Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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), and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2009** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF MURTIS H. TAYLOR MULTI-SERVICES CENTER

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1981

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MURTIS H. TAYLOR MULTI-SERVICES CENTER

13422 KINSMAN ROAD
CLEVELAND, OH 44120

2b Employer Identification Number (EIN) 23-7158458

2c Sponsor's telephone number 216-283-4400

2d Business code (see instructions) 624100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	JOHN CHAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MURTIS H. TAYLOR MULTI-SERVICES CENTER 13422 KINSMAN ROAD CLEVELAND, OH 44120	**3b** Administrator's EIN 23-7158458 **3c** Administrator's telephone number 216-283-4400

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		**4b** EIN
a Sponsor's name		**4c** PN

5 Total number of participants at the beginning of the plan year	**5**	266
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	71
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	190
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	262
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	3
f Total. Add lines **6d** and **6e**	**6f**	265
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules			**b General Schedules**			
(1)	X	**R** (Retirement Plan Information)	**(1)**	X		**H** (Financial Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**			**I** (Financial Information – Small Plan)
			(3)	X	1	**A** (Insurance Information)
			(4)			**C** (Service Provider Information)
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)**	X		**D** (DFE/Participating Plan Information)
			(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2009** **This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan	**B** Three-digit plan number (PN) ▶
DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF MURTIS H. TAYLOR MULTI-SERVICES CENTER	001
C Plan sponsor's name as shown on line 2a of Form 5500. MURTIS H. TAYLOR MULTI-SERVICES CENTER	**D** Employer Identification Number (EIN) 23-7158458

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

1 Coverage Information:

(a) Name of insurance carrier

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
13-1614399	88668	052341K	265	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	193

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

FRANK ZUGARO

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
	72		3

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

BRENT TEAGUE

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
	58		3

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

DANTE DONOFRIO

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	33		3

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

TED MACEJKO

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	30		3

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	161179
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	2393014

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**		
	(2) Dividends and credits	**7c(2)**		
	(3) Interest credited during the year	**7c(3)**		
	(4) Transferred from separate account	**7c(4)**		
	(5) Other (specify below) ▶	**7c(5)**		
	(6)Total additions		**7c(6)**	0
d	Total of balance and additions (add **b** and **c(6)**).		**7d**	0
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**		
	(2) Administration charge made by carrier	**7e(2)**		
	(3) Transferred to separate account	**7e(3)**		
	(4) Other (specify below) ▶	**7e(4)**		
	(5) Total deductions		**7e(5)**	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)		**7f**	0

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 organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF MURTIS H. TAYLOR MULTI-SERVICES CENTER

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MURTIS H. TAYLOR MULTI-SERVICES CENTER

D Employer Identification Number (EIN)
23-7158458

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2	Assets:			
a	Market value	2a		2091608
b	Actuarial value	2b		2091608
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	3a	1	12699
b	For terminated vested participants	3b	188	1302172
c	For active participants:			
	(1) Non-vested benefits	3c(1)		0
	(2) Vested benefits	3c(2)		1575814
	(3) Total active	3c(3)	77	1575814
d	Total	3d	266	2890685
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.48 %
6	Target normal cost	6		0

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	Date 09/07/2010
SCOTT C. OTERMAT, FSA Type or print name of actuary	08-01305 Most recent enrollment number
SCOTT C. OTERMAT & ASSOCIATES, INC. Firm name	419-332-0853 Telephone number (including area code)
1786 CR 128 FREMONT, OH 43420-8723 Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		5178
b	Interest on (a) using prior year's effective rate of 5.98 %		310
c	Total available at beginning of current plan year to add to prefunding balance		5488
d	Portion of (c) to be added to prefunding balance		5488
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	5488

Part III Funding percentages

14	Funding target attainment percentage	14	72.16 %
15	Adjusted funding target attainment percentage	15	72.17 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.77 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/21/2009	20000		07/27/2010	20000	
01/29/2010	20000		08/30/2010	20000	
02/26/2010	20000		09/01/2010	20000	
03/26/2010	20000				
05/28/2010	20000				
06/23/2010	20000				
			Totals ► 18(b)	180000	18(c) 0

