

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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>THE OHIO MASONIC HOME PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>07/01/1971</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>THE OHIO MASONIC HOME</u>		
	<u>2655 WEST NATIONAL ROAD</u>		
	<u>SPRINGFIELD, OH 45504</u>		
	2b Employer Identification Number (EIN)	<u>31-0536997</u>	
	2c Plan 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	Filed with authorized/valid electronic signature.	10/13/2015	JOHN WHITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	413
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	121
a(2) Total number of active participants at the end of the plan year		6a(2)	115
b Retired or separated participants receiving benefits		6b	84
c Other retired or separated participants entitled to future benefits.....		6c	78
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	277
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	10
f Total. Add lines 6d and 6e		6f	287
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)		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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☐ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
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 01 Day 01 Year 2014			
2	Assets:			
	a Market value	2a	12152511	
	b Actuarial value	2b	11421611	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	78	3947290	3947290
	b For terminated vested participants	214	4763583	4763583
	c For active participants	121	1688690	1703982
	d Total	413	10399563	10414855
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	6.54%	
6	Target normal cost	6	35598	

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		08/14/2015
Signature of actuary		Date
JASON C. WELLS		14-07067
Type or print name of actuary		Most recent enrollment number
AON CONSULTING, INC.		614-436-8100
Firm name		Telephone number (including area code)
445 HUTCHINSON AVE. SUITE 900 COLUMBUS, OH 43235		
Address of the firm		

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	1652871
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	132115
9 Amount remaining (line 7 minus line 8)	0	1520756
10 Interest on line 9 using prior year's actual return of <u>13.62</u> %	0	207127
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		95181
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.37</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		12964
c Total available at beginning of current plan year to add to prefunding balance		108145
d Portion of (c) to be added to prefunding balance		108145
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	1836028

Part III Funding Percentages		
14 Funding target attainment percentage	14	92.03 %
15 Adjusted funding target attainment percentage	15	109.66 %
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	87.69 %
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
09/16/2014	30000				
10/07/2014	80000				
10/29/2014	1000000				
12/05/2014	1000000				
			Totals ►	18(b)	2110000
				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	1997026
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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	
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	35598	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	829272	290288	
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	325886	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	192534	192534
36 Additional cash requirement (line 34 minus line 35).....	36	133352	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1997026	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1863674	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	192534	
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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

44-0619208

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

04-2647786

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

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

13-5108880

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

LS OPPORTUNITY FUND

P.O. BOX 6110
INDIANAPOLIS, IN 46206-6110

(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	30293	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: HOWARD, WERSHBALE & CO.	b EIN: 34-1663157
c Position: ACCOUNTANT	
d Address: 21240 CHAGRIN BLVD. SUITE 700 CLEVELAND, OH 44122	e Telephone: 216-831-1200

Explanation: CHANGE MADE AS PART OF PERIODIC REVIEW OF SERVICE PROVIDERS.

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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
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	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	8772	536
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	210000	0
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	4969	32861
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	242526	983691
	(2) U.S. Government securities	1c(2)	0	598407
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)	0	6721658
	(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)	11690935	2416663
	(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	12157202	10753816

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	10230	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10230	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12146972	10753816
---	-----------	----------	----------

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)	2110000	
(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)		2110000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	64	
(B) U.S. Government securities	2b(1)(B)	3791	
(C) Corporate debt instruments	2b(1)(C)	76541	
(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)		80396
(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)	97479	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		97479
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	9938970	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9939085	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-115
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-71001	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-71001

		(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)		254019
c Other income.....	2c		40563
d Total income. Add all income amounts in column (b) and enter total.....	2d		2511341

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3876002	
(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)		3876002
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)	30293	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	-1798	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		28495
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3904497

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1393156
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: PLANTE MORAN LLC

(2) EIN: 38-1357951

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			
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			
e Was this plan covered by a fidelity bond?	X		500000
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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>124</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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

The Ohio Masonic Home Pension Plan

Financial Report
December 31, 2014

The Ohio Masonic Home Pension Plan

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Schedule of Reportable Transactions	Schedule 2

Independent Auditor's Report

To the Board of Trustees
The Ohio Masonic Home Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Ohio Masonic Home Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits and accumulated plan benefits as of December 31, 2014 and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2014 financial statements.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by US Bank, N.A. (the "Custodian"), except for comparing such information with the related information included in the 2014 financial statements. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes related transactions. The plan administrator has obtained a certification from the Custodian as of and for the year ended December 31, 2014 that the information provided to the plan administrator by the Custodian is complete and accurate.

To the Board of Trustees
The Ohio Masonic Home Pension Plan

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 on the 2014 financial statements. Accordingly, we do not express an opinion on the 2014 financial statements.

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2014 and reportable transactions for the year ended December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA 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 Prior Year Financial Statements

The December 31, 2013 financial statements of The Ohio Masonic Home Pension Plan, which comprised the statements of net assets available for benefits and accumulated plan benefits as of December 31, 2013 and the statements of changes in net assets available for benefits and changes in accumulated plan benefits for the year ended December 31, 2013 were audited by other auditors, whose report dated October 14, 2014, disclaimed an opinion as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2014 Financial Statements

The form and content of the information included in the 2014 financial statements and supplemental schedules, other than that derived from the information certified by the Custodian, 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 ERISA.

