

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 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 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 single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BEREA CHILDRENS HOME DEFINED BENEFIT PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 11/01/1977
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BEREA CHILDRENS HOME 202 E BAGLEY RD BEREA, OH 440172058000
2b	Employer Identification Number (EIN) 34-0720558
2c	Sponsor's telephone number 216-234-2006
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.	10/14/2010	JOSEPH ZIEGLER
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BERE A CHILDRENS HOME 202 E BAGLEY RD BERE A, OH 440172058000	3b Administrator's EIN 34-0720558 3c Administrator's telephone number 216-234-2006
--	---

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

5 Total number of participants at the beginning of the plan year	5	481
---	----------	-----

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	374
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	28
d Subtotal. Add lines 6a , 6b , and 6c	6d	402
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	402
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	56

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 1I

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 BEREA CHILDRENS HOME DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BEREA CHILDRENS HOME		D Employer Identification Number (EIN) 34-0720558	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month 01 Day 01 Year 2009		
2	Assets:		
a	Market value	2a	3668915
b	Actuarial value	2b	3660778
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	0
b	For terminated vested participants	3b	36
c	For active participants:		
(1)	Non-vested benefits	3c(1)	272764
(2)	Vested benefits	3c(2)	3762570
(3)	Total active	3c(3)	445
d	Total	3d	481
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	6.50 %
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		10/13/2010
Signature of actuary		Date
KATHLYN PITASSI		08-02557
Type or print name of actuary		Most recent enrollment number
NATIONAL ASSOCIATES, INC.		440-333-0222
Firm name		Telephone number (including area code)
20325 CENTER RIDGE ROAD SUITE 405 CLEVELAND, OH 44116-3570		
Address of the firm		

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

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

Schedule SB (Form 5500) 2009
v.092308.1

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)	622826	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).....	622826	0
10	Interest on item 9 using prior year's actual return of <u>0.01</u> %	62	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		17274
b	Interest on (a) using prior year's effective rate of <u>6.03</u> %		1042
c	Total available at beginning of current plan year to add to prefunding balance		18316
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	610678	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	12210	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
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	92.10 %
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
04/29/2010	2000				
05/25/2010	15000				
06/30/2010	5000				
07/23/2010	104000				
			Totals ►	18(b)	126000
				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 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	111002
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ 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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %	☐ N/A, full yield curve used
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	638499	107922
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	107922
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	107922
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	111002
38 Interest-adjusted excess contributions for current year (see instructions).....	38	3080
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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 BEREA CHILDRENS HOME DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BEREA CHILDRENS HOME	D Employer Identification Number (EIN) 34-0720558

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

FIFTH THIRD BANK600 SUPERIOR AVENUE
CLEVELAND, OH 44114

31-0676865

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

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

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

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

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

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

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

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

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

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

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

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

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

FIFTH THIRD BANK

600 SUPERIOR AVENUE
CLEVELAND, OH 44114

31-0676865

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	16290	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	KATHLYN PITASSI	b EIN:	31-0677453
c Position:	ENROLLED ACTUARY		
d Address:	NATIONAL ASSOCIATES, INC. 20325 CENTER RIDGE ROAD, SUITE 405 CLEVELAND, OH 44116-3570	e Telephone:	440-333-0222
Explanation:		CLIENT REQUESTED CHANGE	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 BEREA CHILDRENS HOME DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BEREA CHILDRENS HOME	D Employer Identification Number (EIN) 34-0720558

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	9862	14952
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	600000	126000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	21013	18036
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	91988	270993
(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)	2946052	3322844
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3668915	3752825

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 through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3668915	3752825
---	-----------	---------	---------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	126000	
(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)		126000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	115695	
(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)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		115695
(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)	4599	
(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)		4599

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	448508	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		448508
(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)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		694802

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	594602	
(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)		594602
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)	16290	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		16290
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		610892

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		83910
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: MCGLADREY & PULLEN, LLP

(2) EIN: 42-0714325

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.).....		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.).....		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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 BEREA CHILDRENS HOME DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BEREA CHILDRENS HOME		D Employer Identification Number (EIN) 34-0720558
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): 34-1568863		
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 24
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a 0
b Enter the amount contributed by the employer to the plan for this plan year		6b 0
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 0
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		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2009 v.092308.1		

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): _____



McGladrey & Pullen, LLP
Certified Public Accountants
1001 Lakeside Ave E
Ste 1400
Cleveland, Ohio 44114-1152
O 216.522.1440 F 216.522.1490
www.mcgladrey.com

October 8, 2010

Administrative Committee
Berea Children's Home Defined Benefit Pension Plan
Berea, Ohio

In accordance with your request, this email contains an unsecured electronic final version of Berea Children's Home Defined Benefit Pension Plan's financial statements as of and for the year ended December 31, 2009 which was provided to allow you to comply with the Form 5500 filing requirements. You understand that this electronic version is not secure and it is possible for financial information to be manipulated.

