	66,973.070	1.0000		- 66,973	66,973	
09/03/2013	B	278.000	1.0000		- 278	278	
09/04/2013	B	7,864.950	1.0000		- 7,865	7,865	
09/05/2013	B	765.300	1.0000		- 765	765	
09/06/2013	B	34.810	1.0000		- 35	35	
09/09/2013	B	1,438.290	1.0000		- 1,438	1,438	
09/12/2013	B	279.810	1.0000		- 280	280	
09/18/2013	B	2,139.730	1.0000		- 2,140	2,140	
09/24/2013	B	30,000.000	1.0000		- 30,000	30,000	
09/30/2013	B	292.500	1.0000		- 293	293	
10/02/2013	B	10,993.010	1.0000		- 10,993	10,993	
10/03/2013	B	686.860	1.0000		- 687	687	

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/04/2013	B	36.350	1.0000		- 36	36	
10/07/2013	B	1,212.530	1.0000		- 1,213	1,213	
10/21/2013	B	30,000.000	1.0000		- 30,000	30,000	
10/30/2013	B	146.980	1.0000		- 147	147	
10/31/2013	B	6,174.240	1.0000		- 6,174	6,174	
11/04/2013	B	8,047.430	1.0000		- 8,047	8,047	
11/05/2013	B	816.450	1.0000		- 816	816	
11/06/2013	B	37.130	1.0000		- 37	37	
11/07/2013	B	1,465.890	1.0000		- 1,466	1,466	
11/22/2013	B	43,521.470	1.0000		- 43,521	43,521	
11/22/2013	B	940.070	1.0000		- 940	940	
12/03/2013	B	7,826.260	1.0000		- 7,826	7,826	
12/04/2013	B	290,952.940	1.0000		- 290,953	290,953	
12/05/2013	B	36.740	1.0000		- 37	37	
12/09/2013	B	41,211.140	1.0000		- 41,211	41,211	
12/10/2013	B	79,995.770	1.0000		- 79,996	79,996	
12/11/2013	B	18,206.460	1.0000		- 18,206	18,206	
12/13/2013	B	7,957.610	1.0000		- 7,958	7,958	
12/18/2013	B	24,454.650	1.0000		- 24,455	24,455	
12/19/2013	B	50,377.470	1.0000		- 50,377	50,377	
12/20/2013	B	13,056.060	1.0000		- 13,056	13,056	
12/23/2013	B	1,890.680	1.0000		- 1,891	1,891	

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/24/2013	B	3,326.930	1.0000		- 3,327	3,327	
12/26/2013	B	291.530	1.0000		- 292	292	
12/30/2013	B	5,625.980	1.0000		- 5,626	5,626	
12/31/2013	B	3,506.620	1.0000		- 3,507	3,507	
12/31/2013	B	30,000.000	1.0000		- 30,000	30,000	
Total For Buys				0	1,307,384	1,307,384	0
01/02/2013	S	- 26,924.730	1.0000		26,925	26,925	
01/28/2013	S	- 9,480.840	1.0000		9,481	9,481	
02/01/2013	S	- 34,141.240	1.0000		34,141	34,141	
02/26/2013	S	- 120,159.400	1.0000		120,159	120,159	
03/01/2013	S	- 106,773.350	1.0000		106,773	106,773	
03/19/2013	S	- 662.140	1.0000		662	662	
04/01/2013	S	- 26,114.550	1.0000		26,115	26,115	
04/26/2013	S	- 25,079.970	1.0000		25,080	25,080	
04/30/2013	S	- 18,984.020	1.0000		18,984	18,984	
05/01/2013	S	- 33,648.290	1.0000		33,648	33,648	
06/03/2013	S	- 33,648.290	1.0000		33,648	33,648	
06/04/2013	S	- 56,459.270	1.0000		56,459	56,459	
06/14/2013	S	- 238.500	1.0000		239	239	
06/20/2013	S	- 71.920	1.0000		72	72	
07/01/2013	S	- 26,075.430	1.0000		26,075	26,075	