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

a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	162539

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	N/A, full yield curve used
5.72 %	5.92 %	6.09 %	☐

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)..... **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)..... **31** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	804565	148169
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)..... **34** 148169

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)..... **36** 148169

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)..... **37** 162539

38 Interest-adjusted excess contributions for current year (see instructions)..... **38** 14370

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)..... **39** 0

40 Unpaid minimum required contribution for all years **40** 0

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF MURTIS H. TAYLOR MULTI-SERVICES CENTER

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MURTIS H. TAYLOR MULTI-SERVICES CENTER

D Employer Identification Number (EIN)
23-7158458

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO
c EIN-PN 13-1614399-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 397923

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQUITY INCOME
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO
c EIN-PN 13-1614399-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104493

a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP EQUITY INDEX
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO
c EIN-PN 13-1614399-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133760

a Name of MTIA, CCT, PSA, or 103-12 IE: PENSION BOND
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO
c EIN-PN 13-1614399-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 738962

a Name of MTIA, CCT, PSA, or 103-12 IE: PENSION MONEY MKT
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO
c EIN-PN 13-1614399-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120674

a Name of MTIA, CCT, PSA, or 103-12 IE: PENSION SCUDDER BOND
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO
c EIN-PN 13-1614399-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 204586

a Name of MTIA, CCT, PSA, or 103-12 IE: PENSION SCUDDER CAPITAL GROWTH
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO
c EIN-PN 13-1614399-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 186985

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH FUND			
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO			
c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	53803
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND			
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO			
c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	79879
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD DIVERSIFIED FUND			
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO			
c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	107167
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INTERNATION FUND			
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO			
c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	264783
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

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b Name of plan sponsor

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a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF MURTIS H. TAYLOR MULTI-SERVICES CENTER

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MURTIS H. TAYLOR MULTI-SERVICES CENTER

D Employer Identification Number (EIN)
23-7158458

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	138606	160000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1824662	2393014
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	110175	161179
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2073443	2714193
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2073443	2714193

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	201394	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		201394
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	4454	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4454
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		441303
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		647151

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6352	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6352
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	49	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		49
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6401

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		640750
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: MALONEY & NOVOTNY, LLC **(2)** EIN: 34-0677006

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

			Yes	No	Amount
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.)	4a		X	
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.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF MURTIS H. TAYLOR MULTI-SERVICES CENTER

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MURTIS H. TAYLOR MULTI-SERVICES CENTER

D Employer Identification Number (EIN)
23-7158458

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-4156830 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 2

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

MURTIS H. TAYLOR MULTI-SERVICE CENTER DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES

FINANCIAL REPORT

DECEMBER 31, 2009 and 2008

MURTIS H. TAYLOR MULTI-SERVICE CENTER
DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES

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maloney+novotny

Plan Administrator
Murtis H. Taylor Multi-Service Center
Defined Benefit Pension Plan for Employees
Cleveland, Ohio

Independent Auditors' Report

We were engaged to audit the financial statements and supplemental schedule of the Murtis H. Taylor Multi-Service Center Defined Benefit Pension Plan for Employees (the "Plan") as of December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying table of contents. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Mutual of America, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the Trustee is complete and accurate.

The supplemental schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2009 that accompanies the Plan's financial statements does not disclose the historical cost of certain non participant-directed plan assets held by the Plan Trustee. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. 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, except for the omission of cost basis information of investments, as described above, 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.

Maloney + Novotny LLC

Cleveland, Ohio
September 23, 2010

Business Advisors and Certified Public Accountants
Cleveland | Canton | Elyria
NEXIA

MURTIS H. TAYLOR MULTI-SERVICE CENTER
DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

ASSETS	2009	2008
INVESTMENTS, AT FAIR VALUE		
Insurance company pooled separate accounts:		
Pension Bond	$ 738,962	$ 664,864
Equity Index	397,923	257,620
Pension Scudder Bond	204,586	191,156
Pension Scudder Capital Growth	186,985	120,682
Vanguard International Fund	264,782	163,169
Mid-Cap Equity Index Fund	133,760	83,918
Vanguard Diversified Fund	107,167	71,628
Fidelity VIP Equity-Income	104,493	66,308
Small Cap Value Fund	79,879	55,543
Small Cap Growth Fund	53,803	35,317
Mid-Term Bond	120,674	114,457
Guaranteed investment contract	161,179	110,175
Total investments	2,554,193	1,934,837
RECEIVABLES		
Employer's contributions	160,000	138,606
NET ASSETS AVAILABLE FOR BENEFITS	$2,714,193	$2,073,443

The accompanying notes are an integral part of these financial statements.