These financial statements and our report thereon are not to be modified in any manner. The final version of these financial statements and related auditor's report as provided in print form is the official version. Once attached to the Form 5500 filing, this unsecured electronic version should be deleted from your records and the secured version (also provided) should be used to comply with all future requests for electronic versions of these financial statements.

Sincerely,

McGladrey & Pullen, LLP

A handwritten signature in black ink, appearing to read 'David M. Dobranic'.

David M. Dobranic

**Berea Children's Home
Defined Benefit Pension Plan**

**Financial Report
12.31.09**

Contents

Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-12
Supplemental Schedules	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	13
Schedule H, Line 4(j) - Schedule of Reportable Transactions	14



Independent Auditor's Report

To the Administrative Committee of
Berea Children's Home Defined Benefit Pension Plan
Berea, Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of Berea Children's Home Defined Benefit Plan (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 investment information summarized in Note 6, which was certified or provided by Fifth Third Bank, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. As disclosed in Note 6, the plan administrator has obtained certifications from the custodian regarding the completeness and accuracy of the investment information provided to the plan administrator by the custodian as of and for the years ended December 31, 2009 and 2008.

As further discussed in Note 1 to the financial statements, the Plan was frozen to new entrants as of June 15, 2009 and no future benefit accruals will be earned after June 15, 2009 for existing participants.

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

McGladrey & Pullen, LLP

Cleveland, Ohio
October 8, 2010

Berea Children's Home Defined Benefit Pension Plan

**Statements of Net Assets Available for Benefits
December 31, 2009 and 2008**

Assets	2009	2008
Investments at fair value	\$ 3,608,789	\$ 3,047,902
Employer contribution receivable	126,000	600,000
Interest receivable	18,036	21,013
Net assets available for benefits	\$ 3,752,825	\$ 3,668,915

See Notes to Financial Statements.

Berea Children's Home Defined Benefit Pension Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2009 and 2008

	2009	2008
Additions		
Employer contribution	\$ 126,000	\$ 650,000
Investment income		
Net appreciation (depreciation) in fair value of investments	453,107	(713,568)
Interest and dividends	115,695	132,284
Total additions	694,802	68,716
Deductions		
Benefits paid to participants	594,602	419,489
Administrative expenses	16,290	16,811
Total deductions	610,892	436,300
Net increase (decrease)	83,910	(367,584)
Net Assets Available for Benefits:		
Beginning	3,668,915	4,036,499
Ending	<u>\$ 3,752,825</u>	<u>\$ 3,668,915</u>

See Notes to Financial Statements.

Berea Children's Home Defined Benefit Pension Plan

Notes to Financial Statements

Note 1. Description of Plan

The following brief description of the Berea Children's Home Defined Benefit Pension Plan (the Plan) is provided for general information purposes only. For more complete information, participants should refer to the plan agreement.

General: The Plan, established January 1, 1977, and amended and restated January 1, 2002, is a defined benefit pension plan established for the employees of Berea Children's Home (the Company and plan sponsor). It is subject to the provisions of the Employee Income Security Act of 1974 (ERISA), as amended and the Pension Protection Act of 2006.

On April 25, 2009, the Board of Trustees of the Company adopted an amendment to freeze the Plan effective June 15, 2009. No new participants are allowed to enter the Plan after June 15, 2009. In addition, benefits ceased to accrue for service rendered after June 15, 2009.

Eligibility to participate: Employees who have attained the age of 21 and completed 1,000 hours of continuous service in a twelve month period measured from each individual employee's date of hire and anniversaries thereafter, are eligible to participate in the Plan.

Pension benefits: Employees with five or more years of service are entitled to monthly pension benefits (based on years of service and level of "covered compensation") beginning at normal retirement age (65). The Plan permits early retirement with reduced benefits at ages 55-64. Generally, benefits are paid monthly in the form of a joint and survivor annuity for married participants or in the form of a life annuity for single participants. Participants also may elect to receive a lump-sum or other variations of monthly payments.

Death and disability benefits: If an active employee dies prior to the receipt of the first payment of benefits, the employee's beneficiary will generally receive the actuarial equivalent of the accrued benefit paid in the form of a life annuity or in one lump-sum payment. Active employees who become totally disabled are entitled to receive the present value of their accrued benefit.

Vesting: If a participant terminates before rendering five years of service, the participant forfeits the right to receive any portion of their accumulated plan benefits.