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/16/2013	S	- 2,648.730	1.0000		2,649	2,649	
07/17/2013	S	- 74,151.520	1.0000		74,152	74,152	
07/26/2013	S	- 9,733.140	1.0000		9,733	9,733	
08/01/2013	S	- 11,485.940	1.0000		11,486	11,486	
08/30/2013	S	- 34,173.780	1.0000		34,174	34,174	
09/03/2013	S	- 33,886.790	1.0000		33,887	33,887	
09/27/2013	S	- 41,098.970	1.0000		41,099	41,099	
10/01/2013	S	- 71,073.640	1.0000		71,074	71,074	
10/28/2013	S	- 10,119.870	1.0000		10,120	10,120	
11/01/2013	S	- 33,388.250	1.0000		33,388	33,388	
11/15/2013	S	- 21,112.100	1.0000		21,112	21,112	
12/02/2013	S	- 33,481.890	1.0000		33,482	33,482	
12/06/2013	S	- 189,260.800	1.0000		189,261	189,261	
12/13/2013	S	- 444.000	1.0000		444	444	
12/17/2013	S	- 157,465.990	1.0000		157,466	157,466	
Total For Sells				0	1,241,988	1,241,988	0

Total First Amer Prime Oblig Fund C I Y				0	2,549,372	2,549,372	0
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Issue: 411511504 - Harbor Capital Aprction Inst

02/25/2013	S	- 311.224	43.2700		13,467	9,920	3,546
03/27/2013	S	- 24,359.788	45.2600		1,102,524 *	776,484	326,040

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Sells				0	1,115,991	786,404	329,586
Total Harbor Capital Aprction Inst				0	1,115,991	786,404	329,586
Issue: 464287226 - Ishares Core Total US Bond Marketetf							
02/25/2013	B	279.000	110.3700	14	- 30,807	30,807	
08/27/2013	B	341.000	106.2000	17	- 36,231	36,231	
09/26/2013	B	68.000	107.2100	3	- 7,294	7,294	
Total For Buys				34	74,332	74,332	0
03/27/2013	S	- 79.000	110.7200	4	8,743	8,511	232
04/01/2013	S	- 3.000	110.5300		331	323	8
12/03/2013	S	- 5,453.000	106.9523	283	582,928 *	586,909	- 3,980
Total For Sells				287	592,002	595,743	- 3,740
Total Ishares Core Total US Bond Marketetf				321	666,334	670,075	- 3,740

Issue: 670678234 - Nuveen High Income Bond Fd Cl I

02/25/2013	B	1,533.486	9.2300		- 14,154	14,154	
04/01/2013	B	194.929	9.3000		- 1,813	1,813	
04/25/2013	B	.122	9.3700		- 1	1	
08/27/2013	B	4,509.092	9.0300		- 40,717	40,717	

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/26/2013	B	1,193.870	9.1200		- 10,888	10,888	
12/16/2013	B	27.778	9.0000		- 250	250	
Total For Buys				0	67,823	67,823	0
03/27/2013	S	- 1,899.020	9.3000		17,661	16,515	1,145
11/21/2013	S	- 6,371.861	9.1900		58,557	55,566	2,992
12/03/2013	S	- 46,150.115	9.2000		424,581	402,452	22,129
Total For Sells				0	500,799	474,533	26,266
Total Nuveen High Income Bond Fd CII				0	568,622	542,356	26,266
Issue: 670678648 - Nuveen Short Term Bond Fund CII							
02/25/2013	B	2,374.638	10.0600		- 23,889	23,889	
03/27/2013	B	26,958.517	10.0600		- 271,203	271,203	
04/01/2013	B	103.732	10.0600		- 1,044	1,044	
08/27/2013	B	2,599.121	9.9900		- 25,965	25,965	
09/26/2013	B	1,763.928	10.0100		- 17,657	17,657	
Total For Buys				0	339,758	339,758	0
12/03/2013	S	- 87,646.302	10.0500		880,845 *	875,034	5,811
Total For Sells				0	880,845	875,034	5,811

