

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u> |                                                                                                                                                                                                                                                                                                                                                 |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                       |
| C If the plan is a collectively-bargained plan, check here. ....                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                            | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO</u>                                                                                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1978</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1978</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                  | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1978</u>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>CATHOLIC CHARITIES OF SOUTHWESTERN OHIO</u><br><br><u>100 EAST 8TH STREET</u><br><u>CINCINNATI, OH 45202-2129</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>31-0536968</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>513-241-7745</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>624100</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-0536968</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>513-241-7745</u> | <b>2d</b> Business code (see instructions)<br><u>624100</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-0536968</u>                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>513-241-7745</u>                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>624100</u>                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                                                                                                                                                                                                                        |                                                   |      |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------|-------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                                                                       | Filed with authorized/valid electronic signature. |      |                                                                   |
|                                                                                                                                                                                                                        | Signature of plan administrator                   | Date | Enter name of individual signing as plan administrator            |
| <b>SIGN HERE</b>                                                                                                                                                                                                       |                                                   |      |                                                                   |
|                                                                                                                                                                                                                        | Signature of employer/plan sponsor                | Date | Enter name of individual signing as employer or plan sponsor      |
| <b>SIGN HERE</b>                                                                                                                                                                                                       |                                                   |      |                                                                   |
|                                                                                                                                                                                                                        | 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)<br><br><u>BARNES, DENNIG &amp; CO., LTD</u><br><u>150 EAST FOURTH STREET</u><br><u>CINCINNATI, OH 45202</u> |                                                   |      | Preparer's telephone number (optional)<br><br><u>513-241-8313</u> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 222                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 37<br><b>6a(2)</b> 28<br><b>6b</b> 63<br><b>6c</b> 79<br><b>6d</b> 170<br><b>6e</b> 5<br><b>6f</b> 175<br><b>6g</b><br><b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | <b>2014</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | <b>This Form is Open to Public Inspection</b> |

For calendar plan year 2014 or fiscal plan year beginning **07/01/2014** and ending **06/30/2015**

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

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

**1** Coverage Information:

**(a)** Name of insurance carrier

**MUTUAL OF AMERICA LIFE INSURANCE COMPANY**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | Policy or contract year |                   |
|-------------------|----------------------|----------------------------------------------|------------------------------------------------------------------------------------|-------------------------|-------------------|
|                   |                      |                                              |                                                                                    | <b>(f)</b> From         | <b>(g)</b> To     |
| <b>13-1614399</b> | <b>88668</b>         | <b>005558-J</b>                              | <b>175</b>                                                                         | <b>07/01/2014</b>       | <b>06/30/2015</b> |

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

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| <b>0</b>                                    | <b>64</b>                            |

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

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

**CINCINNATI REGIONAL OFFICE**  
**7300 TURFWAY ROAD, SUITE 560**  
**FLORENCE, KY 41042**

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                                           | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|-------------------------------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose                        |                              |
|                                                      | <b>64</b>                       | <b>PORTION OF INCENTIVE COMP. PROGRAM</b> | <b>3</b>                     |

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

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

Schedule A (Form 5500) 2014  
v. 140124

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

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

|                                                                                                       |          |         |
|-------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 647293  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....  | <b>5</b> | 7557846 |

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

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

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

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

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

|                                                       |           |        |
|-------------------------------------------------------|-----------|--------|
| <b>b</b> Balance at the end of the previous year..... | <b>7b</b> | 412109 |
|-------------------------------------------------------|-----------|--------|

|                                                                      |              |        |  |
|----------------------------------------------------------------------|--------------|--------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year..... | <b>7c(1)</b> | 250000 |  |
| (2) Dividends and credits .....                                      | <b>7c(2)</b> |        |  |
| (3) Interest credited during the year .....                          | <b>7c(3)</b> | 4350   |  |
| (4) Transferred from separate account.....                           | <b>7c(4)</b> | 630000 |  |
| (5) Other (specify below) .....                                      | <b>7c(5)</b> |        |  |

(6) Total additions..... **7c(6)** 884350

|                                                                                       |           |         |
|---------------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 1296459 |
|---------------------------------------------------------------------------------------|-----------|---------|

**e Deductions:**

|                                                                           |              |        |
|---------------------------------------------------------------------------|--------------|--------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 615186 |
| (2) Administration charge made by carrier .....                           | <b>7e(2)</b> | 19350  |
| (3) Transferred to separate account.....                                  | <b>7e(3)</b> |        |
| (4) Other (specify below) .....                                           | <b>7e(4)</b> | 14630  |

▶ ADMINISTRATION EXPENSES

(5) Total deductions..... **7e(5)** 649166

|                                                                                                         |           |        |
|---------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 647293 |
|---------------------------------------------------------------------------------------------------------|-----------|--------|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

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.

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

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 07 Day 01 Year 2014                                                                                                                                              |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                          |                            |                           |                          |
| a Market value                                                                                                                                                                                     | 2a                         | 8554154                   |                          |
| b Actuarial value                                                                                                                                                                                  | 2b                         | 8111892                   |                          |
| 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                                                                                                                                     | 70                         | 5040664                   | 5040664                  |
| b For terminated vested participants                                                                                                                                                               | 121                        | 2233879                   | 2233879                  |
| c For active participants                                                                                                                                                                          | 31                         | 1299928                   | 1320895                  |
| d Total                                                                                                                                                                                            | 222                        | 8574471                   | 8595438                  |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)                                                                                                                   | <input type="checkbox"/>   |                           |                          |
| 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                          | 6.45%                     |                          |
| 6 Target normal cost                                                                                                                                                                               | 6                          | 30302                     |                          |

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.

|                                                        |                                                   |
|--------------------------------------------------------|---------------------------------------------------|
| <div>SIGN HERE</div>                                   | <div>03/17/2016</div>                             |
| <div>Signature of actuary</div>                        | <div>Date</div>                                   |
| <div>ROBERT J. MCELROY, E.A., M.A.A.A.</div>           | <div>14-05088</div>                               |
| <div>Type or print name of actuary</div>               | <div>Most recent enrollment number</div>          |
| <div>MUTUAL OF AMERICA</div>                           | <div>212-224-1429</div>                           |
| <div>Firm name</div>                                   | <div>Telephone number (including area code)</div> |
| <div>320 PARK AVENUE<br/>NEW YORK, NY 10022-6839</div> |                                                   |
| <div>Address of the firm</div>                         |                                                   |