Note 2. Summary of Significant Accounting Policies

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

Use of estimates: The preparation of financial statement 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 actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Berea Children's Home Defined Benefit Pension Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Valuation of investments and income recognition: The Plan's 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 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.

Recently adopted accounting pronouncement: The Financial Accounting Standards Board (FASB) issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations for years before 2006.

Pending accounting pronouncement: In January 2010, FASB issued an amendment "Fair Value Measurements and Disclosures – Improving Disclosures about Fair Value Measurements" (ASU 2010-06) which requires new disclosures and reasons for transfers of financial assets and liabilities between levels 1 and 2. This amendment also clarifies that fair value measurements disclosures are required for each class of financial assets and liabilities, and disclosures about input and valuation techniques are required for both Level 2 and Level 3 measurements. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales and issuances, and settlements instead of netting these changes.

With respect to matters other than Level 3 measurements, the amendment was effective and not yet adopted for periods beginning on or after December 15, 2009. The guidance related to Level 3 measurements is effective for periods beginning on or after December 15, 2010 and has not been adopted. Management is currently evaluating the impact of the guidance related to Level 3 measurements on the financial statement disclosures.

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including distributions not yet elected to be received, that are attributable under the Plan's provisions to 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. The accumulated plan benefits are based on the Plan's provisions and each participant's service through the date as of which the benefit information is presented (the valuation date). 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.

Berea Children's Home Defined Benefit Pension Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

The actuarial present value of accumulated plan benefits was determined by an independent actuary from National Associates, Inc., and results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the probability of payment (by means of decrements such as for death, disability, withdrawals, or retirement) and the time value of money (through discounts for interest) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the December 31, 2009 and 2008 valuations are as follows:

Actuarial Cost Method:	Unit Credit Actuarial Cost Method
Assumed Rate of Return on Investment:	Segmented interest rates of 4.60%; 6.65%; and 6.76% - 2009 Segmented interest rates of 5.64%; 6.40%; and 6.56% - 2008
Mortality Basis:	RPO 09C Male and Female Mortality Table - 2009 RPO 08C Male and Female Mortality Table - 2008

Retirement Age for Active Participants: 65

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial information is as of January 1, 2010, the most recent benefit information date. There were no significant amendments or demographic differences between the December 31, 2009 and January 1, 2010 valuation date.

Payment of benefits: Benefit payments to participants are recorded upon distribution.

Administrative expenses: Administrative expenses of the Plan are paid from the Plan assets, unless paid by the Company.

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. As of December 31, 2009 and 2008, the Plan invested approximately 12% and 15% of total investments in Fannie Mae and Freddie Mac corporate bonds and notes, respectively. Due to the level of risk associated with certain investment securities and the recent economic events, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported on the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, 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 the changes in these estimates and assumptions in the near term would be material to the financial statements.

Subsequent events: The Plan has evaluated subsequent events for potential recognition and/or disclosure through October 8, 2010, the date the financial statements were available to be issued.

Berea Children's Home Defined Benefit Pension Plan

Notes to Financial Statements

Note 3. Accumulated Plan Benefits

	2009	2008
Actuarial present value of accumulated plan benefits		
Vested benefits - participants not receiving benefits	\$ 4,016,496	\$ 4,287,946
Nonvested benefits	169,306	272,764
Total actuarial present value of accumulated plan benefits	\$ 4,185,802	\$ 4,560,710
	2009	2008
Actuarial present value of accumulated plan benefits at beginning of year	\$ 4,560,710	\$ 4,384,247
Benefits accumulated	-	667,547
Interest due to decrease in discount period	257,224	264,370
Benefits paid	(594,602)	(419,489)
Change in actuarial assumptions and other actuarial experience	(37,530)	(335,965)
Net increase	(374,908)	176,463
Actuarial present value of accumulated plan benefits at end of year	\$ 4,185,802	\$ 4,560,710

Note 4. Funding Policy

The Company's funding policy is to make contributions to the Plan on the basis of an annual determination of the Plan's actuarial liabilities. The amounts of contributions are intended to maintain funding levels in the Plan, which will meet current obligations to participants of the Plan and amortize actuarial gains or losses. The Company's contributions for the years ended December 31, 2009 and 2008 have met or exceeded the minimum funding requirements under ERISA and the Plan document.

Although it has not expressed an intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA.

Berea Children's Home Defined Benefit Pension Plan

Notes to Financial Statements

Note 5. Plan Termination

In the event the Plan is terminated, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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 the 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 (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.
5. Return of excess funds, if any, to the Company, after satisfaction of all Plan liabilities.

Certain benefits under the Plan are insured by the 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.