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total Nuveen Short Term Bond Fund CII				0	1,220,603	1,214,792	5,811
Issue: 670690379 - Nuveen Intermediate Govt Bd Fd CII							
02/25/2013	B	2,931.352	8.9900		- 26,353	26,353	
Total For Buys				0	26,353	26,353	0
03/27/2013	S	- 60,048.061	8.9800		539,232	526,530	12,702
04/01/2013	S	- 2,931.352	8.9800		26,324	25,703	620
Total For Sells				0	565,556	552,233	13,322
Total Nuveen Intermediate Govt Bd Fd CII				0	591,909	578,586	13,322
Issue: 693390700 - Pimco Total Return Fund Inst							
02/25/2013	B	3,700.746	11.2400		- 41,596	41,596	
03/27/2013	B	23,985.435	11.2500		- 269,836	269,836	
04/01/2013	B	120.236	11.2500		- 1,353	1,353	
04/25/2013	B	5,418.190	11.3200		- 61,334	61,334	
08/27/2013	B	4,929.089	10.7000		- 52,741	52,741	
09/26/2013	B	843.598	10.8000		- 9,111	9,111	
12/03/2013	B	29,807.200	10.8600		- 323,706	323,706	
Total For Buys				0	759,677	759,677	0

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/09/2013	S	- 4,621.072	10.8200		50,000	50,753	- 753
11/19/2013	S	- 5,764.801	10.8900		62,779	63,204	- 426
12/16/2013	S	- 214.095	10.7500		2,302	2,341	- 39
Total For Sells				0	115,081	116,298	- 1,218
Total Pimco Total Return Fund Inst				0	874,758	875,975	- 1,218
Issue: 76628T439 - Ridgeworth Inst US Gov Sec Ult Shrt							
12/05/2013	B	110,895.041	10.1100		- 1,121,149 *	1,121,149	
12/16/2013	B	294.135	10.1100		- 2,974	2,974	
Total For Buys				0	1,124,123	1,124,123	0
Total Ridgeworth Inst US Gov Sec Ult Shrt				0	1,124,123	1,124,123	0
Issue: 921921300 - Vanguard Equity Income Adm							
04/01/2013	B	101.248	55.8500		- 5,655	5,655	
08/27/2013	B	727.593	58.0200		- 42,215	42,215	
Total For Buys				0	47,870	47,870	0
02/25/2013	S	- 581.465	53.4600		31,085	26,460	4,625
03/27/2013	S	- 900.560	55.7300		50,188	40,980	9,208
04/25/2013	S	- 1,232.858	57.0100		70,285	56,170	14,115

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/26/2013	S	- 2,879.604	59.8300		172,287	132,612	39,674
12/03/2013	S	- 3,134.910	62.7300		196,653	144,370	52,283
Total For Sells				0	520,498	400,592	119,905
Total Vanguard Equity Income Adm				0	568,368	448,462	119,905
GRAND TOTAL				321	10,881,966	10,332,038	549,924

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

Broker: Oppenheimer & Co. Inc.

03/27/2013	Issue: 78462F103 - Spdr S&p 500 Etf Trust S	- 291.000	155.6900	16	45,290	30,388	14,902
03/27/2013	Issue: 464287804 - Ishares Core S&p Small-Cap Etf S	- 63.000	86.6800	3	5,458	3,442	2,016
03/27/2013	Issue: 78467Y107 - Midcap Spdr Trust Series I E T F B	229.000	207.6000	11	- 47,552	47,552	
03/27/2013	Issue: 78463X863 - Spdr Dj Wilshire International S	- 5,115.000	42.9136	261	219,242	201,783	17,460
03/27/2013	Issue: 464287176 - Ishares Barclays Tips Bond Etf S	- 59.000	121.3700	3	7,158	6,331	827
04/01/2013	Issue: 78462F103 - Spdr S&p 500 Etf Trust S	- 13.000	155.9100	1	2,026	1,358	669
04/01/2013	Issue: 464287804 - Ishares Core S&p Small-Cap Etf B	1.000	85.8350		- 86	86	
04/01/2013	Issue: 78467Y107 - Midcap Spdr Trust Series I E T F S	- 7.000	207.4200		1,452	1,017	435