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) .....                                                     | 308901                |                        |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                  | 60000                 |                        |
| 9 Amount remaining (line 7 minus line 8) .....                                                                                                        | 248901                |                        |
| 10 Interest on line 9 using prior year's actual return of 14.69% .....                                                                                | 36564                 |                        |
| 11 Prior year's excess contributions to be added to prefunding balance:                                                                               |                       |                        |
| a Present value of excess contributions (line 38a from prior year) .....                                                                              |                       | 216850                 |
| 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 6.65% ..... |                       | 10431                  |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                         |                       | 8814                   |
| c Total available at beginning of current plan year to add to prefunding balance .....                                                                |                       | 236095                 |
| d Portion of (c) to be added to prefunding balance .....                                                                                              |                       |                        |
| 12 Other reductions in balances due to elections or deemed elections .....                                                                            |                       |                        |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                 | 285465                | 0                      |

| Part III Funding Percentages                                                                                                                                        |    |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Funding target attainment percentage .....                                                                                                                       | 14 | 91.05 % |
| 15 Adjusted funding target attainment percentage .....                                                                                                              | 15 | 91.05 % |
| 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 | 91.73 % |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 02/26/2016                                                                        | 250000                            |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b)                             | 250000 18(c)                    |

|                                                                                                                               |                                                                     |         |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |         |
| a Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | 19a                                                                 |         |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b                                                                 |         |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | 19c                                                                 | 225395  |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |         |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 30302              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          |                    |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 769011              | -9607              |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     |                    |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            | <b>34</b>           | 20695              |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 20695               |                    | 20695         |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           |                    |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 225395             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 225395             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 20695              |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           |                    |               |

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

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

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2014</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2014 or fiscal plan year beginning **07/01/2014** and ending **06/30/2015**

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

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
**FIDELITY MANAGEMENT & RESEARCH COMP** **82 DEVONSHIRE STREET**  
**BOSTON, MA 02109**

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

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

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

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

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AMERICAN CENTURY INVESTMENT MANAGEM

PO BOX 419786  
KANSAS CITY, MO 64141-6786

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

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CALVERT INVESTMENT MANAGEMENT, INC.

4550 MONTGOMERY AVENUE, SUITE 1000N  
BETHESDA, MD 20814

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

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CAPITAL RESEARCH AND MANAGEMENT COM

333 SOUTH HOPE STREET  
LOS ANGELES, CA 90071

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

---

PIMCO

840 NEWPORT CENTER DRIVE  
NEWPORT BEACH, CA 92660

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

---

T. ROWE PRICE ASSOCIATES, INC.

100 EAST PRATT STREET  
BALTIMORE, MD 21202

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

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

---

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

---

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

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

MUTUAL OF AMERICA LIFE INSURANCE CO

320 PARK AVENUE  
NEW YORK, NY 10022

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11 13                         | NONE                                                                                                     | 33980                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

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

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

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

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

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

**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.

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO</u>                                                                                                                                                                              |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>001</u>                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CATHOLIC CHARITIES OF SOUTHWESTERN OHIO</u>                                                                                                                                                          |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>31-0536968</u>                                       |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                              |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                              |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                       | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions.....                                                            | <b>1b(1)</b>    | 250000                | 250000          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                       |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 7902450               | 7557847         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 412109                | 647293          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 8564559               | 8455140         |

**Liabilities**

|                                                                           |           |  |  |
|---------------------------------------------------------------------------|-----------|--|--|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |  |  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |  |  |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |  |  |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |  |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> |  |  |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 8564559 | 8455140 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 250000     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 250000    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 4350       |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 4350      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            |           |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (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)  |            | 285396    |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 539746    |

**Expenses**

|                                                                                      |       |        |        |
|--------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 615185 |        |
| (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) |        | 615185 |
| 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) | 14630  |        |
| (2) Contract administrator fees .....                                                | 2i(2) | 19350  |        |
| (3) Investment advisory and management fees .....                                    | 2i(3) |        |        |
| (4) Other .....                                                                      | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |        | 33980  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 649165 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -109419 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  |         |
| (2) From this plan .....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: BARNES DENNIG & CO., LTD.

(2) EIN: 31-1119890

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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  |        |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |        |
| <b>d</b> 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  |        |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |        |
| <b>g</b> 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  |        |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |        |
| <b>h</b> 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  |        |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |        |
| <b>j</b> 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   |    |        |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |        |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     | X  |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

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

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b>           |
| <b>2</b> 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):<br><br>EIN(s): <u>13-1614399</u> |                    |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |                    |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> <u>39</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                             | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                 | <b>6b</b>                    |                             |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                             |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

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

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

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

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

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

# **The Pension Plan of Catholic Charities of Southwestern Ohio**

**Financial Statements  
With Supplementary Information  
Years Ended June 30, 2015 and 2014  
With Independent Auditors' Report**



## **Independent Auditors' Report**

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

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Pension Plan of Catholic Charities of Southwestern Ohio, which comprise the statements of net assets available for benefits as of June 30, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditors' Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Mutual of America Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended June 30, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

### **Disclaimer of Opinion**

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

**Independent Auditors' Report  
(Continued)**

**Effect of Adopting New Accounting Standard**

As discussed in Note 1, the Financial Accounting Standards Board (FASB) recently issued Accounting Standards Update (ASU) 2015-02 related to Plan Accounting. ASU 2015-12 simplifies employee benefit plan reporting with respect to fully-benefit responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. The change had no effect on the net assets or change in net assets of the Plan for 2015 or 2014. Our opinion is not modified with respect to this matter.