MURTIS H. TAYLOR MULTI-SERVICE CENTER
DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	$ 441,303	$ -
Interest and dividends	4,454	1,936
Contributions from employer	201,394	150,747
Total additions	647,151	152,683
DEDUCTIONS		
Net depreciation in fair value of investments	-	521,096
Pension benefits paid directly to participants	6,352	333,626
Administrative expenses	49	1,405
Total deductions	6,401	856,127
NET INCREASE (DECREASE)	640,750	(703,444)
NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING	2,073,443	2,776,887
NET ASSETS AVAILABLE FOR BENEFITS – ENDING	$2,714,193	$2,073,443

The accompanying notes are an integral part of these financial statements.

Note 1. Description of the Plan

The following brief description of the Murtis H. Taylor Multi-Service Center Defined Benefit Pension Plan for Employees (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General:

The Plan is a defined benefit pension plan covering substantially all employees of Murtis Taylor Human Services System ("MTHSS"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. MTHSS froze the Plan for additional participants and benefits effective January 1, 2006.

Benefits:

Participants with two or more years of credited service are eligible to receive monthly benefit payments beginning at normal retirement age of 65 equal to 1.125% (reduced to .75% effective September 1, 2000 and increased to 1.00% effective January 1, 2002) of their average monthly compensation multiplied by their years of vested service plus 0.5% of their average monthly compensation in excess of Social Security wage base multiplied by their years of vested service not to exceed 35 years. Note that final average earnings are computed as the participants' highest average earnings during any 36 consecutive months out of the last 120 months of employment at MTHSS. The Plan permits early retirement at ages 55-64. Participants may elect to receive their pension benefits in various forms of joint and survivor annuities or in a lump-sum payment.

Death Benefits:

If a vested participant dies before the date on which his retirement distributions are to begin, a death benefit annuity equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary, beginning within one year of the employee's death.

Note 2. Summary of Significant Accounting Policies

The following are significant accounting policies followed by the Plan:

Basis of Accounting:

The accompanying financial statements have been prepared on an accrual basis.

Investments:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 5 regarding fair value measurements.

Note 2. Summary of Significant Accounting Policies (Continued)

Investments (Continued):

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

Payments of Benefits:

Benefits are recorded when paid.

Administrative Expenses:

Expenses of the Plan are paid by MTHSS or the Plan at the discretion of MTHSS.

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, and termination of employment - are included to the extent they are deemed attributable to employee service rendered prior to January 1, 2006.

Use of Estimates:

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

Evaluation of Subsequent Events:

The Plan has evaluated subsequent events through September 23, 2010, the date the financial statements were available to be issued, and has determined no such events required disclosure.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was determined by actuaries of Rehmann Retirement Plan Services, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the probability of payment and the time value of money (through discounts from interest) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2010 and 2009 include: (a) retirement age of 65; and (b) assumed mortality (1983 GAM table was used), and (c) investment returns of 7.5%. The foregoing actuarial assumptions are based on the presumption that 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 total actuarial present value of accumulated plan benefits is as follows:

	January 1,	
	2010	2009
Vested benefits:		
Retired participants	$ 9,578	$ 9,922
Terminated participants	1,032,354	916,757
Active participants	1,190,511	1,135,713
Non-vested benefits	-	-
Total actuarial present value of accumulated plan benefits	$2,232,443	$2,062,392

The significant factors affecting the year-to-year change in the actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits as of beginning of year	$2,062,392	$2,124,577
Increase (decrease) during the year attributable to:		
Benefits accumulated	-	-
Decrease in discount period	185,078	271,441
Benefits paid	(15,027)	(333,626)
Net increase (decrease)	170,051	(62,185)
Actuarial present value of accumulated plan benefits as of end of year	$2,232,443	$2,062,392

Note 4. Investments

The Plan's investments which exceeded 5% of net assets available for benefits are presented in the statements of net assets available for benefits.