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/01/2013	Issue: 464287176 - Ishares Barclays Tips Bond Etf S - 4.000		121.3750		485	429	56
08/27/2013	Issue: 78462F103 - Spdr S&p 500 Etf Trust S - 233.000		164.2200	12	38,251	24,333	13,918
08/27/2013	Issue: 464287804 - Ishares Core S&p Small-Cap Etf S - 100.000		95.5600	5	9,551	5,466	4,085
08/27/2013	Issue: 78467Y107 - Midcap Spdr Trust Series I E T F S - 35.000		219.2300	2	7,671	5,083	2,588
08/27/2013	Issue: 464287176 - Ishares Barclays Tips Bond Etf B 381.000		111.3900	19	- 42,459	42,459	
12/03/2013	Issue: 78462F103 - Spdr S&p 500 Etf Trust S - 1,202.000		180.1000	64	216,416	125,529	90,887
12/03/2013	Issue: 06738C778 - Ipath Dow Jones Ubs Commodity S - 542.000		36.1100	27	19,544	22,338	- 2,794
12/03/2013	Issue: 464287804 - Ishares Core S&p Small-Cap Etf S - 87.000		106.5900	5	9,269	4,755	4,513
12/03/2013	Issue: 78467Y107 - Midcap Spdr Trust Series I E T F S - 130.000		237.1077	7	30,817	19,753	11,064
12/03/2013	Issue: 464287465 - Ishares Msci Eafe Etf B 206.000		65.4300	10	- 13,489	13,489	
12/03/2013	Issue: 464287234 - Ishares Msci Emerging Markets Etf S - 986.000		41.3800	50	40,751	40,193	558
12/03/2013	Issue: 464287226 - Ishares Core Total US Bond Marketetf S - 5,453.000		106.9523	283	582,928 *	586,909	- 3,980
12/03/2013	Issue: 464287176 - Ishares Barclays Tips Bond Etf S - 564.000		111.1700	29	62,671	60,789	1,882
12/16/2013	Issue: 06738C778 - Ipath Dow Jones Ubs Commodity S - 91.000		37.0600	5	3,368	3,750	- 383

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

THE OHIO MASONIC HOME PENSION PLAN

SCHEDULE H, PART IV, 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

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

PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2013

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/16/2013	Issue: 464287804 - Ishares Core S&p Small-Cap Etf B	12.000	105.7700	1	- 1,270	1,270	
12/16/2013	Issue: 464287465 - Ishares Msci Eafe Etf B	61.000	64.6400	3	- 3,946	3,946	
Total For Oppenheimer & Co. Inc.				817	1,411,150	1,252,448	158,703
GRAND TOTAL				817	1,411,150	1,252,448	158,703

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

Plan Name	The Ohio Masonic Home Pension Plan
Plan Sponsor EIN	31-0536997
ERISA Plan No.	001
Plan Year End	12/31/2013

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Plan Name	The Ohio Masonic Home Pension Plan
Plan Sponsor EIN	31-0536997
ERISA Plan No.	001
Plan Year End	12/31/2013

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a	11,220,021	
b Actuarial value	2b	11,015,977	
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	77	4,032,016
b For terminated vested participants	3b	219	4,786,982
c For active participants:			
(1) Non-vested benefits	3c(1)		16,567
(2) Vested benefits	3c(2)		1,841,105
(3) Total active	3c(3)	134	1,857,672
d Total	3d	430	10,676,670
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	6.37 %	
6 Target normal cost	6	68,599	

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

SIGN HERE	 Signature of actuary	<u>10/03/2014</u> Date
<u>Jason C. Wells</u> Type or print name of actuary		<u>14-07067</u> Most recent enrollment number
<u>Aon Consulting, Inc.</u> Firm name		<u>(614) 436-8100</u> Telephone number (including area code)
<u>445 Hutchinson Ave. Suite 900</u> Address of the firm		
<u>Columbus</u> Address of the firm		
<u>OH 43235</u> Address of the firm		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2013 v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,443,754
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	214,490
9	Amount remaining (line 7 minus line 8)	0	1,229,264
10	Interest on line 9 using prior year's actual return of <u>13.86</u> %		170,376
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		222,907
	b Interest on (a) using prior year's effective interest rate of <u>7.08</u> % except as otherwise provided (see instructions)		30,324
	c Total available at beginning of current plan year to add to prefunding balance		253,231
	d Portion of (c) to be added to prefunding balance		253,231
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,652,871

Part III Funding Percentages			
14	Funding target attainment percentage	14	87.69 %
15	Adjusted funding target attainment percentage	15	103.17 %
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	93.92 %
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
02/07/2013	16,667		12/31/2013	30,000	
02/20/2013	16,667		01/24/2014	30,000	
03/19/2013	16,666		03/27/2014	30,000	
09/24/2013	30,000		04/17/2014	30,000	
10/21/2013	30,000		05/20/2014	30,000	
11/15/2013	30,000		06/13/2014	30,000	
			Totals ►	18(b)	380,000
				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	356,420