**Other Matter – Supplemental Schedules**

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

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

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



April 14, 2016  
Cincinnati, Ohio

# THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

## Statements of Net Assets Available for Benefits June 30, 2015 and 2014

|                                       | <u>2015</u>                | <u>2014</u>                |
|---------------------------------------|----------------------------|----------------------------|
| <b>Assets</b>                         |                            |                            |
| <b>Investments</b> , at fair value    |                            |                            |
| General account                       | \$ 647,293                 | \$ 412,109                 |
| Pooled separate accounts              | <u>7,557,847</u>           | <u>7,902,450</u>           |
| Total investments                     | 8,205,140                  | 8,314,559                  |
| <br><b>Receivables</b>                |                            |                            |
| Employer contributions                | <u>250,000</u>             | <u>250,000</u>             |
| <br>Net assets available for benefits | <u><u>\$ 8,455,140</u></u> | <u><u>\$ 8,564,559</u></u> |

The accompanying notes are an integral part of these financial statements

# THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

## Statements of Changes in Net Assets Available for Benefits Years Ended June 30, 2015 and 2014

|                                                 | <u>2015</u>                | <u>2014</u>                |
|-------------------------------------------------|----------------------------|----------------------------|
| <b>Additions</b>                                |                            |                            |
| Net appreciation in fair value of investments   | \$ 285,396                 | \$ 1,089,708               |
| Interest income                                 | <u>4,350</u>               | <u>5,042</u>               |
| Total investment income                         | 289,746                    | 1,094,750                  |
| Employer contributions                          | <u>250,000</u>             | <u>250,000</u>             |
| Total additions                                 | <u>539,746</u>             | <u>1,344,750</u>           |
| <b>Deductions</b>                               |                            |                            |
| Benefits paid to participants                   | 615,185                    | 448,007                    |
| Administrative expenses                         | <u>33,980</u>              | <u>34,013</u>              |
| Total deductions                                | <u>649,165</u>             | <u>482,020</u>             |
| Net change in net assets available for benefits | (109,419)                  | 862,730                    |
| <b>Net assets available for benefits</b>        |                            |                            |
| Beginning of year                               | <u>8,564,559</u>           | <u>7,701,829</u>           |
| End of year                                     | <u><u>\$ 8,455,140</u></u> | <u><u>\$ 8,564,559</u></u> |

The accompanying notes are an integral part of these financial statements

## THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

### Notes to Financial Statements

#### NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### ***Basis of Accounting***

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

##### ***Investment Valuation and Income Recognition***

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

##### ***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

##### ***Expenses***

Certain administrative fees incurred in connection with the operation of the Plan are paid by Catholic Charities of Southwestern Ohio (the Agency) and, accordingly, are not reflected in the Plan's financial statements. Certain investment-related expenses are included in net appreciation of fair value of investments.

##### ***Related Party Transactions***

Certain Plan investments are shares of separate accounts with Mutual of America Life Insurance Company, the trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management, actuarial valuations and retirement setup charges were \$33,980 and \$34,013 for the years ended June 30, 2015 and 2014, respectively.

## THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

### Notes to Financial Statements (Continued)

#### NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### ***Estimates***

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

##### ***Fixed Income General Account***

The Plan invests in a fixed income general account through Mutual of America. The investment is carried at an amount which is equal to the Plan's accumulated contributions, plus interest at the applicable rates, less amounts withdrawn for the purchase of annuities, payment of benefits or payment of administrative expenses. The interest rate earned for the years ended June 30, 2015 and 2014 was 1.00%.

##### ***Effect of Adopting New Accounting Standard***

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plan (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient*. This three-part standard simplifies employee benefit plan reporting with respect to fully-benefit responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. Parts I and II are effective for fiscal years beginning after December 15, 2015 and should be applied retrospectively, with early adoption permitted. Part III is effective for fiscal years beginning after December 15, 2015 and should be applied prospectively, with early application permitted.

Management has elected to adopt Part II early. Accordingly, the amendments were retrospectively applied resulting in removal of certain prior-period disclosure information related to individual investments greater than 5 percent of net assets and net appreciation/depreciation of investments by type. Parts I and III are not applicable to this Plan.

##### ***Subsequent Events***

The Plan has evaluated subsequent events through April 14, 2016, which is the date the financial statements were available to be issued.

#### NOTE 2 DESCRIPTION OF THE PLAN

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

##### ***General***

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

## THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

### Notes to Financial Statements (Continued)

#### NOTE 2 DESCRIPTION OF THE PLAN (CONTINUED)

##### ***Contributions***

The Agency contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan members. Effective December 31, 1977, employee contributions were no longer required or permitted by the Plan and have ceased. Participants are fully vested in their contributions made prior to December 31, 1977. Present employees' accumulated contribution at June 30, 2015 and 2014 were \$18,883 and \$26,347, respectively, including interest credited at federal rates and changed periodically.

##### ***Pension Benefits***

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

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

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

##### ***Death and Disability Benefits***

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

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

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

## THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

### Notes to Financial Statements (Continued)

#### NOTE 2 DESCRIPTION OF THE PLAN (CONTINUED)

##### *Tax Status of Benefit Plan*

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

The Plan's income tax returns are subject to review and examination by taxing jurisdictions; however there are currently no audits in progress.

##### *Frozen Plan*

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

#### NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

# THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

## Notes to Financial Statements (Continued)

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

The components of the actuarial present value of accumulated Plan benefits as of July 1, 2014 and 2013 are:

|                                                               | <u>2014</u>                | <u>2013</u>                |
|---------------------------------------------------------------|----------------------------|----------------------------|
| Vested benefits:                                              |                            |                            |
| Participants currently receiving payments                     | \$ 5,032,439               | \$ 4,603,978               |
| Other participants                                            | <u>3,540,273</u>           | <u>3,688,121</u>           |
|                                                               | 8,572,712                  | 8,292,099                  |
| Nonvested benefits                                            | <u>21,157</u>              | <u>24,475</u>              |
| Total actuarial present value of<br>accumulated plan benefits | <u><u>\$ 8,593,869</u></u> | <u><u>\$ 8,316,574</u></u> |

The components of the changes in accumulated Plan benefits for the year ended July 1, 2014 and 2013 are:

|                                                                              | <u>2014</u>                | <u>2013</u>                |
|------------------------------------------------------------------------------|----------------------------|----------------------------|
| Actuarial present value of accumulated<br>plan benefits at beginning of year | \$ 8,316,574               | \$ 8,019,226               |
| Increase (decrease) during the year<br>attributable to:                      |                            |                            |
| Benefits accumulated and miscellaneous                                       | (46,246)                   | (34,947)                   |
| Decrease in discount period                                                  | 566,740                    | 548,721                    |
| Change in actuarial assumptions                                              | 208,733                    | 153,732                    |
| Benefit payments                                                             | <u>(451,932)</u>           | <u>(370,158)</u>           |
| Net increase                                                                 | <u>277,295</u>             | <u>297,348</u>             |
| Actuarial present value of accumulated<br>plan benefits at end of year       | <u><u>\$ 8,593,869</u></u> | <u><u>\$ 8,316,574</u></u> |