Plante & Moran, PLLC

Columbus, Ohio
October 8, 2015

The Ohio Masonic Home Pension Plan

Statement of Net Assets Available for Benefits

	December 31, 2014	December 31, 2013
Assets		
Investments:		
Money market fund	\$ 983,691	\$ 242,526
Mutual funds	2,416,663	11,690,935
U.S. government securities	598,407	-
Common stocks	6,721,658	-
Total investments	10,720,419	11,933,461
Contributions receivable	-	210,000
Accrued income	32,861	4,969
Cash	536	8,772
Total assets	10,753,816	12,157,202
Liabilities - Accrued liabilities	-	10,230
Net Assets Available for Benefits	\$ 10,753,816	\$ 12,146,972

The Ohio Masonic Home Pension Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2014	December 31, 2013
Additions to Net Assets		
Contributions	\$ 2,110,000	\$ 380,000
Investment income:		
Interest and dividends	177,875	232,071
Net realized and unrealized gains (losses) on investments:		
Mutual funds	254,019	1,227,817
U.S. government securities	(2,463)	-
Common stocks	(68,538)	-
Net realized and unrealized gains (losses)	183,018	1,227,817
Other investment income	40,448	940
Total investment income	401,341	1,460,828
Total additions	2,511,341	1,840,828
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	3,876,002	873,854
Administrative expenses	28,495	36,203
Total deductions	3,904,497	910,057
Net (Decrease) Increase	(1,393,156)	930,771
Net Assets Available for Benefits		
Beginning of year	12,146,972	11,216,201
End of year	<u><u>\$ 10,753,816</u></u>	<u><u>\$ 12,146,972</u></u>

The Ohio Masonic Home Pension Plan

Statement of Accumulated Plan Benefits

	December 31, 2014	December 31, 2013
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 5,401,457	\$ 3,689,243
Other vested participants	5,765,367	6,246,155
Total vested benefits	11,166,824	9,935,398
Nonvested benefits	-	20,811
Total actuarial present value of accumulated plan benefits	<u>\$ 11,166,824</u>	<u>\$ 9,956,209</u>

The Ohio Masonic Home Pension Plan

Statement of Changes in Accumulated Plan Benefits

	Year Ended	
	December 31, 2014	December 31, 2013
Actuarial present value of accumulated plan benefits - Beginning of year	\$ 9,956,209	\$ 10,361,439
Increase (decrease) during the year attributable to:		
Benefits accumulated	580,545	699,209
Benefits paid	(3,876,002)	(873,854)
Change of assumptions	3,474,019	(340,389)
Other	1,032,053	109,804
Net increase	1,210,615	(405,230)
Actuarial present value of accumulated plan benefits - End of year	<u><u>\$ 11,166,824</u></u>	<u><u>\$ 9,956,209</u></u>

The Ohio Masonic Home Pension Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 1 - Plan Description

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

General - The Plan is a defined benefit plan covering all eligible employees of The Ohio Masonic Home (the "Organization") who have completed one year of service with 1,000 hours of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility and Vesting - Employees become participants in the Plan following completion of the eligibility requirements as described in the Plan and are fully vested for normal retirement benefits after five years of service.

Pension Benefits - Eligible employees with five or more years of service are entitled to normal annual pension benefits beginning at the participant's normal retirement age of 65 as described in the Plan. The individual pension benefit is equal to credited service times a monthly pension basic benefit. Special provisions for retirement at other than the normal retirement age are described in the Plan agreements, if applicable. Employees with at least 12 years of service may elect early retirement and receive the accrued normal retirement benefits at age 57 or a reduced monthly retirement benefit payable immediately in accordance with the plan agreement.

As of December 31, 2009, the Plan was frozen; consequently, additional participants, benefit service, and benefit accruals will no longer continue under the Plan.

Effective November 1, 2014, the Plan was amended to provide a Lump Sum Distribution Window Program whereby eligible participants, including those who have not yet reached the required commencement date, can elect to receive benefits in the form of a lump sum or an annuity.

Funding - All contributions to the Plan are made by the Organization. The Organization contributes such amounts, as determined on an actuarial basis, to provide the Plan with assets sufficient to meet the projected benefits to be paid to plan participants and to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA. No participant contributions are permitted.

Payment of Benefits - Upon termination of employment, a participant or, in the case of death, the surviving spouse or beneficiary may elect to receive the participant's account balance in a single lump sum or in various installment annuities.

Party-in-Interest Transactions - Certain plan assets are in investment funds managed by US Bank, N.A. or its affiliates. US Bank, N.A. is the custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

The Ohio Masonic Home Pension Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value.

The money market funds are valued at fair value based on their outstanding balances. The U.S. government securities are valued using quoted market prices and other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures. All other investments are valued based on quoted market prices. See Note 5 for additional information.

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

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the Organization.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

The accumulated plan benefits for active employees were based on the highest five years of their last 10 years' average monthly compensation.

Actuarial Assumptions - The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The Ohio Masonic Home Pension Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2014 and 2013 are summarized as follows:

Actuarial valuation method	- Projected unit credit cost method
Valuation interest rate	- 4.08% for 2014 (7.21% for 2013)
Mortality basis	- RP-2014 mortality table for employees and healthy annuitants projected generationally using scale MP-2014 (2014 static mortality for annuitants and non-annuitants for 2013)
Retirement age	- After five years of service, it is assumed participants will retire at the following rates: Age 55 - 59, 2% Age 60 - 61, 5% Age 62, 20% Age 63 - 64, 10% Age 65 and older, 100%

The significant assumption change of \$3,474,019 and (\$340,389) in 2014 and 2013, respectively was a result of a change in interest rates and mortality tables.

The foregoing actuarial assumptions were based on the presumption that the Plan will continue. As the board of trustees adopted a resolution to terminate the Plan in April 2015, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits for future periods.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. 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 statement of net assets available for benefits.

The Ohio Masonic Home Pension Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies (Continued)

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 8, 2015, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

US Bank, N.A. (the "Custodian") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year and schedule of reportable transactions are based solely on information provided by the Custodian.

Significant investments included in end of year net assets are as follows:

	2014	2013
Money market fund - First Amer Prime Oblig Fund CL Y	\$ 983,691	\$ 242,526
Mutual funds - Fidelity Cap Tr Apprec Fd #307	198,255	805,998

Note 4 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying statements.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2011.

Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2014 and 2013.