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: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....	21b		4
22 Weighted average retirement age	22		63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	68,599	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	1,313,564	324,755	
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	393,354	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	132,115	132,115
36 Additional cash requirement (line 34 minus line 35).....	36	261,239	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	356,420	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	95,181	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	95,181	
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		

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

[illegible]

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2013

Date	Amount	Days to Discount to 1/1/2013 at 6.37%	Interest Adjusted Contribution
February 7, 2013	\$ 16,667	37	\$ 16,563
February 20, 2013	16,667	50	16,527
March 19, 2013	16,666	77	16,450
September 24, 2013	30,000	266	28,680
October 21, 2013	30,000	293	28,549
November 15, 2013	30,000	318	28,429
December 31, 2013	30,000	364	28,208
January 24, 2014	30,000	388	28,094
March 27, 2014	30,000	450	27,801
April 17, 2014	30,000	471	27,702
May 20, 2014	30,000	504	27,548
June 13, 2014	30,000	528	27,436
July 15, 2014	30,000	560	27,288
August 15, 2014	30,000	591	27,145
Total Contribution	\$ 380,000		\$ 356,420

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	2.00%	1.0000	1.10
56	2.00%	0.9800	1.10
57	2.00%	0.9604	1.09
58	2.00%	0.9412	1.09
59	2.00%	0.9224	1.09
60	5.00%	0.9039	2.71
61	5.00%	0.8587	2.62
62	20.00%	0.8158	10.12
63	10.00%	0.6526	4.11
64	10.00%	0.5874	3.76
65	100.00%	0.5286	34.36
Weighted Average			63.15

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2012), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st Segment Rate	4.94%
2nd Segment Rate	6.15%
3rd Segment Rate	6.76%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2012), without regard to the MAP-21 interest rate corridor
1st Segment Rate	1.75%
2nd Segment Rate	4.62%
3rd Segment Rate	5.72%
Optional Payment Form Election Percentage	100% of participants are assumed to elect a lump sum
Optional Payment Form Conversion Interest Rate	Same as interest rate above for lump sums
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2013 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$205,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2011 Plan Year	6.73%, limited to 6.57%
2012 Plan Year	6.59%
Trust Expenses Included in Target Normal Cost	The normal cost for funding purposes includes assumed expenses equal to (i) the actual expenses paid by the trust in the previous year for trustee and investment advisory services, plus (ii) the current year's expected PBGC premium payment.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2013

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Table 1

Retirement Rates

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
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Table 2

Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date	July 1, 1971
Effective Date of Last Amendment	December 31, 2009
Plan Year	January 1 to December 31
Employer Fiscal Year	January 1 to December 31
Employer ID Number	31-0536997
Plan Administrator's ID Number	31-0536997
Plan Number	001

Eligibility

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

Service

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

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

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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

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

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

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

Normal Retirement Date

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

Normal Retirement Benefit

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

- (1) 35% of average compensation, reduced by one-twenty fifth for each year of credited service that the participant's years of credited service at normal retirement date are less than 25.
- (2) If the participant was initially hired by the employer before July 1, 1996 when he was at least age 49:

0.75% of average monthly compensation for each year of credited service up to a maximum of 15;

or

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

0.60% of average monthly compensation for each year of credited service up to a maximum of 15;

or

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
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If the participant was initially hired by the employer before July 1, 1996 when he was at least age 44 but less than age 46:

0.25% of average monthly compensation for each year of credited service up to a maximum of 15;

or

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

0.15% of average monthly compensation for each year of credited service up to a maximum of 15.

In no event will a participant's accrued benefit as of his normal retirement date be less than his accrued benefit as of July 1, 1996.

No further benefits will accrue after December 31, 2009.

Delayed Retirement

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement the greater of the actuarial equivalent of his normal retirement benefit or the benefit based on service and compensation as of actual retirement date.

Average Compensation

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

Accrued Benefit

The accrued benefit at any time prior to a participant's normal retirement date shall be the normal retirement benefit calculated using current average salary and credited service a participant would have at his normal retirement date multiplied by the ratio of years of service on the normal retirement date. No further benefits will accrue after December 31, 2009.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Early Retirement Benefit

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

Disability Retirement Benefit

A participant who becomes totally and permanently disabled before his normal retirement date may retire and receive a monthly benefit equal to his accrued benefit on the date he became disabled.