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

## THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

### Notes to Financial Statements (Continued)

#### NOTE 4 GENERAL ACTUARIAL DATA

The more significant assumptions underlying the actuarial computations for the July 1, 2014 and 2013 valuations were as follows:

|                                   | July 1, 2014                                                                                     | July 1, 2013                                                                                                                                |
|-----------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Assumed rate of interest          | 7.0%                                                                                             | 7.0%                                                                                                                                        |
| Retirement Age                    | Age 63                                                                                           | Age 63                                                                                                                                      |
| Mortality rates before retirement | RP-2014 Total Dataset Employee Table, separate for Males and Females projected by Scale MP-2014  | 1994 Group Annuity Reserving Table for Males and Females projected to 2015 and further adjusted to a unisex basis (2/3 Female and 1/3 Male) |
| Mortality rates after retirement  | RP-2014 Total Healthy Annuitant Table, separate for Males and Females projected by Scale MP-2014 | 1994 Group Annuity Reserving Table for Males and Females projected to 2015 and further adjusted to a unisex basis (2/3 Female and 1/3 Male) |
| Withdrawal rate                   | 17.2242% annually at age 25<br>13.1043% annually at age 40<br>4.4042% annually at age 55         | 17.2242% annually at age 25<br>13.1043% annually at age 40<br>4.4042% annually at age 55                                                    |
| Marital status                    | 80% of current participants are married                                                          | 80% of current participants are married                                                                                                     |
| Administrative expenses           | Annual estimated administrative charges                                                          | Annual estimated administrative charges                                                                                                     |
| Benefit election                  | Normal Form of Annuity upon retirement                                                           | Normal Form of Annuity upon retirement                                                                                                      |

#### NOTE 5 FUNDING POLICY

The Plan is funded exclusively by Agency contributions. Contributions are amounts deemed necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to participants and meet the amounts required under the funding provisions of ERISA. These contributions are designed to fund normal costs. While the Agency has not expressed any intent to discontinue its contributions, the Agency has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. As of June 30, 2015, the Plan has met its minimum funding requirements.

## THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

### Notes to Financial Statements (Continued)

#### NOTE 5 FUNDING POLICY (CONTINUED)

The Plan sponsor filed an election with the Internal Revenue Service in accordance with notice 2011-3, electing to adopt the 15 year amortization option of funding relief for the plan years beginning July 1, 2014 and 2013. This election allows the Plan sponsor to defer or extend the funding of the shortfall between plan assets and plan liabilities. All required notices to the Pension Benefit Guaranty Corporation as well as to participants and beneficiaries were made.

#### NOTE 6 INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

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

- (a) The assets held by Mutual of America Life Insurance Company at June 30, 2015 and 2014, as well as the transactions involving these assets for the years ended June 30, 2015 and 2014.
- (b) The amount of investment income for the years ended June 30, 2015 and 2014.
- (c) Schedule H, Line 4i – Schedule of Assets (Held at End of Year) at June 30, 2015.
- (d) Schedule H, Line 4j – Schedule of Reportable Transactions at June 30, 2015.

#### NOTE 7 FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs.

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

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

*Level 2* – Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation approaches used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2015 and 2014.

# THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

## Notes to Financial Statements (Continued)

### NOTE 7 FAIR VALUE MEASUREMENTS (CONTINUED)

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

*General Fund:* Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. The carrying value approximates fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2015:

| Description                     | Total               | Level 1     | Level 2             | Level 3     |
|---------------------------------|---------------------|-------------|---------------------|-------------|
| General account                 | \$ 647,293          | \$ -        | \$ 647,293          | \$ -        |
| Pooled separate accounts        | 7,557,847           | -           | 7,557,847           | -           |
| Total investments at fair value | <u>\$ 8,205,140</u> | <u>\$ -</u> | <u>\$ 8,205,140</u> | <u>\$ -</u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2014:

| Description                     | Total               | Level 1     | Level 2             | Level 3     |
|---------------------------------|---------------------|-------------|---------------------|-------------|
| General account                 | \$ 412,109          | \$ -        | \$ 412,109          | \$ -        |
| Pooled separate accounts        | 7,902,450           | -           | 7,902,450           | -           |
| Total investments at fair value | <u>\$ 8,314,559</u> | <u>\$ -</u> | <u>\$ 8,314,559</u> | <u>\$ -</u> |

## THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

### Notes to Financial Statements (Continued)

#### NOTE 8 PLAN TERMINATION

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

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

Certain benefits under the Plan are insured by the Pension Benefit Guarantee Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2015, that ceiling is \$5,011 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

#### NOTE 9 INVESTMENT RESTRICTIONS

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

# **THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO**

## **Notes to Financial Statements (Continued)**

### **NOTE 10 PLAN AMENDMENTS**

Effective July 1, 2014, the Agency amended the Plan's terms for limitations on immediate distributions. A terminated participant with a present value of his or her vested accrued benefit less than \$5,000 shall receive a distribution of the present value of the entire vested portion of the accrued benefit. In instances where such a distribution is greater than \$1,000 and the participant does not elect a distribution, the Agency shall transfer the entire distribution to an individual retirement account or individual retirement annuity.

Effective April 1, 2015, the Agency amended the Plan's terms for pension benefits for participants who terminated employment on or before March 1, 2015. During the election period of April 1, 2015 to May 31, 2015, a terminated participant whose accrued benefit, as of the election period, is a present value of \$20,000 or less may elect an immediate pension benefit. The participant may elect any of the benefit payment forms available under the Plan, or may elect a lump sum payment. This amendment was made after the actuarial valuation date of July 1, 2014, therefore, the amounts presented in Note 3 do not reflect this amendment.

# THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) June 30, 2015

SCHEDULE H – FORM 5500  
FEIN # 31 – 31-0536968  
PLAN NUMBER 001

| Column A | Column B                                          | Column C                     | Column D            | Column E            |
|----------|---------------------------------------------------|------------------------------|---------------------|---------------------|
|          | Identity of issuer, borrower<br>of similar entity | Description<br>of Investment | Cost                | Current<br>Value    |
| *        | Mutual of America General Account                 | General Fund                 | \$ 647,294          | \$ 647,293          |
| *        | Mutual of America Bond Fund                       | Pooled Separate Account      | 1,091,502           | 2,635,797           |
|          | Deutsche Capital Growth VIP Fund                  | Pooled Separate Account      | 141,803             | 405,092             |
| *        | Mutual of America Mid-Term Bond Fund              | Pooled Separate Account      | 738,844             | 856,189             |
| *        | Mutual of America Equity Index Fund               | Pooled Separate Account      | 271,690             | 810,769             |
| *        | Mutual of America Mid-Cap Equity Index Fund       | Pooled Separate Account      | 111,608             | 405,748             |
|          | Vanguard VIF Diversified Value Portfolio          | Pooled Separate Account      | 210,765             | 403,880             |
|          | Vanguard VIF International Portfolio              | Pooled Separate Account      | 504,544             | 812,448             |
|          | Vanguard VIF REIT Index Portfolio                 | Pooled Separate Account      | 400,000             | 406,427             |
|          | Fidelity Investments VIP Mid Cap Fund             | Pooled Separate Account      | 265,154             | 404,389             |
| *        | Mutual of America Small Cap Value Fund            | Pooled Separate Account      | 116,940             | 248,199             |
| *        | Mutual of America Small Cap Growth Fund           | Pooled Separate Account      | 75,157              | 168,909             |
|          |                                                   |                              | <u>\$ 4,575,301</u> | <u>\$ 8,205,140</u> |

\* Denotes Party-In-Interest

Note: The above information is based upon information that has been certified as complete and accurate by Mutual of America Life Insurance Company.

See accompanying independent auditors' disclaimer of opinion report

# THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

## Schedule H, Line 4j – Schedule of Reportable Transactions June 30, 2015

FORM 5500 – ITEM 27(d)  
FEIN # 31 – 31-0536968  
PLAN NUMBER 001

| COLUMN A                               | COLUMN B                | COLUMN C          | COLUMN D         | COLUMN G          | COLUMN H                                            | COLUMN I              |
|----------------------------------------|-------------------------|-------------------|------------------|-------------------|-----------------------------------------------------|-----------------------|
| Identity of<br>Party Involved          | Description<br>of Asset | Purchase<br>Price | Selling<br>Price | Cost of<br>Assets | Current Value<br>of Asset on<br>Transaction<br>Date | Net Gain<br>or (Loss) |
| * Mutual of America<br>General Account | General<br>Fund         | \$ 880,000        | \$ -             | \$ 880,000        | \$ 880,000                                          | \$ -                  |
| * Mutual of America<br>General Account | General<br>Fund         | \$ -              | \$ 634,535       | \$ 634,535        | \$ 634,535                                          | \$ -                  |

\* Denotes Party-In-Interest

Note: The above information is based upon information that has been certified as complete and accurate by Mutual of America Life Insurance Company.

See accompanying independent auditors' disclaimer of opinion report

## **2014 SCHEDULE SB (FORM 5500) PART V – SUMMARY OF PLAN PROVISIONS**

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

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Effective Date of Plan January 1, 1974.

Effective Date of Latest Amendment December 31, 2011.

Fresh Start Date June 30, 1998.

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

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

Compensation Compensation includes all wages, salaries, fees and amounts received for personal service rendered in the course of employment. Compensation includes contributions made to a salary reduction or deferred compensation plan. Prior to 2002, compensation for any plan year, for benefit purposes, is limited to \$150,000 adjusted for increases prescribed by the Secretary of the Treasury. For the 2002 plan year, EGTRRA increased prospectively the limit to \$200,000 annually. For prospective years after 2002, the \$200,000 limit will be indexed for inflation. For 2014, the compensation limit is \$260,000.

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

## **2014 SCHEDULE SB (FORM 5500) PART V – SUMMARY OF PLAN PROVISIONS**

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

## **2014 SCHEDULE SB (FORM 5500) PART V – SUMMARY OF PLAN PROVISIONS**

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Early Retirement Benefit        | <p>The Accrued Benefit reduced by <math>\frac{1}{15}</math> for each of the first 5 years and <math>\frac{1}{30}</math> for each of the next 5 years by which the Early Retirement Date precedes the Normal Retirement Date.</p> <p>A Participant with 10 “years of service” may retire early at age 62 with no reduction in Accrued Benefit, or reductions of <math>\frac{1}{15}</math> for each of the first 5 years and <math>\frac{1}{30}</math> for each of the next 2 years by which the Early Retirement Date precedes age 62. For this purpose “years of service” means years of employment with the Employer.</p> |
| Deferred Retirement Benefit     | <p>The Accrued Benefit reflecting Final Average Earnings and Benefit Accrual Service to the Deferred Retirement Date.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Maximum Benefit                 | <p>The annual benefit shall not exceed the lesser of (i) \$160,000 indexed after 2002 for inflation adjustments and (ii) 100% of the average compensation for the 3 consecutive years producing the highest average. For 2014, the dollar amount of \$210,000 is in the form of a non-refund life annuity. This amount is adjusted to reflect commencement before age 62 or after age 65 or for forms of payment other than a non-refund life annuity and Cost of Living Supplements, if any. It is prorated for less than 10 years of participation in the Plan.</p>                                                      |
| Minimum Accrued Benefit         | <p>The Accrued Benefit computed under the provisions of the plan as of the latest amendment adoption date.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Normal Form of Payment          | <p>A non-refund monthly life annuity.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Automatic Form of Payment       | <p>For a married Participant, a monthly Joint and 66 <math>\frac{2}{3}</math>% Survivor with 120 months certain and continuous annuity actuarially equivalent to the monthly benefit in the Normal form.</p>                                                                                                                                                                                                                                                                                                                                                                                                               |
| Optional Forms of Payment       | <p>The Plan provides other possible forms of annuity, all actuarially equivalent to the normal form of payment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Lump Sum at Retirement          | <p>None.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Cost of Living Increase         | <p>None.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Death Benefit Before Retirement | <p>If a partially or fully vested participant dies before retirement benefits have begun, the annual death benefit payable to the spouse is equal to 66 <math>\frac{2}{3}</math>% of the vested Accrued Benefit, reduced for early commencement, and further reduced to reflect the Automatic Form of Payment. If death occurs after age 55, or age 45 and 10 years of employment, then the amount payable to the Spouse is computed as above, except that the Participant is assumed to remain in service until his Normal Retirement Date instead of terminating a day before death.</p>                                 |