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

The Ohio Masonic Home Pension Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 5 - Fair Value Measurements (Continued)

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Restatement - Due to a re-evaluation of the significance of the inputs used in the valuation of the mutual funds, it was determined that the investments previously classified as Level 2 should have been classified as Level 1 based on the fair value hierarchy. Accordingly, the 2013 fair value disclosure has been updated to reflect this change.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2014

	Level 1	Level 2	Level 3	Balance at December 31, 2014
Money market fund	\$ -	\$ 983,691	\$ -	\$ 983,691
Mutual funds:				
Equity investments	1,423,946	-	-	1,423,946
Fixed-income investments	992,717	-	-	992,717
U.S. government securities	-	598,407	-	598,407
Common stocks - Domestic	6,721,658	-	-	6,721,658
Total	<u>\$ 9,138,321</u>	<u>\$ 1,582,098</u>	<u>\$ -</u>	<u>\$ 10,720,419</u>

The Ohio Masonic Home Pension Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 5 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2013

	Level 1	Level 2	Level 3	Balance at December 31, 2013
Money market fund	\$ -	\$ 242,526	\$ -	\$ 242,526
Mutual funds:				
Equity investments	7,512,346	-	-	7,512,346
Fixed-income investments	4,178,589	-	-	4,178,589
Total	<u>\$ 11,690,935</u>	<u>\$ 242,526</u>	<u>\$ -</u>	<u>\$ 11,933,461</u>

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2014 and 2013.

Note 6 - Plan Termination

On April 26, 2015, the board of trustees adopted a resolution to terminate the Plan, with an effective date of September 1, 2015, pending IRS approval. Additionally, effective September 1, 2015, no participant shall accrue further benefits and all participants of the Plan with accrued benefits that have otherwise not been forfeited shall become 100 percent vested in such accrued benefits.

The Ohio Masonic Home Pension Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 31-0536997, Plan No. 001 December 31, 2014

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
	American Cent Small Cap Valu Ins	*	\$ 25,794
	Fidelity Invt Tr Ad Intl Disci	*	92,029
	Fidelity Cap Tr Apprec Fd #307	*	198,255
	Ishares Msci Eafe Etf	*	93,268
	Ishares Core S&P Small Cap Etf	*	29,199
	Neuberger Berman Long Sh Ins	*	70,542
	Robeco Boston Partners LS Rsrch	*	109,205
	T. Rowe Price Mid Cap Growth Fd #64	*	55,309
	T. Rower Price Sc Stock	*	26,935
	Spdr S&P 500 Etf Trust	*	227,533
	Midcap Spdr Trust Series I Etf	*	63,353
	Laudus International Marketmasters	*	92,261
	LS Opportunity	*	70,655
	Vanguard Equity Income Adm	*	212,989
	Vanguard Midcap Value Index Admiral	*	56,619
	Driehaus Select Credit Fund	*	210,517
	Ishares Barclays Tips Bond Etf	*	352,047
	Loomis Sayles Gbl Bond Inst	*	103,973
	Loomis Sayles Strategic Alpha Fund Y	*	222,117
	Oppenheimer Senior Floating Rate I	*	104,063
	U.S. government securities:		
	FHLB Deb	*	298,521
	FHLMC Deb	*	299,886
	Common stocks:		
	ATT Inc	*	167,793
	Air Products	*	247,473
	American Express	*	255,663
	Apple Inc	*	250,558
	Bank of New York	*	253,720
	Baxter Intl	*	249,900
	Banch Banking Mtn	*	247,960
	Becton Dickinson	*	251,845
	Boeing	*	254,738
	Caterpillar	*	248,818
	Chevron Corp	*	248,455
	Cisco Systems	*	250,105
	Coca Cola Co	*	254,170
	Conocophillips Co	*	246,803
	John Deere	*	250,353
	Walt Disney	*	249,085
	General Dynamics	*	255,775
	General Elec Cap Mtn	*	259,970
	Intel Corp	*	249,635
	IBM Corp	*	254,705
	JPMorgan Chase	*	256,985
	Lowes Companies	*	254,125
	PNC Bank NA	*	250,333
	Pepsico Inc	*	255,415
	3M Company Mtn	*	249,538
	United Technologies	*	253,500
	Wells Fargo Co Mtn	*	254,238
	Money market fund - First Amer Prime Oblig Fund CL Y	*	983,691
	Total		<u>\$ 10,720,419</u>

* Cost information not required

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OHIO MASONIC
HOME ACCOUNT

Period from January 1, 2014 to December 31, 2014

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					11,947,201.11		
COMPARATIVE VALUE (5%)					597,360.05		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 31846V104 - First Amer Prime Oblig Fund CI Y							
05/02/2014	B	6,629,884.780	1.0000		- 6,629,885 *	6,629,885	
05/06/2014	B	927,558.320	1.0000		- 927,558 *	927,558	
05/09/2014	S	- 768,840.480	1.0000		768,840 *	768,840	
05/12/2014	S	- 1,280,760.210	1.0000		1,280,760 *	1,280,760	
05/14/2014	S	- 1,019,873.000	1.0000		1,019,873 *	1,019,873	
05/15/2014	S	- 773,362.170	1.0000		773,362 *	773,362	
05/16/2014	S	- 1,326,030.870	1.0000		1,326,031 *	1,326,031	
05/20/2014	S	- 762,320.940	1.0000		762,321 *	762,321	
10/29/2014	B	1,000,000.000	1.0000		- 1,000,000 *	1,000,000	
11/06/2014	S	- 1,047,193.590	1.0000		1,047,194 *	1,047,194	
12/05/2014	B	918,390.320	1.0000		- 918,390 *	918,390	
Issue: 693390700 - Pimco Total Return Fund Inst							
05/01/2014	S	- 121,733.407	10.8600		1,322,025 *	1,329,356	- 7,331
Issue: 76628T439 - Ridgeworth Inst US Gov Sec Ult Shrt							
05/01/2014	S	- 111,189.176	10.1300		1,126,346 *	1,124,286	2,060
Issue: 78462F103 - Spdr S&p 500 Etf Trust							
05/01/2014	S	- 3,576.000	188.4800	194	673,811 *	430,827	242,984