Note 5. Fair Value Measurements

As required by generally accepted accounting principles, the Plan applies the provisions of Fair Value Measurements (Topic 820-10) which, among other matters, requires enhanced disclosures about financial assets and liabilities that are measured and reported at fair value. Fair Value Measurements established a hierarchal disclosure framework which prioritizes and ranks the level of market price observability used in measuring financial assets and liabilities at fair value. Market price observability is affected by a number of factors, including the type of investment and the characteristics specific to the investment. Financial assets and liabilities with readily available active quoted prices or for which fair value can be measured from actively quoted prices generally will have a higher degree of market price observability and a lesser degree of judgment used in measuring fair value.

Financial assets and liabilities measured and reported at fair value are classified and disclosed in one of the following categories:

Level 1 – Quoted prices are available in active markets for identical financial instruments as of the reporting date.

Level 2 – Pricing inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or other valuation methodologies.

Level 3 – Pricing inputs are unobservable for the financial instrument and include situations where there is little, if any, market activity for the financial instrument. The inputs into the determination of fair value require significant management judgment or estimation.

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

The following is a description of the valuation methodologies used for assets of the Plan measured at fair value at December 31, 2009 and 2008:

- Insurance company pooled separate accounts: Valued at the net asset value of shares held by the Plan at year end, as reported by the Trustee.

- Guaranteed investment contract: Fair value approximates contract value, and contract value represents contributions made under the contract, plus interest at a specified rate less participant withdrawals and fees.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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.

Note 5. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Insurance company pooled separate accounts	$ -	$2,393,014	$ -	$2,393,014
Guaranteed investment contract	-	-	161,179	161,179
Total	$ -	$2,393,014	$ 161,179	$2,554,193

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Insurance company pooled separate accounts	$ -	$1,824,662	$ -	$1,824,662
Guaranteed investment contract	-	-	110,175	110,175
Total	$ -	$1,824,662	$ 110,175	$1,934,837

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008:

	Level 3 Assets	
	For the Years Ended December 31,	
	2009 Guaranteed Investment Contract	2008 Guaranteed Investment Contract
Balance, beginning of year	$ 110,175	$ -
Investment income	4,454	-
Purchases, sales, issuances and settlements (net)	46,550	110,175
Balance, end of year	$ 161,179	$ 110,175

Note 6. Related Party Transactions

The Plan has invested in pooled separate accounts and a guaranteed investment contract, both managed by Mutual of America. Mutual of America is the Plan's Trustee, as defined by the Plan, therefore, these transactions qualify as party-in-interest transactions.

Note 7. Unaudited Information

Mutual of America, the Trustee of the Plan, holds the following Plan investment assets at December 31, 2009 and 2008, and executes transactions therein. Financial information relating to those assets is included in the accompanying financial statements and the supplemental schedule based on information certified by the Trustee. That information, which has not been audited by independent accountants, is summarized below:

	2009	2008
Investments, at fair value:		
Insurance company pooled separate accounts	$2,393,014	$1,824,662
Guaranteed investment contract	161,179	110,175
	$2,554,193	$1,934,837

Changes in net assets available for benefits not audited include the following for the years ended December 31, 2009 and 2008:

	2009	2008
Investment income:		
Net appreciation (depreciation) in fair value from insurance company pooled separate accounts	$ 441,303	$ (521,096)
Interest and dividends	4,454	1,936

Note 8. Funding Policy

Contributions to provide benefits under the Plan are made solely by Murtis Taylor Human Services System. MTHSS's funding policy is to make cash contributions to the Plan in amounts computed by the Plan's actuary using the Individual Aggregate method. This method and the actuarial assumptions referred to in Note 3 have been designed to provide sufficient funds to pay benefits as they become payable under the Plan. MTHSS met the minimum funding requirements of ERISA in 2009 and 2008. The actuary informed the Plan in his January 1, 2009 report that a minimum contribution of approximately $180,000 will be required for the year ending December 31, 2009.