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 condition of the Company and the PBGC, and on the level of benefits guaranteed by the PBGC.

Note 6. Investments and Information Certified or Provided by Fifth Third Bank

The following is a summary of the investment information as of December 31, 2009 and 2008, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules that were prepared by or derived from information provided by the custodian and furnished to the plan administrator. The plan administrator has obtained certifications from the custodian that information provided to the plan administrator by the custodian related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following investments.

Berea Children's Home Defined Benefit Pension Plan

Notes to Financial Statements

Note 6. Investments and Information Certified or Provided by Fifth Third Bank (Continued)

The following table presents the fair value of the investments in this Plan that was certified by Fifth Third Bank at December 31. The values of individual investments that represent 5% or more of the Plan's net assets are separately identified:

	2009	2008
Investments, at fair value		
Corporate bonds and notes	\$ 1,069,364	\$ 1,161,176
Common stocks	1,046,837	777,398
Equity Funds		
Russell 1000 Growth Index Fund	373,875	277,950
MSCI EAFE Index Fund	276,400	224,300
Other equity funds	179,984	148,784
Bond Funds		
Vanguard GNMA Fund	316,758	300,386
Other bond funds	59,627	56,058
Cash and Cash Equivalents		
Fifth Third Banksafe Trust	265,514	89,282 *
Other cash and cash equivalents	20,430	12,568
	<u>\$ 3,608,789</u>	<u>\$ 3,047,902</u>

* Investment did not exceed 5% of the Plan's net assets, however it is included for comparative purposes.

Fifth Third Bank also certified to the completeness and accuracy of the following information for the years ended December 31:

	2009	2008
Net appreciation (depreciation) in fair value of investments		
Corporate bonds and notes	\$ 34,690	\$ (21,545)
Common stocks	236,564	(554,878)
Equity funds	179,225	(142,399)
Bond funds	2,628	5,254
	<u>\$ 453,107</u>	<u>\$ (713,568)</u>
Interest and dividends	<u>\$ 115,695</u>	<u>\$ 132,284</u>

Berea Children's Home Defined Benefit Pension Plan

Notes to Financial Statements

Note 7. Fair Value Measurements

Accounting standards established a 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

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 or 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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Corporate bonds and notes: Certain of these investments are valued at the closing price reported in the market in which they are traded. When quoted prices are not available for identical or similar bonds, the bond or note is valued under a discounted cash flows approach that maximizes observable inputs such as current yields of similar instruments but includes adjustments for certain risks that may not be observable such as credit and liquidity risks.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Equity and bond funds: Valued at the quoted market prices representing net asset value of shares held by the plan at year end.

Cash and cash equivalents: Valued at cost which 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.

Berea Children's Home Defined Benefit Pension Plan

Notes to Financial Statements

Note 7. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value:

	December 31, 2009			
	Level 1	Level 2	Level 3	Total
Corporate Bonds and Notes				
Fixed income	\$ -	\$ 1,069,364	\$ -	\$ 1,069,364
Common Stocks				
Small-Cap	33,670	-	-	33,670
Mid-Cap	158,497	-	-	158,497
Large-Cap	854,670	-	-	854,670
Equity Funds				
Large-Cap	431,275	-	-	431,275
International	276,400	-	-	276,400
Other	122,584	-	-	122,584
Bond Funds				
Intermediate Government	-	376,385	-	376,385
Cash and Cash Equivalents				
Money markets	-	265,514	-	265,514
Other	20,430	-	-	20,430
	<u>\$ 1,897,526</u>	<u>\$ 1,711,263</u>	<u>\$ -</u>	<u>\$ 3,608,789</u>

	December 31, 2008			
	Level 1	Level 2	Level 3	Total
Corporate bonds and notes	\$ -	\$ 1,161,176	\$ -	\$ 1,161,176
Common stocks	777,398	-	-	777,398
Equity funds	651,034	-	-	651,034
Bond funds	-	356,444	-	356,444
Cash and cash equivalents	12,568	89,282	-	101,850
	<u>\$ 1,441,000</u>	<u>\$ 1,606,902</u>	<u>\$ -</u>	<u>\$ 3,047,902</u>

Note 8. Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated May 3, 2004, that the Plan and related trust were designed in accordance with the applicable sections of the Internal Revenue Code (Code). The Plan has been amended since receiving this determination letter. However, the Plan's management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Berea Children's Home Defined Benefit Pension Plan

Notes to Financial Statements

Note 9. Related Party

Fifth Third Bank employs one of the members of the Board of Trustees of the Company. In addition, the Plan invests cash and cash equivalents managed by Fifth Third Bank. Fifth Third Bank is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Custodian fees for the years ended December 31, 2009 and 2008 were \$16,290 and \$16,811, respectively.