Death Benefit

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

In the event of an active married participant's death after the attainment of age 57 and the completion of 12 years of credited service, but prior to normal retirement date, it will be assumed the participant had retired on the day prior to death and elected a joint and 50% survivor benefit.

Severance Benefit

Upon the termination of employment after five or more years of service a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. The percentage vested shall be:

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

Normal Form of Payment

The normal form of payment is an annuity paid in monthly installments for life.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

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

All optional methods of settlement other than (5) and (6) above are actuarially equivalent to the normal form of payment on a unisex basis based on the UP-1984 Mortality Table adjusted for a 40% female content in the participant group and a 9.00% interest rate.

Amendment or Termination of Plan

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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

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

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

The enrolled actuary for the plan changed from Martin E. Molloy (14-06227) of Aon Consulting, Inc. to Jason C. Wells (14-07067) of Aon Consulting, Inc.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The following non-prescribed actuarial assumption was changed for the 2013 plan year:

- Expected asset returns (other than the 3rd segment rate) changed from 6.59% for 2012 to 7.04% for 2013 to better reflect current investment allocations.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2013

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		9	9	1						
35-39		12	11							
40-44		3	8	2						
45-49		12	10	5	3	2				
50-54		4	3	2	1	3				
55-59		3	9	1	2	1		1		
60-64		3	3	2						
65-69			3	1		1				
70+		2	1		1					

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Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,031,529	January 1, 2010	4	\$ 276,823
Shortfall	\$ 456,628	January 1, 2011	5	\$ 100,338
Shortfall	\$ (1,055,699)	January 1, 2012	6	\$ (199,456)
Shortfall	\$ 881,106	January 1, 2013	7	\$ 147,050

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2013

Date	Amount	Days to Discount to 1/1/2013 at 6.37%	Interest Adjusted Contribution
February 7, 2013	\$ 16,667	37	\$ 16,563
February 20, 2013	16,667	50	16,527
March 19, 2013	16,666	77	16,450
September 24, 2013	30,000	266	28,680
October 21, 2013	30,000	293	28,549
November 15, 2013	30,000	318	28,429
December 31, 2013	30,000	364	28,208
January 24, 2014	30,000	388	28,094
March 27, 2014	30,000	450	27,801
April 17, 2014	30,000	471	27,702
May 20, 2014	30,000	504	27,548
June 13, 2014	30,000	528	27,436
July 15, 2014	30,000	560	27,288
August 15, 2014	30,000	591	27,145
Total Contribution	\$ 380,000		\$ 356,420

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	2.00%	1.0000	1.10
56	2.00%	0.9800	1.10
57	2.00%	0.9604	1.09
58	2.00%	0.9412	1.09
59	2.00%	0.9224	1.09
60	5.00%	0.9039	2.71
61	5.00%	0.8587	2.62
62	20.00%	0.8158	10.12
63	10.00%	0.6526	4.11
64	10.00%	0.5874	3.76
65	100.00%	0.5286	34.36
Weighted Average			63.15

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2012), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st Segment Rate	4.94%
2nd Segment Rate	6.15%
3rd Segment Rate	6.76%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2012), without regard to the MAP-21 interest rate corridor
1st Segment Rate	1.75%
2nd Segment Rate	4.62%
3rd Segment Rate	5.72%
Optional Payment Form Election Percentage	100% of participants are assumed to elect a lump sum
Optional Payment Form Conversion Interest Rate	Same as interest rate above for lump sums
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2013 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
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Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$205,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2011 Plan Year	6.73%, limited to 6.57%
2012 Plan Year	6.59%
Trust Expenses Included in Target Normal Cost	The normal cost for funding purposes includes assumed expenses equal to (i) the actual expenses paid by the trust in the previous year for trustee and investment advisory services, plus (ii) the current year's expected PBGC premium payment.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2013

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Table 1

Retirement Rates

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Table 2

Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date	July 1, 1971
Effective Date of Last Amendment	December 31, 2009
Plan Year	January 1 to December 31
Employer Fiscal Year	January 1 to December 31
Employer ID Number	31-0536997
Plan Administrator's ID Number	31-0536997
Plan Number	001

Eligibility

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

Service

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

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

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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

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

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

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

Normal Retirement Date

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

Normal Retirement Benefit

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

- (1) 35% of average compensation, reduced by one-twenty fifth for each year of credited service that the participant's years of credited service at normal retirement date are less than 25.
- (2) If the participant was initially hired by the employer before July 1, 1996 when he was at least age 49:

0.75% of average monthly compensation for each year of credited service up to a maximum of 15;

or

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

0.60% of average monthly compensation for each year of credited service up to a maximum of 15;

or

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

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

0.25% of average monthly compensation for each year of credited service up to a maximum of 15;

or

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

0.15% of average monthly compensation for each year of credited service up to a maximum of 15.