Note 9. Income Tax Status

The Plan obtained its latest determination letter dated January 17, 2002, 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. However, the plan administrator believes 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.

Note 10. Plan Termination

Although MTHSS has not expressed any intent to terminate the Plan, it may do so at any time. In the event of a termination of the Plan, the assets then remaining in the Plan will be allocated, to the extent that they shall be sufficient, for the purpose of funding the accrued benefits to the date of termination of the Plan of all pensioners, participants, vested former participants, and beneficiaries in the manner and order of precedence required under the terms of Section 4044 of ERISA and any funds remaining in the trust after funding in full all of such accrued benefits shall revert to the MTHSS. In the event of a partial termination of the Plan, the portion of the assets of the pension fund relating to the terminated portion of the Plan shall be allocated as aforesaid for the purpose of funding the accrued benefits of pensioners, participants, vested former participants, and beneficiaries whose benefit rights are affected by such partial termination.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's 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.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on the priority of those benefits, the financial condition of the MTHSS and the PBGC, and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 11. Risks and Uncertainties

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

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

SUPPLEMENTAL SCHEDULE

MURTIS H. TAYLOR MULTI-SERVICE CENTER
DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES

EMPLOYER NO. 23-7158458
PLAN NO. 001

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2009

(a)	(b) Identity of Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Mutual of America	Guaranteed investment contract:		
		Interest accumulation account		$ 161,179
*	Mutual of America	Insurance company pooled separate accounts:		
		Pension Bond		738,962
		Equity Index		397,923
		Pension Scudder Bond		204,586
		Pension Scudder Capital Growth		186,985
		Vanguard International Fund		264,782
		Mid-Cap Equity Index Fund		133,760
		Vanguard Diversified Fund		107,167
		Fidelity VIP Equity-Income		104,493
		Small Cap Value Fund		79,879
		Small Cap Growth Fund		53,803
		Mid-Term Bond		120,674
				$2,554,193

* Represents a party-in-interest.

The historical cost of investments is not presented as the insurance carrier is unable to provide such information.

Murtis H. Taylor Multi-Services Center
Murtis H Taylor Multi-Services Center Defined Benefit Plan
Plan Specifications - Pension Protection Act Report
Valuation as of 01/01/2010 for the Plan Year Ending 12/31/2010

Target Assumptions:

Male Nonannuitant:	2010 Nonannuitant Male
Female Nonannuitant:	2010 Nonannuitant Female
Male Annuitant:	2010 Annuitant Male
Female Annuitant:	2010 Annuitant Female
Male Projection:	Projection Scale AA (Male)
Female Projection:	Projection Scale AA (Female)
Applicable months from valuation month:	0
Probability of lump sum:	95.00%
Use pre-retirement mortality:	No

	1st	2nd	3rd
Segment rates:	4.60	6.65	6.76
High Quality Bond rates:	6.42	6.42	6.42
Final rates:	4.60	6.65	6.76
Override:	0.00	0.00	0.00

Options:

Use optional combined mortality table for small plans:	Yes
Male:	2010 Optional table small plans Male
Female:	2010 Optional table small plans Female
Male weighting:	Small plan weights (Male)
Female weighting:	Small plan weights (Female)
Use discount rate transition:	Yes
Lump sums use proposed regulations:	Yes

Actuarial Equivalent Floor

Stability period:	plan year
Lookback months:	1
Nonannuitant:	2010 Applicable
Annuitant:	2010 Applicable

	1st	2nd	3rd
Current:	3.13	5.11	5.59
Override:	0.00	0.00	0.00

Murtis H Taylor Multi-Services Center Defined Benefit Plan

Plan Specifications Report

Valuation as of 01/01/2010 for the Plan Year Ending 12/31/2010

Employer and Plan Data

Initial effective date	01/01/1981
Plan year begins	01/01/2010
Plan year ends	12/31/2010
Valuation date	01/01/2010