Supplemental Schedules

Berea Children's Home Defined Benefit Pension Plan

Employer No. 34-0720558

Plan No. 001

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

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lesser or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Corporate Bonds and Notes			
	American Express Co.	Bonds and Notes, 7.00%, due 3/19/18	\$ 105,861	\$ 110,127
	Anheuser Busch	Bonds and Notes, 5.00%, due 1/15/15	47,946	52,715
	Bank of America Corp.	Bonds and Notes, 5.375%, due 8/15/11	51,532	52,489
	Boeing Co.	Bonds and Notes, 3.750 due 11/20/16	49,199	48,336
	Caterpillar Financial Services Corp.	Bonds and Notes, 5.50%, due 3/15/16	49,587	52,812
	Cisco Systems Inc.	Bonds and Notes, 5.25%, due 2/22/11	49,604	52,467
	Coca Cola Co NT	Bonds and Notes, 5.35%, due 11/15/17	51,704	53,861
	John Deere Capital Corp.	Bonds and Notes, 5.65%, due 7/25/11	50,036	53,297
	Federal Home Loan Bank	Bonds and Notes, 4.875%, due 11/18/11	104,805	106,813
	Fannie Mae	Bonds and Notes, 5.25%, due 9/15/16	99,100	110,469
	Fannie Mae	Bonds and Notes, Step, due 9/15/17	99,500	100,156
	Freddie Mac	Bonds and Notes, 5.00%, due 7/15/14	99,061	109,875
	Goldman Sach	Bonds and Notes, 6.15%, due 4/1/18	50,438	53,525
	Intl. Lease Finance Corp.	Bonds and Notes, 5.00%, due 4/15/10	61,285	59,099
	JP Morgan Chase & Co.	Bonds and Notes, 5.75%, due 1/2/13	47,686	53,325
	Total bonds and notes		1,017,344	1,069,364
	Common Stocks			
	3M Co.	Common Stock	29,472	33,068
	Abbott Labs	Common Stock	28,404	26,995
	Altria Group Inc.	Common Stock	40,900	39,260
	Amdocs Limited	Common Stock	25,193	19,971
	Applied Materials Inc.	Common Stock	25,558	20,910
	Bank of America Corp.	Common Stock	45,646	12,696
	Citigroup Inc.	Common Stock	26,705	1,655
	Colgate Palmolive Co.	Common Stock	15,193	20,538
	Conocophillips	Common Stock	23,627	47,699
	Corning Inc.	Common Stock	5,029	28,965
	CVS/Caremark Corp.	Common Stock	14,149	16,105
	DuPont E I De Nemours & Co.	Common Stock	48,850	33,670
	Duke Energy Corp.	Common Stock	6,290	10,326
	Duke Realty Corporation	Common Stock	21,888	10,953
	E M C Corp.	Common Stock	17,979	43,675
	Financial Select Sector SPDR	Common Stock	28,410	43,200
	Fortune Brands Inc.	Common Stock	15,382	8,640
	General Electric Co.	Common Stock	31,980	15,130
	Gilead Sciences Inc.	Common Stock	21,627	21,635
	Honeywell Intl. Inc.	Common Stock	7,159	9,800
	Humana Inc.	Common Stock	9,193	30,723
	Intel Corp.	Common Stock	16,305	20,400
	International Business Machs.	Common Stock	32,424	52,360
	Johnson Cils Inc	Common Stock	7,453	13,620
	KeyCorp	Common Stock	18,032	4,440
	Lilly (Eli) & Co.	Common Stock	22,264	14,284
	Medtronic Inc.	Common Stock	48,280	43,980
	Merck & Co Inc.	Common Stock	15,972	31,607
	Microchip Technology Inc.	Common Stock	44,496	34,860
	Nucor Corp.	Common Stock	13,557	13,995
	Omnicom Group Inc.	Common Stock	49,610	39,150
	Pall Corp.	Common Stock	18,123	36,200
	Pfizer Inc.	Common Stock	17,728	12,733
	Praxair Inc.	Common Stock	20,820	32,124
	Royal Dutch Shell	Common Stock	67,320	66,121
	Supervalu Inc.	Common Stock	19,333	12,710
	TJX Cos Inc.	Common Stock	17,087	21,930
	Transocean Inc.	Common Stock	4,961	17,305
	United Technologies	Common Stock	27,082	27,764
	US BanCorp	Common Stock	29,751	22,510
	Verizon Communications	Common Stock	33,247	33,130
	Total common stocks		1,014,479	1,046,837
	Equity Funds			
	Ishares	Russell 1000 Value Index Fund	68,125	57,400
	Ishares	Russell 1000 Growth Index Fund	403,977	373,875
	Ishares	MSCI EAFE Index Fund	214,787	276,400
	Spider Funds	Trust Series 1 Fund	94,419	122,584
	Total equity funds		781,308	830,259
	Bond Funds			
	T Rowe Price	T Rowe Price GNMA Fund(Income Investment)	1,264	1,320
	T Rowe Price	T Rowe Price GNMA Fund	58,040	58,307
	Vanguard	Vanguard GNMA Fund	310,254	316,758
	Total bond funds		367,558	376,385
	Cash and Cash Equivalents			
*	Fifth Third	Fifth Third Banksafe Trust	265,514	265,514
*	Fifth Third	Trust Account	20,430	20,430
			285,944	285,944
	Total assets		\$ 3,466,633	\$ 3,608,789