**2014 SCHEDULE SB (FORM 5500) PART V – SUMMARY OF PLAN PROVISIONS**

Disability Annuity Credit

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

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

# THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) June 30, 2015

SCHEDULE H – FORM 5500  
FEIN # 31 – 31-0536968  
PLAN NUMBER 001

| Column A | Column B                                          | Column C                     | Column D            | Column E            |
|----------|---------------------------------------------------|------------------------------|---------------------|---------------------|
|          | Identity of issuer, borrower<br>of similar entity | Description<br>of Investment | Cost                | Current<br>Value    |
| *        | Mutual of America General Account                 | General Fund                 | \$ 647,294          | \$ 647,293          |
| *        | Mutual of America Bond Fund                       | Pooled Separate Account      | 1,091,502           | 2,635,797           |
|          | Deutsche Capital Growth VIP Fund                  | Pooled Separate Account      | 141,803             | 405,092             |
| *        | Mutual of America Mid-Term Bond Fund              | Pooled Separate Account      | 738,844             | 856,189             |
| *        | Mutual of America Equity Index Fund               | Pooled Separate Account      | 271,690             | 810,769             |
| *        | Mutual of America Mid-Cap Equity Index Fund       | Pooled Separate Account      | 111,608             | 405,748             |
|          | Vanguard VIF Diversified Value Portfolio          | Pooled Separate Account      | 210,765             | 403,880             |
|          | Vanguard VIF International Portfolio              | Pooled Separate Account      | 504,544             | 812,448             |
|          | Vanguard VIF REIT Index Portfolio                 | Pooled Separate Account      | 400,000             | 406,427             |
|          | Fidelity Investments VIP Mid Cap Fund             | Pooled Separate Account      | 265,154             | 404,389             |
| *        | Mutual of America Small Cap Value Fund            | Pooled Separate Account      | 116,940             | 248,199             |
| *        | Mutual of America Small Cap Growth Fund           | Pooled Separate Account      | 75,157              | 168,909             |
|          |                                                   |                              | <u>\$ 4,575,301</u> | <u>\$ 8,205,140</u> |

\* Denotes Party-In-Interest

Note: The above information is based upon information that has been certified as complete and accurate by Mutual of America Life Insurance Company.

See accompanying independent auditors' disclaimer of opinion report

## SCHEDULE OF ACTIVE PARTICIPANT DATA

---

PLAN SPONSOR: CATHOLIC CHARITIES OF SOUTHWESTERN OHIO  
 PLAN NAME: EMPLOYEE BENEFITS PLAN OF  
 CATHOLIC CHARITIES OF SOUTHWESTERN OHIO  
 EMPLOYER IDENTIFICATION NUMBER: 31-0536968  
 PLAN NUMBER: 001

---

| ATTAINED<br>AGE | YEARS OF CREDITED SERVICE |   |     |     |       |       |       |       |       |       |         | Total |
|-----------------|---------------------------|---|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|
|                 | Under                     | 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & up |       |
| Under 25        | -                         | - | -   | -   | -     | -     | -     | -     | -     | -     | -       | -     |
| 25 to 29        | -                         | - | -   | -   | -     | -     | -     | -     | -     | -     | -       | -     |
| 30 to 34        | -                         | - | -   | -   | -     | -     | -     | -     | -     | -     | -       | -     |
| 35 to 39        | -                         | - | 1   | 1   | -     | -     | -     | -     | -     | -     | -       | 2     |
| 40 to 44        | -                         | 2 | 2   | -   | 1     | -     | -     | -     | -     | -     | -       | 5     |
| 45 to 49        | -                         | 3 | 1   | -   | -     | -     | -     | -     | -     | -     | -       | 4     |
| 50 to 54        | -                         | 1 | 3   | 1   | -     | -     | -     | 1     | -     | -     | -       | 6     |
| 55 to 59        | -                         | - | 2   | 1   | -     | -     | -     | -     | -     | 1     | -       | 4     |
| 60 to 64        | -                         | - | 3   | 2   | 1     | -     | -     | -     | -     | 1     | -       | 7     |
| 65 to 69        | -                         | - | -   | 1   | 1     | -     | -     | -     | -     | 1     | -       | 3     |
| 70 & up         | -                         | - | -   | -   | -     | -     | -     | -     | -     | -     | -       | -     |
| Total           | -                         | 6 | 12  | 6   | 3     | -     | 1     | -     | 3     | -     | -       | 31    |

**2014 SCHEDULE SB (FORM 5500) PART V – STATEMENT OF ACTUARIAL  
ASSUMPTIONS/METHODS**

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

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**Actuarial Cost Method**

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

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

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

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

MAP-21, as modified by HATFA, places a minimum and maximum on the 24-month average corporate bond segment rates currently used to determine the Funding Target and minimum funding requirement under the PPA. Beginning with the 2012 plan year, the 24-month average for each segment cannot be more or less than a percentage of the 25-year average corporate bond segment rates. The corridor around the 25-year average widens over time as follows:

| <u>Plan Year</u><br><u>Beginning in:</u> | <u>25 Year Average</u><br><u>Period Ends:</u> | <u>Minimum</u><br><u>Percentage</u> | <u>Maximum</u><br><u>Percentage</u> |
|------------------------------------------|-----------------------------------------------|-------------------------------------|-------------------------------------|
| 2012-2017                                | 9/30 of the Prior Year                        | 90%                                 | 110%                                |
| 2018                                     | 9/30/17                                       | 85%                                 | 115%                                |
| 2019                                     | 9/30/18                                       | 80%                                 | 120%                                |
| 2020                                     | 9/30/19                                       | 75%                                 | 125%                                |
| After 2020                               | 9/30 of the Prior Year                        | 70%                                 | 130%                                |