Eligibility Requirements

Waiting period (mos)	24
Minimum age	21
Minimum age (mos)	0

Normal Retirement

Minimum age	65
Minimum years of service	0
Minimum years of participation	5
Retirement date	1st of month following

Benefits

Pension Formula:	Benefit formula
Type of Formula:	Unit benefit integrated
Effective Date:	01/01/1981

	% per Unit	Maximum Total %	Simplified table limit	Adjust %
Base:	0.00%	0.00%		No
Excess:	0.00%	0.00%	No	No

Maximum Credits

	Past years	Future years	Total years
Base:	99	99	99
Excess:	99	99	35
Units based on:	Accrual		

Integration level

Covered compensation table:	Dynamic
Rounding:	Exact
Uniform dollar amount:	None

Vesting

Primary Vesting Schedule	Secondary Vesting Schedule
Immediate	N/A

Murtis H Taylor Multi-Services Center Defined Benefit Plan

Plan Specifications Report

Valuation as of 01/01/2010 for the Plan Year Ending 12/31/2010

Actuarial Assumptions

	Pre-retirement	Post-retirement
Interest	7.50%	7.50%
Mortality & Setbacks		
Male	1983 Group Annuity (Male) 0	1983 Group Annuity (Male) 0
Female	1983 Group Annuity (Male) 0	1983 Group Annuity (Male) 0
Salary Scale		Funding Method
Male	0.00%	Unit credit
Female	0.00%	Level percent of compensation
Withdrawal		Form of Annuity
Male	None	Life only
Female	None	COLA 0.00%

Schedule B, line 8c - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 To 4		5 To 9		10 To 14		15 To 19		20 To 24		25 To 29		30 To 34		35 To 39		40 & Up	
	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	9	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	8	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	2	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0
50 to 54	0	0	0	0	2	0	6	0	2	0	0	0	1	0	1	0	0	0	0	0
55 to 59	0	0	0	0	4	0	9	0	1	0	2	0	0	0	1	0	0	0	0	0
60 to 64	0	0	0	0	2	0	2	0	0	0	0	0	0	0	1	0	1	0	0	0
65 to 69	0	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0

Name of plan: Murtis H Taylor Multi-Services Center Defined Benefit Plan

Plan sponsor's name: Murtis H. Taylor Multi-Services Center

Plan number: 001

EIN: 23-7158458

Murtis H Taylor Multi-Services Center Defined Benefit Plan

Valuation as of 01/01/2010 for the Plan Year Ending 12/31/2010

Type of Base	Effective Date	Interest Rate	Initial Amount	Initial Amort	Current Balance	Rem Amort	Payment
	01/01/2008	6.65	621,647	7.00	478,768	5.00	104,554
	01/01/2009	6.65	258,042	7.00	231,330	6.00	43,615
	01/01/2010	6.65	-294,648	7.00	-294,648	7.00	-49,244
Totals					415,450		98,925

Type of Base	Effective Date	Interest Rate	Initial Amount	Initial Amort	Current Balance	Rem Amort	Payment
Totals							

Schedule SB, line 19 - Discounted Employer Contributions

Name of Plan: Defined Benefit Pension Plan for Employees of Murtis H. Taylor Multi-Services Center
Plan Sponsor's EIN: 23-7158458
Plan Number: 001

RMC: 148,169.00
Installment 33,338.00
Adjustment for Late Quarterly Contributions
01/01/2009 BOY Val Date