* Represents a party-in-interest

The above information has been certified by Fifth Third Bank, the custodian, as complete and accurate.

Berea Children's Home Defined Benefit Pension Plan

Employer No. 34-0720558

Plan No. 001

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2009

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Assets on Transaction Date	Net Gain/ (Loss)
Freddie Mac	Corporate bond 4%, due 9/29/16					
Purchases	1	\$ 199,800	\$ -	\$ 199,800	\$ 199,800	\$ -
Sales	1	-	200,000	199,800	200,000	200
Fifth Third	Money market fund					
Purchases	8	546,438	-	546,438	546,438 *	-
Sales	4	-	367,206	367,206	367,206 *	-

* Amount is comprised of a series of individual transactions.

BEREA CHILDREN'S HOME**DEFINED BENEFIT PENSION PLAN**

Schedule of Active Participant Data

Plan Year: 1/1/2009 to 12/31/2009

Valuation Date: 1/1/2009

Age/ Svc	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
1-4	36	66	35	33	13	22	8	15	10	1	1	240
Ave Sal	1223	1709	1693	2197	n/a	1892	n/a	n/a	n/a	n/a	n/a	1912
5-9	0	17	21	16	12	7	14	10	4	2	1	104
Ave Sal	n/a	n/a	2383	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2453
10-14	0	2	6	11	9	7	6	5	5	0	0	51
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3062
15-19	0	0	0	4	10	1	5	5	2	1	0	28
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3623
20-24	0	0	0	0	4	3	5	3	2	0	0	17
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	0	0	0	0	0	0	1	0	0	0	0	1
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
30-34	0	0	0	0	0	1	0	1	0	0	0	2
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
35-39	0	0	0	0	0	0	0	1	0	0	0	1
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40+	0	0	0	0	0	1	0	0	0	0	0	1
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	36	85	62	64	48	42	39	40	23	4	2	445
Ave Sal	1223	1733	2023	2477	3139	2482	2946	3571	3676	n/a	n/a	2442

*Employees who have not met the minimum eligibility requirements are excluded

Average Age: 39.7

Average Service: 6

ACTUARIAL COST METHOD AND STATEMENT OF ASSUMPTIONS

I. ACTUARIAL COST METHOD

Unit Credit

II. ACTUARIAL ASSUMPTIONS

- a. Interest
 - (i) Segment Rates Seg1: 5.64% Seg 2: 6.400% Seg 3: 6.56%
 - (ii) Applicable Month January 2009
 - (iii) Effective interest rate 6.50%
- b. Mortality Table Prescribed tables
- c. Turnover None
- d. Salary Scale None
- e. Retirement Age 65
- f. Normal Form of Annuity Life only
- g. Valuation of Assets Market Value

III. ACCRUED BENEFITS (417(e))

- a. Interest
 - (i) Segment Rates Seg 1: 5.24% Seg 2: 5.69% Seg 3: 5.37%
 - (ii) Applicable month November 2008

Berea Children's Home Defined Benefit Pension Plan

Employer No. 34-0720558

Plan No. 001

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2009

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Assets on Transaction Date	Net Gain/ (Loss)
Freddie Mac	Corporate bond 4%, due 9/29/16					
Purchases	1	\$ 199,800	- \$	199,800	\$ 199,800	\$ -
Sales	1	-	200,000	199,800	200,000	200
Fifth Third	Money market fund					
Purchases	8	546,438	-	546,438	546,438 *	-
Sales	4	-	367,206	367,206	367,206 *	-

* Amount is comprised of a series of individual transactions.

