

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>
B	This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input checked="" type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan EMPLOYEE BENEFITS PLAN OF CHILDAHVEN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 09/01/1952
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CHILDAHVEN 316 BROADWAY SEATTLE, WA 98122-5325	2b Employer Identification Number (EIN) 91-0402430
		2c Sponsor's telephone number 206-624-6477
		2d Business code (see instructions) 624410

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.	10/16/2010	DEBRA RONNHOLM
	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") CHILDAHVEN 316 BROADWAY SEATTLE, WA 98122-5325	3b Administrator's EIN 91-0402430 3c Administrator's telephone number 206-624-6477
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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	259
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	151
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	122
d Subtotal. Add lines 6a , 6b , and 6c	6d	273
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	275
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	12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) ☒ 1 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan EMPLOYEE BENEFITS PLAN OF CHILDHAVEN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. CHILDHAVEN		
D Employer Identification Number (EIN) 91-0402430		

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

(a) Name of insurance carrier

MUTUAL OF AMERICA LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	051305-B	275	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	86

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

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

ANNETTE GARRETTE
3400 188TH ST., SUITE 440
LYNNWOOD, WA 98037-4773

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	39	COMPENSATION	3

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

DENNIS DUDLEY
3400 188TH ST., SUITE 440
LYNNWOOD, WA 98037-4773

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	17	COMPENSATION	3

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

CHRIS CHIPPERFIELD

3400 188TH ST., SUITE 440
LYNNWOOD, WA 98037-4773

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	16	COMPENSATION	3

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

STEPHAN ROUTOS

3400 188TH ST., SUITE 400
LYNNWOOD, WA 98037-4773

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	14	COMPENSATION	3

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	698511
5 Current value of plan's interest under this contract in separate accounts at year end	5	3971373

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

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

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

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

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

b Balance at the end of the previous year	7b	518070
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c Additions: (1) Contributions deposited during the year	7c(1)	257664	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	18303	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	275967
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d Total of balance and additions (add b and c(6))	7d	794037
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	67645	
(2) Administration charge made by carrier	7e(2)	27881	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	95526
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f Balance at the end of the current year (subtract e(5) from d)	7f	698511
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) 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
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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 EMPLOYEE BENEFITS PLAN OF CHILDAHVEN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHILDAHVEN	D Employer Identification Number (EIN) 91-0402430
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2009	
2 Assets:	
a Market value	2a 3719156
b Actuarial value	2b 4091071
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	3a
b For terminated vested participants	3b 124 1268864
c For active participants:	
(1) Non-vested benefits	3c(1) 55307
(2) Vested benefits	3c(2) 1791971
(3) Total active	3c(3) 135 1847278
d Total	3d 259 3116142
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 0.08 %
6 Target normal cost	6 295983

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		10/07/2010
Signature of actuary		Date
ROBERT J. MCELROY, M.A.A.A.		08-05088
Type or print name of actuary		Most recent enrollment number
MUTUAL OF AMERICA		212-224-1429
Firm name		Telephone number (including area code)
320 PARK AVENUE NEW YORK, NY 10022-6839		
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)	339124	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8).....	339124	
10	Interest on item 9 using prior year's actual return of <u>-0.20</u> %	-69385	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		180493
b	Interest on (a) using prior year's effective rate of <u>0.06</u> %		11245
c	Total available at beginning of current plan year to add to prefunding balance		191738
d	Portion of (c) to be added to prefunding balance.....		191738
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	269739	191738

Part III Funding percentages			
14	Funding target attainment percentage.....	14	116.47 %
15	Adjusted funding target attainment percentage.....	15	1.31 %
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	1.24 %
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
01/14/2009	39946				
01/20/2009	21993				
04/13/2009	63368				
07/14/2009	66627				
10/13/2009	65729				
			Totals ►	18(b)	257663 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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	249671
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31
32 Amortization installments:	
a Net shortfall amortization installment	Outstanding Balance
b Waiver amortization installment	Installment
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
	Carryover balance
35 Balances used to offset funding requirement	Prefunding balance
	Total balance
36 Additional cash requirement (item 34 minus item 35).....	36
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37 249671
38 Interest-adjusted excess contributions for current year (see instructions).....	38 249671
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39
40 Unpaid minimum required contribution for all years	40

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 EMPLOYEE BENEFITS PLAN OF CHILDHAVEN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDHAVEN	D Employer Identification Number (EIN) 91-0402430	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MUTUAL OF AMERICA LIFE INSURANCE CO

320 PARK AVENUE
NEW YORK, NY 10022

13-1614399

(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?
11	FUNDING CONTRACT PROVIDER	8257	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MUTUAL OF AMERICA LIFE INSURANCE CO