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 921921300 - Vanguard Equity Income Adm							
05/01/2014	S	- 10,178.625	64.3000		654,486 *	502,290	152,196
GRAND TOTAL				194	20,230,882	19,840,973	389,909

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

Broker: Kgs Alpha Capital Markets, LLC

Issue: 14912L5J6 - Caterpillar Finl Mtn 1.250% 11/06/17							
05/05/2014	B	250,000.000	.9994		- 249,838	249,838	
Issue: 548661CS4 - Lowes Companies 2.125% 4/15/16							
05/06/2014	B	250,000.000	1.0290		- 257,243	257,243	
Issue: 009158AS5 - Air Products 1.200% 10/15/17							
05/09/2014	B	250,000.000	1.0006		- 250,150	250,150	
Total For Kgs Alpha Capital Markets, LLC				0	757,231	757,231	0

Broker: Millennium Advisors, LLC

Issue: 459200GX3 - IBM Corp 1.950% 7/22/16							
05/06/2014	B	250,000.000	1.0292		- 257,293	257,293	
Issue: 94974BFD7 - Wells Fargo Co Mtn 2.100% 5/08/17							
05/07/2014	B	250,000.000	1.0266		- 256,655	256,655	
Issue: 00206RAV4 - Att Inc 2.500% 8/15/15							
05/07/2014	B	250,000.000	1.0251		- 256,280	256,280	
Issue: 075887BB4 - Becton Dickinson 1.750% 11/08/16							
05/07/2014	B	250,000.000	1.0242		- 256,053	256,053	
Issue: 46625HJA9 - Jpmorgan Chase 3.150% 7/05/16							
05/12/2014	B	250,000.000	1.0461		- 261,533	261,533	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/13/2014	Issue: 24422ESD2 - John Deere Cap B	1.050% 10/11/16 250,000.000	1.0083		- 252,068	252,068	
05/13/2014	Issue: 17275RAT9 - Cisco Systems Inc B	1.100% 3/03/17 250,000.000	1.0048		- 251,203	251,203	
05/15/2014	Issue: 20826FAB2 - Conocophillips Co B	1.050% 12/15/17 250,000.000	.9951		- 248,775	248,775	
05/15/2014	Issue: 913017BH1 - United Technologies B	4.875% 5/01/15 250,000.000	1.0438		- 260,950	260,950	
Total For Millennium Advisors, LLC				0	2,300,810	2,300,810	0
Broker: National Financial Services Co							
05/01/2014	Issue: 78462F103 - Spdr S&p 500 Etf Trust S	- 3,576.000	188.4800	194	673,811 *	430,827	242,984
05/01/2014	Issue: 06738C778 - Ipath Dow Jones Ubs Commodity S	- 6,144.000	40.0800	313	245,939	253,217	- 7,278
05/01/2014	Issue: 464287804 - Ishares Core S&p Small-Cap Etf S	- 660.000	106.7400	35	70,414	36,442	33,972
05/01/2014	Issue: 78467Y107 - Midcap Spdr Trust Series I E T F S	- 616.000	247.3400	34	152,327	93,599	58,728
05/01/2014	Issue: 464287465 - Ishares Msci Eafe Etf S	- 3,165.000	68.4400	163	216,450	171,734	44,716
05/01/2014	Issue: 464287234 - Ishares Msci Emerging Markets Etf S	- 3,158.000	41.3500	161	130,423	128,583	1,839
05/01/2014	Issue: 464287176 - Ishares Barclays Tips Bond Etf B	4,950.000	113.6000	248	- 562,568	562,568	
Total For National Financial Services Co				1,148	2,051,932	1,676,970	374,961

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Broker: Oppenheimer & Co. Inc.							
02/18/2014	Issue: 06738C778 - Ipath Dow Jones Ubs Commodity S	- 134.000	38.8300	7	5,196	5,523	- 326
02/18/2014	Issue: 464287234 - Ishares Msci Emerging Markets Etf B	177.000	39.5100	9	- 7,002	7,002	
02/21/2014	Issue: 78462F103 - Spdr S&p 500 Etf Trust B	1,084.000	184.7500	54	- 200,323	200,323	
02/21/2014	Issue: 06738C778 - Ipath Dow Jones Ubs Commodity S	- 119.000	39.0800	6	4,644	4,904	- 260
02/21/2014	Issue: 464287465 - Ishares Msci Eafe Etf S	- 1,107.000	67.2502	57	74,389	60,066	14,323
02/21/2014	Issue: 464287234 - Ishares Msci Emerging Markets Etf S	- 783.000	39.4468	40	30,847	31,881	- 1,034
02/21/2014	Issue: 464287176 - Ishares Barclays Tips Bond Etf S	- 2,956.000	111.5983	154	329,731	318,602	11,129
Total For Oppenheimer & Co. Inc.				327	652,132	628,301	23,832

Broker: Wells Fargo Securities, LLC

05/07/2014	Issue: 369550AQ1 - General Dynamics B	2.250% 7/15/16 250,000.000	1.0364		- 259,105	259,105	
05/08/2014	Issue: 713448BT4 - Pepsico Inc B	2.500% 5/10/16 250,000.000	1.0384		- 259,588	259,588	
05/09/2014	Issue: 69349LAP3 - Pnc Bank Na B	1.150% 11/01/16 250,000.000	1.0085		- 252,115	252,115	
05/15/2014	Issue: 3130A1ZX9 - F H L B Deb B	1.050% 8/22/17 300,000.000	1.0000		- 300,000	300,000	
05/15/2014	Issue: 166764AA8 - Chevron Corp B	1.104% 12/05/17 250,000.000	.9982		- 249,558	249,558	