**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

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**

BEREA CHILDRENS HOME DEFINED BENEFIT PENSION PLAN

**B Three-digit
plan number (PN)**

001

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

BEREA CHILDRENS HOME

D Employer Identification Number (EIN)

34-0720558

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F Prior year plan size:** ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2009**2 Assets:**

	2a	
a Market value		3668915
b Actuarial value	2b	3660778

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0
b For terminated vested participants	3b	36
c For active participants:		
(1) Non-vested benefits	3c(1)	272764
(2) Vested benefits	3c(2)	3762570
(3) Total active	3c(3)	445
d Total	3d	481

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

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
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		

5 Effective interest rate **5** 6.50 %**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

KATHLYN PITASSI

10/13/2010

Date

08-02557

Type or print name of actuary

NATIONAL ASSOCIATES, INC.

Most recent enrollment number

440-333-0222

Firm name

20325 CENTER RIDGE ROAD
SUITE 405
CLEVELAND OH 441163570

Telephone number (including area code)

Address of the firm

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

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

Schedule SB (Form 5500) 2009
v.092308.1

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)	622826	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)	622826	0
10 Interest on item 9 using prior year's actual return of 0.01 %	62	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		17274
b Interest on (a) using prior year's effective rate of 6.03 %		1042
c Total available at beginning of current plan year to add to prefunding balance		18316
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	610678	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	12210	0

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	80.00 %
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	92.10 %
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
04/29/2010	2000				
05/25/2010	15000				
06/30/2010	5000				
07/23/2010	104000				
Totals ▶			18(b)	126000	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 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 111002
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ 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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
5.64 %2nd segment:
6.40 %3rd segment:
6.56 %☐ N/A, full yield curve used**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

638499

107922

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**

107922

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**

107922

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

111002

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

3080

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

SUMMARY OF PLAN PROVISIONS

1. Eligibility

Employees are eligible to participate on the Entry Date following one year of service and attainment of age 21. Participation is frozen as of 6/15/09.

2. Normal Retirement

Normal Retirement is the first day of the month coincident with or next following the later of age 65 or 5 years of participation.

The Normal Retirement Benefit is a monthly benefit equal to .75% of the highest 5-year average monthly compensation up to the integration level, plus 1.4% of average monthly compensation in excess of the integration level; multiplied by service up to a maximum of 35 years. All accrued benefits are frozen 6/15/09.

3. Accrued Retirement Benefit

The accrued retirement benefit is the normal retirement benefit prorated on service. All accrued benefits are frozen 6/15/09.

4. Postponed Retirement

Participants may postpone retirement beyond normal retirement age. Upon request, the participant will receive a benefit equal to the greater of the actuarial equivalent of the normal retirement benefit or a benefit based on average compensation and service at the postponed retirement date.

5. Vested Benefit Upon Termination of Employment

In the event of termination of employment for any reason other than death, disability, or retirement, participants are 100% vested in their accrued benefit after five years of service. This benefit will be reduced for early payment.

6. Death Benefit Before Retirement

The beneficiary of an active Participant will receive the present value of their accrued retirement benefit.

7. Normal Form of Pension Benefit

The normal form of benefit is a monthly income payable for life. Optional forms of benefit are available, subject to the joint and survivor benefit requirements for married participants.