320 PARK AVENUE
NEW YORK, NY 10022

13-1614399

(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?
65	FUNDING CONTRACT PROVIDER	900	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MUTUAL OF AMERICA LIFE INSURANCE CO

320 PARK AVENUE
NEW YORK, NY 10022

13-1614399

(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?
15	FUNDING CONTRACT PROVIDER	18724	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(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:	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:

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

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan EMPLOYEE BENEFITS PLAN OF CHILDAHVEN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDAHVEN	D Employer Identification Number (EIN) 91-0402430	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	61939	68212
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	0	3971373
(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)	3201085	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	518070	698511
(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	3781094	4738096

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	3781094	4738096
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	263937	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		263937
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	18303	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18303
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		770288
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1052528

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	67645	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		67645
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	8257	
(2) Contract administrator fees	2i(2)	19624	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		27881
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		95526

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		957002
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **BADER MARTIN, P.S.**

(2) EIN: **91-1501421**

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) 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 <u>EMPLOYEE BENEFITS PLAN OF CHILHAVEN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHILHAVEN</u>	D Employer Identification Number (EIN) <u>91-0402430</u>

Part I	Distributions
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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
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-1614399</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	<u>0</u>	
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Part III	Amendments
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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.....	<input type="checkbox"/> Increase	<input checked="" type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)

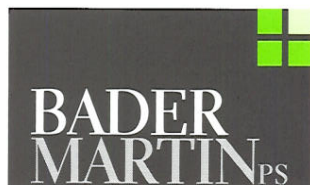
a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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): _____

**EMPLOYEE BENEFITS PLAN OF
CHILDHAVEN**

2009
FINANCIAL STATEMENTS



EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

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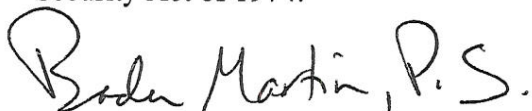
Independent Auditors' Report

Board of Trustees of Childhaven
Employee Benefits Plan of Childhaven
Seattle, Washington

We were engaged to audit the accompanying financial statements of Employee Benefits Plan of Childhaven (the Plan) as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedule of assets held at end of year as of December 31, 2009, as set forth on page 12. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Mutual of America Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in dark ink that reads 'Bader Martin, P.S.' in a cursive, flowing script.

October 7, 2010

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2009	2008
Assets:		
Investment contract with insurance company, at fair value:		
Unallocated general account	\$ 698,511	\$ 518,070
Pooled separate accounts:		
Pension Bond Fund	1,119,993	1,111,678
Equity Index Fund	826,647	487,789
Vanguard International Fund	425,748	298,521
Pension DWS Bond Fund	323,731	294,459
Pension DWS Capital Growth Fund	296,697	234,128
Mid-Cap Equity Index Fund	231,477	169,536
Mid Term Bond Fund	192,173	172,985
Vanguard Diversified Fund	173,559	136,899
Fidelity VIP Equity-Income Fund	163,927	125,909
Small Cap Value Fund	132,315	102,458
Small Cap Growth Fund	85,106	66,723
	4,669,884	3,719,155
Employer contribution receivable	68,212	61,939
Net assets available for benefits	<u><u>\$4,738,096</u></u>	<u><u>\$3,781,094</u></u>

See notes to financial statements.

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31,	
	2009	2008
Additions to (deductions from) net assets:		
Employer contributions	\$ 263,937	\$ 200,695
Change in fair value of investments	788,591	(945,199)
Payments to provide benefits to participants	(67,645)	(68,454)
Administrative expenses	(27,881)	(15,012)
	<hr/>	<hr/>
Change in net assets available for benefits	957,002	(827,970)
Net assets available for benefits:		
Beginning of year	3,781,094	4,609,064
	<hr/>	<hr/>
End of year	<u>\$4,738,096</u>	<u>\$3,781,094</u>

See notes to financial statements.

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

	December 31,	
	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Active participants	\$2,402,918	\$2,062,367
Inactive participants	<u>1,635,777</u>	<u>1,469,815</u>
	4,038,695	3,532,182
Nonvested benefits	<u>77,886</u>	<u>57,075</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$4,116,581</u></u>	<u><u>\$3,589,257</u></u>

See notes to financial statements.

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

	Year ended December 31,	
	2009	2008
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$3,589,257</u>	<u>\$3,103,606</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated	312,650	225,645
Decrease in discount period	274,703	252,511
Change in actuarial assumptions	7,616	75,949
Benefits paid or payable	<u>(67,645)</u>	<u>(68,454)</u>
Net change in accumulated plan benefits	<u>527,324</u>	<u>485,651</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$4,116,581</u></u>	<u><u>\$3,589,257</u></u>

See notes to financial statements.