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 Wells Fargo Securities, LLC				0	1,320,366	1,320,366	0
GRAND TOTAL				1,475	7,082,471	6,683,678	398,793

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

Issue: 316066109 - Fidelity Cap Tr Apprec Fd #307

02/21/2014	B	5,217.685	37.1000		- 193,576	193,576	
Total For Buys				0	193,576	193,576	0
02/18/2014	S	- 1,110.816	36.9800		41,078	36,092	4,986
05/01/2014	S	- 16,607.192	35.8200		594,870	554,730	40,140
09/11/2014	S	- 381.194	39.2700		14,969	12,733	2,236
09/25/2014	S	- 494.245	38.7400		19,147	16,509	2,638
11/07/2014	S	- 3,399.189	39.7600		135,152	113,543	21,609
Total For Sells				0	805,216	733,607	71,609
Total Fidelity Cap Tr Apprec Fd #307				0	998,792	927,183	71,609

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

01/03/2014	B	1,641.860	1.0000		- 1,642	1,642	
01/06/2014	B	2,883.240	1.0000		- 2,883	2,883	
01/07/2014	B	540.010	1.0000		- 540	540	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/24/2014	B	30,000.000	1.0000		- 30,000	30,000	
01/30/2014	B	.030	1.0000				
01/31/2014	B	4,966.030	1.0000		- 4,966	4,966	
02/19/2014	B	115,923.390	1.0000		- 115,923	115,923	
02/26/2014	B	239,288.790	1.0000		- 239,289	239,289	
02/27/2014	B	.030	1.0000				
03/04/2014	B	18,490.110	1.0000		- 18,490	18,490	
03/05/2014	B	476.650	1.0000		- 477	477	
03/06/2014	B	14.250	1.0000		- 14	14	
03/06/2014	B	629.170	1.0000		- 629	629	
03/25/2014	B	2,686.040	1.0000		- 2,686	2,686	
03/27/2014	B	199.210	1.0000		- 199	199	
03/27/2014	B	30,000.000	1.0000		- 30,000	30,000	
03/31/2014	B	1,482.390	1.0000		- 1,482	1,482	
04/02/2014	B	8,909.760	1.0000		- 8,910	8,910	
04/03/2014	B	4.810	1.0000		- 5	5	
04/04/2014	B	746.690	1.0000		- 747	747	
04/17/2014	B	30,000.000	1.0000		- 30,000	30,000	
04/29/2014	B	.010	1.0000				
04/30/2014	B	5,158.930	1.0000		- 5,159	5,159	
04/30/2014	B	40,000.000	1.0000		- 40,000	40,000	
05/02/2014	B	6,629,884.780	1.0000		- 6,629,885 *	6,629,885	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/05/2014	B	3,362.560	1.0000		- 3,363	3,363	
05/06/2014	B	927,558.320	1.0000		- 927,558 *	927,558	
05/20/2014	B	30,000.000	1.0000		- 30,000	30,000	
05/29/2014	B	355.070	1.0000		- 355	355	
06/06/2014	B	31,722.250	1.0000		- 31,722	31,722	
06/13/2014	B	30,000.000	1.0000		- 30,000	30,000	
06/16/2014	B	3,000.000	1.0000		- 3,000	3,000	
06/20/2014	B	2,461.250	1.0000		- 2,461	2,461	
06/23/2014	B	1,475.680	1.0000		- 1,476	1,476	
06/25/2014	B	2,276.740	1.0000		- 2,277	2,277	
06/26/2014	B	1,613.190	1.0000		- 1,613	1,613	
06/27/2014	B	801.990	1.0000		- 802	802	
06/30/2014	B	1,395.530	1.0000		- 1,396	1,396	
07/08/2014	B	4,963.960	1.0000		- 4,964	4,964	
07/15/2014	B	87,687.490	1.0000		- 87,687	87,687	
07/15/2014	B	31,995.530	1.0000		- 31,996	31,996	
07/22/2014	B	2,437.500	1.0000		- 2,438	2,438	
07/28/2014	B	1,500.000	1.0000		- 1,500	1,500	
07/30/2014	B	377.400	1.0000		- 377	377	
07/31/2014	B	2,031.000	1.0000		- 2,031	2,031	
08/04/2014	B	.930	1.0000		- 1	1	
08/05/2014	B	633.040	1.0000		- 633	633	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/06/2014	B	66.590	1.0000		- 67	67	
08/07/2014	B	1,759.690	1.0000		- 1,760	1,760	
08/15/2014	B	6,131.880	1.0000		- 6,132	6,132	
08/15/2014	B	30,000.000	1.0000		- 30,000	30,000	
08/22/2014	B	787.500	1.0000		- 788	788	
08/27/2014	B	345.940	1.0000		- 346	346	
09/03/2014	B	1,376.400	1.0000		- 1,376	1,376	
09/04/2014	B	662.800	1.0000		- 663	663	
09/05/2014	B	67.840	1.0000		- 68	68	
09/08/2014	B	960.010	1.0000		- 960	960	
09/16/2014	B	5,480.820	1.0000		- 5,481	5,481	
09/16/2014	B	30,000.000	1.0000		- 30,000	30,000	
09/24/2014	B	5,119.510	1.0000		- 5,120	5,120	
09/26/2014	B	68,755.410	1.0000		- 68,755	68,755	
10/02/2014	B	.580	1.0000		- 1	1	
10/03/2014	B	2,059.880	1.0000		- 2,060	2,060	
10/06/2014	B	59.640	1.0000		- 60	60	
10/07/2014	B	80,000.000	1.0000		- 80,000	80,000	
10/14/2014	B	1,312.500	1.0000		- 1,313	1,313	
10/14/2014	B	276.880	1.0000		- 277	277	
10/15/2014	B	4,156.250	1.0000		- 4,156	4,156	
10/17/2014	B	4,187.500	1.0000		- 4,188	4,188	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/28/2014	B	352.600	1.0000		- 353	353	