Installments Due	Installment due date	Date Paid	Number of Days Late	Discounted Value of Contribution to Installment Due Date	Number of Days from Installment Date to Valuation Date	Accumulated or Discounted Value to Valuation Date
				11.48%		**6.48%**
20,000.00	04/15/2009	09/21/2009	159	19,075.87	-104	18,737.86
13,338.00	04/15/2009	01/29/2010	289	12,239.02	-104	12,022.16
33,338.00				31,315.00		30,760.09
6,662.00	07/15/2009	01/29/2010	198	6,280.86	-195	6,073.81
20,000.00	07/15/2009	02/26/2010	226	18,699.36	-195	18,082.93
6,676.00	07/15/2009	03/26/2010	254	6,190.06	-195	5,986.00
33,338.00				31,170.28		30,142.75
13,324.00	10/15/2009	03/26/2010	162	12,697.00	-287	12,085.79
20,000.00	10/15/2009	05/28/2010	225	18,704.92	-287	17,804.50
14.00	10/15/2009	06/23/2010	251	12.99	-287	12.37
33,338.00				31,414.92		29,902.65
19,986.00	01/15/2010	06/23/2010	159	19,062.51	-379	17,860.17
13,352.00	01/15/2010	07/27/2010	193	12,606.87	-379	11,811.71
33,338.00				31,669.38		29,671.88
133,352.00				125,569.59		120,477.37
6,648.00		7/27/2010			-572	6,025.43
20,000.00		8/30/2010			-606	18,021.40
20,000.00		9/1/2010			-608	18,015.21

Total Discounted Amount: 162,539

MURTIS H. TAYLOR MULTI-SERVICE CENTER
DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES

EMPLOYER NO. 23-7158458
PLAN NO. 001

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2009

(a)	(b) Identity of Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Mutual of America	Guaranteed investment contract:		
		Interest accumulation account		$ 161,179
*	Mutual of America	Insurance company pooled separate accounts:		
		Pension Bond		738,962
		Equity Index		397,923
		Pension Scudder Bond		204,586
		Pension Scudder Capital Growth		186,985
		Vanguard International Fund		264,782
		Mid-Cap Equity Index Fund		133,760
		Vanguard Diversified Fund		107,167
		Fidelity VIP Equity-Income		104,493
		Small Cap Value Fund		79,879
		Small Cap Growth Fund		53,803
		Mid-Term Bond		120,674
				$2,554,193

* Represents a party-in-interest.

The historical cost of investments is not presented as the insurance carrier is unable to provide such information.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan: Defined Benefit Pension Plan for Employees of Murtis H. Taylor

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: Murtis H. Taylor Multi-Services Center

D Employer Identification Number (EIN): 23-7158458

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2 Assets:

a Market value	**2a**	2,091,608
b Actuarial value	**2b**	2,091,608

3 Funding target/participant count breakdown

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	1	12,699
b For terminated vested participants	**3b**	188	1,302,172
c For active participants:			
(1) Non-vested benefits	**3c(1)**		0
(2) Vested benefits	**3c(2)**		1,575,814
(3) Total active	**3c(3)**	77	1,575,814
d Total	**3d**	266	2,890,685

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.48 %
6 Target normal cost	**6**	0

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 Scott C. Otermat

Signature of actuary — Date: 7 Sep 10

Scott C. Otermat, FSA — Type or print name of actuary

08-01305 — Most recent enrollment number

Scott C. Otermat & Associates, Inc. — Firm name

(419)332-0853 — Telephone number (including area code)

1786 CR 128

Fremont OH 43420-8723 — Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		5,178
b	Interest on (a) using prior year's effective rate of 5.98 %		310
c	Total available at beginning of current plan year to add to prefunding balance		5,488
d	Portion of (c) to be added to prefunding balance		5,488
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	5,488

Part III Funding percentages

14	Funding target attainment percentage	14	72.17 %
15	Adjusted funding target attainment percentage	15	72.17 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.77 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/21/2009	20,000		07/27/2010	20,000	
01/29/2010	20,000		08/30/2010	20,000	
02/26/2010	20,000		09/01/2010	20,000	
03/26/2010	20,000				
05/28/2010	20,000				
06/23/2010	20,000				
			Totals ► 18(b)	180,000	18(c) 0

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

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	162,539

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.72 %	5.92 %	6.09 %	

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	804,565	148,169
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) **34** 148,169

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 148,169

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 162,539

38 Interest-adjusted excess contributions for current year (see instructions) **38** 14,370

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

Attachment to 2009 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Defined Benefit Pension Plan for Employees of Murtis H. Taylor **EIN:** 23-7158458
Plan Sponsor's Name Murtis H. Taylor Multi-Services Center **PN:** 001

The weighted average retirement age is equal to the normal retirement age of 65 .

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.
All Participants are assumed to retire on their Normal Retirement Age of 65.