In no event will a participant's accrued benefit as of his normal retirement date be less than his accrued benefit as of July 1, 1996.

No further benefits will accrue after December 31, 2009.

Delayed Retirement

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement the greater of the actuarial equivalent of his normal retirement benefit or the benefit based on service and compensation as of actual retirement date.

Average Compensation

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

Accrued Benefit

The accrued benefit at any time prior to a participant's normal retirement date shall be the normal retirement benefit calculated using current average salary and credited service a participant would have at his normal retirement date multiplied by the ratio of years of service on the normal retirement date. No further benefits will accrue after December 31, 2009.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Early Retirement Benefit

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

Disability Retirement Benefit

A participant who becomes totally and permanently disabled before his normal retirement date may retire and receive a monthly benefit equal to his accrued benefit on the date he became disabled.

Death Benefit

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

In the event of an active married participant's death after the attainment of age 57 and the completion of 12 years of credited service, but prior to normal retirement date, it will be assumed the participant had retired on the day prior to death and elected a joint and 50% survivor benefit.

Severance Benefit

Upon the termination of employment after five or more years of service a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. The percentage vested shall be:

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

Normal Form of Payment

The normal form of payment is an annuity paid in monthly installments for life.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

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

All optional methods of settlement other than (5) and (6) above are actuarially equivalent to the normal form of payment on a unisex basis based on the UP-1984 Mortality Table adjusted for a 40% female content in the participant group and a 9.00% interest rate.

Amendment or Termination of Plan

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
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The funding valuation does not reflect any plan changes.

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

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Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The following non-prescribed actuarial assumption was changed for the 2013 plan year:

- Expected asset returns (other than the 3rd segment rate) changed from 6.59% for 2012 to 7.04% for 2013 to better reflect current investment allocations.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2013

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		9	9	1						
35-39		12	11							
40-44		3	8	2						
45-49		12	10	5	3	2				
50-54		4	3	2	1	3				
55-59		3	9	1	2	1		1		
60-64		3	3	2						
65-69			3	1		1				
70+		2	1		1					

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Schedule SB Attachment (Form 5500)—2013 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,031,529	January 1, 2010	4	\$ 276,823
Shortfall	\$ 456,628	January 1, 2011	5	\$ 100,338
Shortfall	\$ (1,055,699)	January 1, 2012	6	\$ (199,456)
Shortfall	\$ 881,106	January 1, 2013	7	\$ 147,050

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2013****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

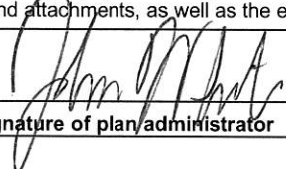
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or
☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>The Ohio Masonic Home Pension Plan</u>	1b Three-digit plan number (PN) ► <u>001</u>
	1c Effective date of plan <u>07/01/1971</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>The Ohio Masonic Home</u> <u>2655 West National Road</u> <u>Springfield</u> <u>OH</u> <u>45504</u>	2b Employer Identification Number (EIN) <u>31-0536997</u> 2c Sponsor's telephone number <u>(937) 525-4985</u> 2d Business code (see instructions) <u>623000</u>

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

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

SIGN HERE		<u>10/15/14</u>	<u>John White</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

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

Form 5500 (2013)
v. 130118

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
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:		3c Administrator's telephone number
a Sponsor's name		4b EIN
5 Total number of participants at the beginning of the plan year		4c PN
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		5 430
a Active participants		6a 121
b Retired or separated participants receiving benefits		6b 76
c Other retired or separated participants entitled to future benefits.....		6c 207
d Subtotal. Add lines 6a , 6b , and 6c		6d 404
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 9
f Total. Add lines 6d and 6e		6f 413
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7

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

1 I

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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)