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

**2014 SCHEDULE SB (FORM 5500) PART V – STATEMENT OF ACTUARIAL  
ASSUMPTIONS/METHODS**

**Asset Valuation Method**

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

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

**2014 SCHEDULE SB (FORM 5500) PART V – STATEMENT OF ACTUARIAL  
ASSUMPTIONS/METHODS**

| Assumed Retirement Age                                 | Age 63, or immediate if beyond age 63.                                                                                                                                                                                                                                                            |            |                                       |    |         |    |         |    |        |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------|----|---------|----|---------|----|--------|
| Mortality Rates Before Retirement                      | IRS 2014 Static Mortality Table for Males and Females.                                                                                                                                                                                                                                            |            |                                       |    |         |    |         |    |        |
| Mortality Rates After Retirement                       | IRS 2014 Static Mortality Table for Males and Females.                                                                                                                                                                                                                                            |            |                                       |    |         |    |         |    |        |
| Interest Rates for Funding<br>Pre- and Post-Retirement | July 2014 HATFA Segment Rates:<br>1st Segment: 4.99%<br>2nd Segment: 6.32%<br>3rd Segment: 6.99%<br>Effective Rate: 6.45%                                                                                                                                                                         |            |                                       |    |         |    |         |    |        |
| Participant Withdrawal Rates                           | T-10 Rates of Withdrawal from the Pension Actuary's Handbook, as illustrated below: <table> <tr> <th><u>Age</u></th><th><u>Annual Percent<br/>Withdrawing</u></th></tr> <tr> <td>25</td><td>17.2242</td></tr> <tr> <td>40</td><td>13.1043</td></tr> <tr> <td>55</td><td>4.4042</td></tr> </table> | <u>Age</u> | <u>Annual Percent<br/>Withdrawing</u> | 25 | 17.2242 | 40 | 13.1043 | 55 | 4.4042 |
| <u>Age</u>                                             | <u>Annual Percent<br/>Withdrawing</u>                                                                                                                                                                                                                                                             |            |                                       |    |         |    |         |    |        |
| 25                                                     | 17.2242                                                                                                                                                                                                                                                                                           |            |                                       |    |         |    |         |    |        |
| 40                                                     | 13.1043                                                                                                                                                                                                                                                                                           |            |                                       |    |         |    |         |    |        |
| 55                                                     | 4.4042                                                                                                                                                                                                                                                                                            |            |                                       |    |         |    |         |    |        |
| Compensation Increase                                  | N/A.                                                                                                                                                                                                                                                                                              |            |                                       |    |         |    |         |    |        |
| Maximum Benefit and Compensation<br>Increases          | The maximum benefit and compensation limits are assumed <i>not</i> to increase in the future.                                                                                                                                                                                                     |            |                                       |    |         |    |         |    |        |
| Marital Status                                         | 80% of current participants are married.                                                                                                                                                                                                                                                          |            |                                       |    |         |    |         |    |        |
| Spouse Age                                             | Spouse of male participant is 3 years younger, and spouse of female participant is 3 years older.                                                                                                                                                                                                 |            |                                       |    |         |    |         |    |        |
| Administrative Expenses*                               | Annual estimated administrative charges.                                                                                                                                                                                                                                                          |            |                                       |    |         |    |         |    |        |
| Benefit Election                                       | 100% of participants are assumed to elect the Normal Form of Annuity upon retirement.                                                                                                                                                                                                             |            |                                       |    |         |    |         |    |        |

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

**2014 SCHEDULE SB (FORM 5500) LINE 32 – SCHEDULE OF AMORTIZATION BASES**

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

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

| <u>Amortization<br/>Base</u> | <u>Date<br/>Established</u> | <u>Original<br/>Amortization<br/>Base</u> | <u>Outstanding<br/>Balance as<br/>of 7/1/2014</u> | <u>Remaining<br/>Years as<br/>of 7/1/2014</u> | <u>Annual<br/>Amortization<br/>Amount</u> |
|------------------------------|-----------------------------|-------------------------------------------|---------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| 2010 Shortfall               | 7/1/2010                    | 956,899                                   | \$781,835                                         | 11*                                           | \$93,558                                  |
| 2011 Shortfall               | 7/1/2011                    | \$1,300,216                               | 1,052,855                                         | 12*                                           | \$118,748                                 |
| 2012 Shortfall               | 7/1/2012                    | \$(1,104,861)                             | \$(852,620)                                       | 5                                             | \$(187,522)                               |
| 2013 Shortfall               | 7/1/2013                    | \$64,920                                  | \$57,720                                          | 6                                             | \$10,926                                  |
| 2014 Shortfall               | 7/1/2014                    | (270,779)                                 | (270,779)                                         | 7                                             | (45,317)                                  |
| <b>Net Amount</b>            |                             |                                           | <u>\$769,011</u>                                  |                                               | <u>\$(9,607)</u>                          |

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

**2014 SCHEDULE SB (FORM 5500) PART V**

**LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE**

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|               |                                         |        |            |
|---------------|-----------------------------------------|--------|------------|
| Plan Sponsor: | Catholic Charities of Southwestern Ohio | EIN #: | 31-0536968 |
|---------------|-----------------------------------------|--------|------------|

|            |                                                                      |         |     |
|------------|----------------------------------------------------------------------|---------|-----|
| Plan Name: | Employee Benefits Plan of Catholic Charities of<br>Southwestern Ohio | Plan #: | 001 |
|------------|----------------------------------------------------------------------|---------|-----|

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Assumed Retirement Age

Age 63, or immediate if beyond age 63.

## SCHEDULE OF ACTIVE PARTICIPANT DATA

---

PLAN SPONSOR: CATHOLIC CHARITIES OF SOUTHWESTERN OHIO  
 PLAN NAME: EMPLOYEE BENEFITS PLAN OF  
 CATHOLIC CHARITIES OF SOUTHWESTERN OHIO  
 EMPLOYER IDENTIFICATION NUMBER: 31-0536968  
 PLAN NUMBER: 001