10/29/2014	B	1,000,000.000	1.0000		- 1,000,000 *	1,000,000	
10/30/2014	B	.010	1.0000				
10/31/2014	B	1,925.580	1.0000		- 1,926	1,926	
11/04/2014	B	2.200	1.0000		- 2	2	
11/05/2014	B	712.090	1.0000		- 712	712	
11/13/2014	B	32,313.870	1.0000		- 32,314	32,314	
12/05/2014	B	918,390.320	1.0000		- 918,390 *	918,390	
12/09/2014	B	23,520.260	1.0000		- 23,520	23,520	
12/11/2014	B	1,310.180	1.0000		- 1,310	1,310	
12/12/2014	B	3,502.880	1.0000		- 3,503	3,503	
12/15/2014	B	3,000.000	1.0000		- 3,000	3,000	
12/16/2014	B	6,822.680	1.0000		- 6,823	6,823	
12/18/2014	B	2,947.300	1.0000		- 2,947	2,947	
12/19/2014	B	8,534.530	1.0000		- 8,535	8,535	
12/22/2014	B	7,373.920	1.0000		- 7,374	7,374	
12/23/2014	B	5,434.150	1.0000		- 5,434	5,434	
12/24/2014	B	1,293.030	1.0000		- 1,293	1,293	
12/26/2014	B	1,368.430	1.0000		- 1,368	1,368	
12/30/2014	B	.020	1.0000				
12/31/2014	B	117.080	1.0000		- 117	117	
12/31/2014	B	76.680	1.0000		- 77	77	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Buys				0	10,594,145	10,594,145	0
01/02/2014	S	- 29,756.820	1.0000		29,757	29,757	
01/17/2014	S	- 26,152.860	1.0000		26,153	26,153	
01/28/2014	S	- 10,229.570	1.0000		10,230	10,230	
02/03/2014	S	- 216,417.620	1.0000		216,418	216,418	
02/21/2014	S	- 1,805.690	1.0000		1,806	1,806	
02/24/2014	S	- 53,304.300	1.0000		53,304	53,304	
02/28/2014	S	-.030	1.0000				
03/03/2014	S	- 269,432.800	1.0000		269,433	269,433	
04/01/2014	S	- 25,844.940	1.0000		25,845	25,845	
04/07/2014	S	- 66,389.240	1.0000		66,389	66,389	
04/25/2014	S	- 10,243.670	1.0000		10,244	10,244	
05/01/2014	S	- 66,989.560	1.0000		66,990	66,990	
05/07/2014	S	- 46,140.960	1.0000		46,141	46,141	
05/08/2014	S	- 507,199.320	1.0000		507,199	507,199	
05/09/2014	S	- 768,840.480	1.0000		768,840 *	768,840	
05/12/2014	S	- 1,280,760.210	1.0000		1,280,760 *	1,280,760	
05/13/2014	S	- 259,639.580	1.0000		259,640	259,640	
05/14/2014	S	- 1,019,873.000	1.0000		1,019,873 *	1,019,873	
05/15/2014	S	- 773,362.170	1.0000		773,362 *	773,362	
05/16/2014	S	- 1,326,030.870	1.0000		1,326,031 *	1,326,031	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/19/2014	S	- 502,917.850	1.0000		502,918	502,918	
05/20/2014	S	- 762,320.940	1.0000		762,321 *	762,321	
05/21/2014	S	- 38,050.520	1.0000		38,051	38,051	
05/22/2014	S	- 300,000.000	1.0000		300,000	300,000	
06/02/2014	S	- 6,024.830	1.0000		6,025	6,025	
06/24/2014	S	- 43,072.940	1.0000		43,073	43,073	
07/01/2014	S	- 31,673.690	1.0000		31,674	31,674	
07/25/2014	S	- 10,183.600	1.0000		10,184	10,184	
08/01/2014	S	- 33,511.270	1.0000		33,511	33,511	
08/26/2014	S	- 33,731.280	1.0000		33,731	33,731	
09/02/2014	S	- 54,817.640	1.0000		54,818	54,818	
09/11/2014	S	- 41,541.710	1.0000		41,542	41,542	
09/30/2014	S	- 45,529.890	1.0000		45,530	45,530	
10/01/2014	S	- 50,928.310	1.0000		50,928	50,928	
10/08/2014	S	- 23,349.940	1.0000		23,350	23,350	
10/27/2014	S	- 9,866.480	1.0000		9,866	9,866	
11/03/2014	S	- 27,533.240	1.0000		27,533	27,533	
11/06/2014	S	- 1,047,193.590	1.0000		1,047,194 *	1,047,194	
11/13/2014	S	- 15,000.000	1.0000		15,000	15,000	
11/17/2014	S	- 9,207.110	1.0000		9,207	9,207	
11/18/2014	S	- 6,969.990	1.0000		6,970	6,970	
11/19/2014	S	-.310	1.0000				

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/24/2014	S	- 1,136.460	1.0000		1,136	1,136	
Total For Sells				0	9,852,977	9,852,977	0
Total First Amer Prime Oblig Fund Cl Y				0	20,447,122	20,447,122	0
Issue: 464287176 - Ishares Barclays Tips Bond Etf							
05/01/2014	B	4,950.000	113.6000	248	- 562,568	562,568	
09/25/2014	B	364.000	112.5900	18	- 41,001	41,001	
Total For Buys				266	603,569	603,569	0
02/21/2014	S	- 2,956.000	111.5983	154	329,731	318,602	11,129
02/27/2014	S	- 119.000	112.5800	6	13,391	12,826	565
09/11/2014	S	- 250.000	113.2600	13	28,302	28,413	- 111
11/07/2014	S	- 1,921.000	113.3745	101	217,692	218,182	- 491
Total For Sells				274	589,116	578,023	11,092
Total Ishares Barclays Tips Bond Etf				540	1,192,685	1,181,592	11,092
Issue: 693390700 - Pimco Total Return Fund Inst							
02/21/2014	B	16,024.458	10.8300		- 173,545	173,545	
02/28/2014	B	719.876	10.8600		- 7,818	7,818	