Berea Children's Home Defined Benefit Pension Plan

Employer No. 34-0720558

Plan No. 001

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

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lesser or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Corporate Bonds and Notes			
	American Express Co.	Bonds and Notes, 7.00%, due 3/19/18	\$ 105,861	\$ 110,127
	Anheuser Busch	Bonds and Notes, 5.00%, due 1/15/15	47,946	52,715
	Bank of America Corp.	Bonds and Notes, 5.375%, due 8/15/11	51,532	52,489
	Boeing Co.	Bonds and Notes, 3.750 due 11/20/16	49,199	48,336
	Caterpillar Financial Services Corp.	Bonds and Notes, 5.50%, due 3/15/16	49,587	52,812
	Cisco Systems Inc.	Bonds and Notes, 5.25%, due 2/22/11	49,604	52,467
	Coca Cola Co NT	Bonds and Notes, 5.35%, due 11/15/17	51,704	53,861
	John Deere Capital Corp.	Bonds and Notes, 5.65%, due 7/25/11	60,036	53,297
	Federal Home Loan Bank	Bonds and Notes, 4.875%, due 11/18/11	104,805	108,813
	Fannie Mae	Bonds and Notes, 5.25%, due 9/15/16	99,100	110,469
	Fannie Mae	Bonds and Notes, Step, due 9/15/17	99,500	100,156
	Freddie Mac	Bonds and Notes, 5.00%, due 7/15/14	99,061	109,875
	Goldman Sachs	Bonds and Notes, 6.15%, due 4/1/18	50,438	53,525
	Intl. Lease Finance Corp.	Bonds and Notes, 5.00%, due 4/15/10	61,285	59,099
	JP Morgan Chase & Co.	Bonds and Notes, 5.75%, due 1/2/13	47,686	53,325
	Total bonds and notes		1,017,344	1,069,364
	Common Stocks			
	3M Co.	Common Stock	29,472	33,068
	Abbott Labs	Common Stock	28,404	26,995
	Altria Group Inc.	Common Stock	40,900	39,260
	Amdocs Limited	Common Stock	25,193	19,971
	Applied Materials Inc.	Common Stock	25,558	20,910
	Bank of America Corp.	Common Stock	45,646	12,696
	Citigroup Inc.	Common Stock	26,705	1,655
	Colgate Palmolive Co.	Common Stock	15,193	20,538
	Conocophillips	Common Stock	23,627	47,699
	Corning Inc.	Common Stock	5,029	28,965
	CVS/Caremark Corp.	Common Stock	14,149	16,105
	DuPont E I De Nemours & Co.	Common Stock	49,850	33,670
	Duke Energy Corp.	Common Stock	6,290	10,326
	Duke Realty Corporation	Common Stock	21,888	10,953
	E M C Corp.	Common Stock	17,979	43,675
	Financial Select Sector SPDR	Common Stock	28,410	43,200
	Fortune Brands Inc.	Common Stock	15,382	8,640
	General Electric Co.	Common Stock	31,980	16,130
	Gilead Sciences Inc.	Common Stock	21,627	21,635
	Honeywell Intl. Inc.	Common Stock	7,159	9,800
	Humana Inc.	Common Stock	9,193	30,723
	Intel Corp.	Common Stock	16,305	20,400
	International Business Machs.	Common Stock	32,424	52,360
	Johnson Ctls Inc	Common Stock	7,453	13,620
	KeyCorp	Common Stock	18,032	4,440
	Lilly (Eli) & Co.	Common Stock	22,264	14,284
	Medtronic Inc.	Common Stock	49,280	43,980
	Merck & Co Inc.	Common Stock	15,972	31,607
	Microchip Technology Inc.	Common Stock	44,496	34,860
	Nucor Corp.	Common Stock	13,557	13,995
	Omnicom Group Inc.	Common Stock	49,610	39,150
	Pall Corp.	Common Stock	18,123	36,200
	Pfizer Inc.	Common Stock	17,728	12,733
	Praxair Inc.	Common Stock	20,820	32,124
	Royal Dutch Shell	Common Stock	67,320	66,121
	Supervalu Inc.	Common Stock	19,333	12,710
	TJX Cos Inc.	Common Stock	17,087	21,930
	Transocean Inc.	Common Stock	4,961	17,305
	United Technologies	Common Stock	27,082	27,764
	US Bancorp	Common Stock	29,751	22,510
	Verizon Communications	Common Stock	33,247	33,130
	Total common stocks		1,014,479	1,046,837
	Equity Funds			
	Ishares	Russell 1000 Value Index Fund	68,125	57,400
	Ishares	Russell 1000 Growth Index Fund	403,977	373,875
	Ishares	MSCI EAFE Index Fund	214,787	276,400
	Spider Funds	Trust Series 1 Fund	94,419	122,584
	Total equity funds		781,308	830,259
	Bond Funds			
	T Rowe Price	T Rowe Price GNMA Fund(Income Investment)	1,264	1,320
	T Rowe Price	T Rowe Price GNMA Fund	56,040	58,307
	Vanguard	Vanguard GNMA Fund	310,254	316,758
	Total bond funds		367,558	376,385
	Cash and Cash Equivalents			
*	Fifth Third	Fifth Third Banksafe Trust	265,514	265,514
*	Fifth Third	Trust Account	20,430	20,430
			285,944	285,944
	Total assets		\$ 3,466,633	\$ 3,608,789
*	Represents a party-in-interest			

The above information has been certified by Fifth Third Bank, the custodian, as complete and accurate.

**BEREA CHILDREN'S HOME
DEFINED BENEFIT PENSION PLAN**

Shortfall Amortization
Valuation Date: January 1, 2009

<u>Year</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
(a) Six Years Prior	1	\$ 0	\$ 0
(b) Five Years Prior	2	\$ 0	\$ 0
(c) Four Years Prior	3	\$ 0	\$ 0
(d) Three Years Prior	4	\$ 0	\$ 0
(e) Two Years Prior	5	\$ 0	\$ 0
(f) One Year Prior	6	\$ 0	\$ 0
(g) Current Plan Year	7	<u>\$107,922</u>	<u>\$638,499</u>
(h) Total		\$107,922	\$638,499