---

| ATTAINED<br>AGE | YEARS OF CREDITED SERVICE |   |     |     |       |       |       |       |       |       |         | Total |
|-----------------|---------------------------|---|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|
|                 | Under                     | 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & up |       |
| Under 25        | -                         | - | -   | -   | -     | -     | -     | -     | -     | -     | -       | -     |
| 25 to 29        | -                         | - | -   | -   | -     | -     | -     | -     | -     | -     | -       | -     |
| 30 to 34        | -                         | - | -   | -   | -     | -     | -     | -     | -     | -     | -       | -     |
| 35 to 39        | -                         | - | 1   | 1   | -     | -     | -     | -     | -     | -     | -       | 2     |
| 40 to 44        | -                         | 2 | 2   | -   | 1     | -     | -     | -     | -     | -     | -       | 5     |
| 45 to 49        | -                         | 3 | 1   | -   | -     | -     | -     | -     | -     | -     | -       | 4     |
| 50 to 54        | -                         | 1 | 3   | 1   | -     | -     | -     | 1     | -     | -     | -       | 6     |
| 55 to 59        | -                         | - | 2   | 1   | -     | -     | -     | -     | -     | 1     | -       | 4     |
| 60 to 64        | -                         | - | 3   | 2   | 1     | -     | -     | -     | -     | 1     | -       | 7     |
| 65 to 69        | -                         | - | -   | 1   | 1     | -     | -     | -     | -     | 1     | -       | 3     |
| 70 & up         | -                         | - | -   | -   | -     | -     | -     | -     | -     | -     | -       | -     |
| Total           | -                         | 6 | 12  | 6   | 3     | -     | 1     | -     | 3     | -     | -       | 31    |

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

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110  
1210 - 0089**2014****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

- 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 forms instr.); 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**

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

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

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

|                                                                                                                                                                                              |                        |                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------|
| <b>SIGN HERE</b><br><br>Signature of plan administrator                                                   | <u>4-15-16</u><br>Date | <b>TED BERGH</b><br>Enter name of individual signing as plan administrator |
| <b>SIGN HERE</b><br><br>Signature of employer/plan sponsor                                                                                                                                   | <br>Date               | <br>Enter name of individual signing as employer or plan sponsor           |
| <b>SIGN HERE</b><br><br>Signature of DFE                                                                                                                                                     | <br>Date               | <br>Enter name of individual signing as DFE                                |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)<br><br>BARNES, DENNIG & CO., LTD<br>150 EAST FOURTH STREET<br>CINCINNATI OH 45202 |                        | Preparer's telephone number (optional)<br><br>(513) 241-8313               |

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

Form 5500 (2014)  
v. 140124

|                                                                                                          |                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                   |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                                                                                          |              |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                  | <b>5</b>     | 222 |
| <b>6</b> 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). |              |     |
| <b>a (1)</b> Total number of active participants at the beginning of the plan year .....                                                                 | <b>6a(1)</b> | 37  |
| <b>a (2)</b> Total number of active participants at the end of the plan year .....                                                                       | <b>6a(2)</b> | 28  |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                      | <b>6b</b>    | 63  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                       | <b>6c</b>    | 79  |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....                                                                                                     | <b>6d</b>    | 170 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                               | <b>6e</b>    | 5   |
| <b>f</b> Total. Add lines 6d and 6e .....                                                                                                                | <b>6f</b>    | 175 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....          | <b>6g</b>    |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....              | <b>6h</b>    |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                     | <b>7</b>     |     |

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

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>1 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# THE PENSION PLAN OF CATHOLIC CHARITIES OF SOUTHWESTERN OHIO

## Schedule H, Line 4j – Schedule of Reportable Transactions June 30, 2015

FORM 5500 – ITEM 27(d)  
FEIN # 31 – 31-0536968  
PLAN NUMBER 001

| COLUMN A                               | COLUMN B                | COLUMN C          | COLUMN D         | COLUMN G          | COLUMN H                                            | COLUMN I              |
|----------------------------------------|-------------------------|-------------------|------------------|-------------------|-----------------------------------------------------|-----------------------|
| Identity of<br>Party Involved          | Description<br>of Asset | Purchase<br>Price | Selling<br>Price | Cost of<br>Assets | Current Value<br>of Asset on<br>Transaction<br>Date | Net Gain<br>or (Loss) |
| * Mutual of America<br>General Account | General<br>Fund         | \$ 880,000        | \$ -             | \$ 880,000        | \$ 880,000                                          | \$ -                  |
| * Mutual of America<br>General Account | General<br>Fund         | \$ -              | \$ 634,535       | \$ 634,535        | \$ 634,535                                          | \$ -                  |

\* Denotes Party-In-Interest

Note: The above information is based upon information that has been certified as complete and accurate by Mutual of America Life Insurance Company.

See accompanying independent auditors' disclaimer of opinion report

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2014****This Form is Open to Public  
Inspection**For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>EBP of Catholic Charities Of Southwestern Ohio                                                                   | <b>B</b> Three-digit plan number (PN) ▶<br>001                                                                                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Catholic Charities Of Southwestern Ohio                       | <b>D</b> Employer Identification Number (EIN)<br>31-0536968                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2014</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 8554154                   |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 8111892                   |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | 70                         | 5040664                   | 5040664                  |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | 121                        | 2233879                   | 2233879                  |
| <b>c</b> For active participants.....                                                                                                                                                                           | 31                         | 1299928                   | 1320895                  |
| <b>d</b> Total.....                                                                                                                                                                                             | 222                        | 8574471                   | 8595438                  |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b>                   | 6.45%                     |                          |
| <b>6</b> Target normal cost.....                                                                                                                                                                                | <b>6</b>                   | 30302                     |                          |

**Statement by Enrolled Actuary**

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

**SIGN  
HERE**

Signature of actuary

ROBERT J. MCELROY, E.A., M.A.A.A

Type or print name of actuary

MUTUAL OF AMERICA

Firm name

320 PARK AVENUE

NEW YORK NY 10022-6839

Address of the firm

03/17/2016

Date

1405088

Most recent enrollment number

212-224-1429

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2014  
v. 140124

### Part III Funding Percentages

### Part III Funding Percentages

|                |                                               |
|----------------|-----------------------------------------------|
| <b>Part IV</b> | <b>Contributions and Liquidity Shortfalls</b> |
|----------------|-----------------------------------------------|

| 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**

|                                                                                                                                                                                              |                       |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99% | 2nd segment:<br>6.32% | 3rd segment:<br>6.99% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                       | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                       | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                       |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 30302              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 |                     |                    |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | Outstanding Balance | Installment        |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 769011              | -9607              |               |
|                                                                                                                                                                                      | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 20695              |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 20695               | 0                  | 20695         |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 225395             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 225395             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 20695              |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

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