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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	181,363	181,363	0
05/01/2014	S	- 121,733.407	10.8600		1,322,025 *	1,329,356	- 7,331
Total For Sells				0	1,322,025	1,329,356	- 7,331
Total Pimco Total Return Fund Inst				0	1,503,388	1,510,719	- 7,331
Issue: 76628T439 - Ridgeworth Inst US Gov Sec Ult Shrt							
02/18/2014	B	1,138.451	10.1200		- 11,521	11,521	
02/21/2014	B	17,856.131	10.1200		- 180,704	180,704	
02/28/2014	B	160.746	10.1200		- 1,627	1,627	
Total For Buys				0	193,852	193,852	0
05/01/2014	S	- 111,189.176	10.1300		1,126,346 *	1,124,286	2,060
06/05/2014	S	- 4,935.834	10.1300		50,000	49,909	91
07/07/2014	S	- 2,467.917	10.1300		25,000	24,954	46
09/11/2014	S	- 493.583	10.1300		5,000	4,991	9
09/25/2014	S	- 11,257.994	10.1400		114,156	113,835	321
Total For Sells				0	1,320,502	1,317,975	2,527
Total Ridgeworth Inst US Gov Sec Ult Shrt				0	1,514,354	1,511,827	2,527

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 78462F103 - Spdr S&p 500 Etf Trust							
02/21/2014	B	1,084.000	184.7500	54	- 200,323	200,323	
Total For Buys				54	200,323	200,323	0
05/01/2014	S	- 3,576.000	188.4800	194	673,811 *	430,827	242,984
09/11/2014	S	- 29.000	199.4450	2	5,782	3,494	2,288
09/25/2014	S	- 5.000	196.9800		985	602	382
11/07/2014	S	- 713.000	203.3201	39	144,928	85,900	59,028
Total For Sells				235	825,506	520,823	304,682
Total Spdr S&p 500 Etf Trust				289	1,025,829	721,146	304,682
Issue: 87234N765 - Tcw Emerging Markets Income Fund							
02/21/2014	B	40,556.063	8.3900		- 340,265	340,265	
Total For Buys				0	340,265	340,265	0
05/01/2014	S	- 40,556.063	8.5200		345,538	340,265	5,272
Total For Sells				0	345,538	340,265	5,272
Total Tcw Emerging Markets Income Fund				0	685,803	680,530	5,272

Issue: 921921300 - Vanguard Equity Income Adm



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/18/2014	B	235.836	61.5900		- 14,525	14,525	
02/28/2014	B	2,924.820	62.3600		- 182,392	182,392	
09/25/2014	B	136.463	65.3300		- 8,915	8,915	
Total For Buys				0	205,832	205,832	0
05/01/2014	S	- 10,178.625	64.3000		654,486 *	502,290	152,196
09/11/2014	S	- 225.394	66.6300		15,018	11,123	3,895
11/07/2014	S	- 2,062.801	67.4700		139,177	102,640	36,537
Total For Sells				0	808,681	616,053	192,628
Total Vanguard Equity Income Adm				0	1,014,513	821,885	192,628
GRAND TOTAL				829	28,382,486	27,802,004	580,479

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

Broker: National Financial Services Co

05/01/2014	Issue: 78462F103 - Spdr S&p 500 Etf Trust S	- 3,576.000	188.4800	194	673,811 *	430,827	242,984
05/01/2014	Issue: 06738C778 - Ipath Dow Jones Ubs Commodity S	- 6,144.000	40.0800	313	245,939	253,217	- 7,278
05/01/2014	Issue: 464287804 - Ishares Core S&p Small-Cap Etf S	- 660.000	106.7400	35	70,414	36,442	33,972
05/01/2014	Issue: 78467Y107 - Midcap Spdr Trust Series I E T F S	- 616.000	247.3400	34	152,327	93,599	58,728

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/01/2014	Issue: 464287465 - Ishares Msci Eafe Etf S	- 3,165.000	68.4400	163	216,450	171,734	44,716
05/01/2014	Issue: 464287234 - Ishares Msci Emerging Markets Etf S	- 3,158.000	41.3500	161	130,423	128,583	1,839
05/01/2014	Issue: 464287176 - Ishares Barclays Tips Bond Etf B	4,950.000	113.6000	248	- 562,568	562,568	
Total For National Financial Services Co				1,148	2,051,932	1,676,970	374,961
GRAND TOTAL				1,148	2,051,932	1,676,970	374,961

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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

► **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 ☐ Other	
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>2014</u>			
2 Assets:			
a Market value	2a	12,152,511	
b Actuarial value	2b	11,421,611	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	78	3,947,290	3,947,290
b For terminated vested participants.....	214	4,763,583	4,763,583
c For active participants.....	121	1,688,690	1,703,982
d Total.....	413	10,399,563	10,414,855
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	6.54 %	
6 Target normal cost	6	35,598	

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>Jason C. Wells</u> Signature of actuary	<u>8/14/2015</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> <u>Columbus</u> OH <u>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 ☐

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	1,652,871
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	132,115
9 Amount remaining (line 7 minus line 8)	0	1,520,756
10 Interest on line 9 using prior year's actual return of <u>13.62%</u>	0	207127
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		95181
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.37%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		12,964
c Total available at beginning of current plan year to add to prefunding balance		108145
d Portion of (c) to be added to prefunding balance		108145
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	1836028

Part III Funding Percentages

14 Funding target attainment percentage	14	92.03 %
15 Adjusted funding target attainment percentage	15	109.66 %
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	87.69 %
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
09/16/2014	30,000				
10/07/2014	80,000				
10/29/2014	1,000,000				
12/05/2014	1,000,000				
Totals ▶			18(b)	2,110,000	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	1,997,026

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: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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	
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	35,598	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	829,272	290,288	
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	325,886	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	192,534	192,534
36 Additional cash requirement (line 34 minus line 35)	36	133,352	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,997,026	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,863,674	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	192,534	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Ohio Masonic Home Pension Plan
EIN: 31-0536997 PN: 001

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.54%	Interest Adjusted Contribution
September 16, 2014	\$ 30,000	258	\$ 28,686
October 7, 2014	80,000	279	76,218
October 29, 2014	1,000,000	301	949,099
December 5, 2014	1,000,000	338	943,023
Total Contribution	\$ 2,110,000		\$ 1,997,026

Schedule SB Attachment (Form 5500)—2014 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)—2014 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 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
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	2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None

Schedule SB Attachment (Form 5500)—2014 Plan Year

Ohio Masonic Home Pension Plan

EIN: 31-0536997 PN: 001

Decrement Timing	Beginning of year decrements
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 \$210,000.
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	
2012 Plan Year	6.59%
2013 Plan Year	7.04%, limited to 6.76%
Trust Expenses Included in Target Normal Cost	The normal cost for funding purposes includes assumed expenses equal to the actual expenses paid by the trust in the previous year for trustee and investment advisory services.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

Schedule SB Attachment (Form 5500)—2014 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)—2014 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)—2014 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.

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Ohio Masonic Home Pension Plan
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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;

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or

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

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)—2014 Plan Year

Ohio Masonic Home Pension Plan

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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)—2014 Plan Year

Ohio Masonic Home Pension Plan

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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)—2014 Plan Year

Ohio Masonic Home Pension Plan

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

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

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2014 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 2014 plan year:

- The expected return on assets (other than the 3rd segment rate) changed from 7.04% to 7.21%.

Schedule SB Attachment (Form 5500)—2014 Plan Year

Ohio Masonic Home Pension Plan

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		5	6	1						
35-39		12	9							
40-44		4	7	1						
45-49		9	7	6	2	1				
50-54		6	8	2	1	3				
55-59		2	7	1	3	1		1		
60-64		4	3	1						
65-69			2	1		1				
70+		2	1		1					

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Schedule SB Attachment (Form 5500)—2014 Plan Year
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 791,624	January 1, 2010	3	\$ 276,823
Shortfall	\$ 373,634	January 1, 2011	4	\$ 100,338
Shortfall	\$ (906,881)	January 1, 2012	5	\$ (199,456)
Shortfall	\$ 776,844	January 1, 2013	6	\$ 147,050
Shortfall	\$ (205,949)	January 1, 2014	7	\$ (34,467)

Schedule SB Attachment (Form 5500)—2014 Plan Year
Ohio Masonic Home Pension Plan
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Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.54%	Interest Adjusted Contribution
September 16, 2014	\$ 30,000	258	\$ 28,686
October 7, 2014	80,000	279	76,218
October 29, 2014	1,000,000	301	949,099
December 5, 2014	1,000,000	338	943,023
Total Contribution	\$ 2,110,000		\$ 1,997,026

Schedule SB Attachment (Form 5500)—2014 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)—2014 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 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
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	2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None

Schedule SB Attachment (Form 5500)—2014 Plan Year

Ohio Masonic Home Pension Plan

EIN: 31-0536997 PN: 001

Decrement Timing	Beginning of year decrements
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 \$210,000.
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	
2012 Plan Year	6.59%
2013 Plan Year	7.04%, limited to 6.76%
Trust Expenses Included in Target Normal Cost	The normal cost for funding purposes includes assumed expenses equal to the actual expenses paid by the trust in the previous year for trustee and investment advisory services.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

Schedule SB Attachment (Form 5500)—2014 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)—2014 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)—2014 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)—2014 Plan Year
Ohio Masonic Home Pension Plan
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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;

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or

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

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)—2014 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)—2014 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)—2014 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.

Schedule SB Attachment (Form 5500)—2014 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 2014 plan year:

- The expected return on assets (other than the 3rd segment rate) changed from 7.04% to 7.21%.

Schedule SB Attachment (Form 5500)—2014 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, 2014

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		5	6	1						
35-39		12	9							
40-44		4	7	1						
45-49		9	7	6	2	1				
50-54		6	8	2	1	3				
55-59		2	7	1	3	1		1		
60-64		4	3	1						
65-69			2	1		1				
70+		2	1		1					

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Schedule SB Attachment (Form 5500)—2014 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	\$ 791,624	January 1, 2010	3	\$ 276,823
Shortfall	\$ 373,634	January 1, 2011	4	\$ 100,338
Shortfall	\$ (906,881)	January 1, 2012	5	\$ (199,456)
Shortfall	\$ 776,844	January 1, 2013	6	\$ 147,050
Shortfall	\$ (205,949)	January 1, 2014	7	\$ (34,467)

Plan Name	The Ohio Masonic Home Pension Plan
Plan Sponsor EIN	31-0536997
ERISA Plan No.	001
Plan Year End	12/31/2014

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	12/31/2014

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

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 2014 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2014 or fiscal plan year beginning		01/01/2014	and ending
		12/31/2014	
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☒ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

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

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

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

SIGN HERE		10/13/15	John White
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	Enter name of individual signing as DFE
	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	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 413
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 121
a(2) Total number of active participants at the end of the plan year	6a(2) 115
b Retired or separated participants receiving benefits	6b 84
c Other retired or separated participants entitled to future benefits.....	6c 78
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 277
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 10
f Total. Add lines 6d and 6e	6f 287
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) (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)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____