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan:

The following description of the Employee Benefits Plan of Childhaven (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General:

The Plan is a defined benefit plan to provide benefits to Childhaven employees age 21 or older with at least one year (1,000 hours) of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Retirement benefits:

Retirement benefits are based on average annual compensation, average Social Security wage bases, and years of participation in the Plan. Normal retirement is at age 65. The Plan permits early retirement starting at age 55. Participants may elect to receive their pension benefits in either a lump-sum amount or installments. Retirement benefits with a present value of \$1,000 or less will be paid immediately following termination of employment.

Death and disability benefits:

If a vested participant dies before retirement benefits have begun, the vested benefit accrued will be paid to the named beneficiary.

Participants will continue to accumulate retirement benefits during any period of disability for which they are eligible to receive Social Security Disability benefits based on their annual rate of compensation on the date of such disability, provided that the compensation does not exceed 120% of the annual compensation of the preceding year.

Funding policy:

Employer contributions:

Childhaven contributes actuarially determined amounts sufficient to maintain the deposits with the insurance company (Note 3) at an adequate level. For the years ended December 31, 2009 and 2008, Childhaven exceeded the minimum funding requirements of ERISA.

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of Plan (continued):

Funding policy (continued):

Participant contributions:

Participants in the Plan are not required nor allowed to make any contributions to the Plan. However, the Plan includes present employees' accumulated contributions from a previous plan of \$7,794 and \$7,567 as of December 31, 2009 and 2008, respectively, including interest credited at a rate of 3.00%.

Vesting period:

In the event of termination of service by a participant, for any reason other than death, disability, or retirement, the participant shall be vested in his or her accrued benefit as follows:

<u>Completed Years of Service</u>	<u>Percentage Vested</u>
Less than 3	0%
3 or more	100%

Notwithstanding the above, benefits are automatically vested when a participant reaches the early retirement age.

Service with the United Way of King County or an affiliated agency is counted as vesting service.

Plan termination:

Childhaven reserves the right to amend, suspend, or terminate the Plan at any time. However, no such amendment or termination shall deprive any participant of any vested interest in the Plan. On termination or partial termination of the Plan, a participant's accrued benefit as of that date shall become fully vested and nonforfeitable. Whether a particular participant's accumulated plan benefits will be paid upon termination of the Plan will depend on the priority of those benefits, the value of the Plan's net assets at that time, and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation at that time.

EMPLOYEE BENEFITS PLAN OF CHILDAHVEN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of accounting policies:

Basis of accounting:

The accounts of the Plan, and the accompanying financial statements, have been prepared on the accrual basis of accounting.

Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and related disclosures. Actual results could differ from those estimates.

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 estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Valuation of assets:

The investment contract with insurance company is stated at fair value as reported by the insurance company based on the fair value of the underlying investments. Funds that have been applied to purchase annuity contracts (the insurance company is obligated to pay the related pension benefits) are excluded from the Plan's assets.

Payment of benefits:

Benefit payments to participants are recorded upon distribution. There were no benefits payable at December 31, 2009 or 2008.

Subsequent events:

The Plan has evaluated subsequent events through October 7, 2010, the date the financial statements were available to be issued.

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of accounting policies (continued):

Income tax status:

The Plan obtained a favorable determination letter on September 15, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The prototype pension plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Actuarial present value of accumulated plan benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present employees or their beneficiaries.

Benefits under the Plan are based on the five consecutive calendar years out of the participant's final ten calendar years during which the participant has the highest average annual earnings from Childhaven. 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. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary from Mutual of America Life Insurance Company (Mutual), the trustee of the Plan, and results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of accounting policies (continued):

Actuarial present value of accumulated plan benefits (continued):

The significant actuarial assumptions used in the valuations were (a) life expectancy (IRS 2010 Static Mortality Table for Males and Females at interest of 6.25% and 0% net loading), (b) retirement age (age 63 or immediate if beyond age 63), (c) employee withdrawal rates (T-5 rates of withdrawal from the Pension Actuary's Handbook times 300%), and (d) investment return (7.75% per year).

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

The actuarial present value of accumulated plan benefits reported for tax purposes on the Plan's Form 5500 differs from the amount reported on these financial statements due to differences in computation dates and actuarial assumptions required by the Internal Revenue Service.

3. Investment contract with insurance company:

Under the terms of its contract with Mutual, Childhaven makes periodic contributions to provide for the benefits and other requirements of the contract. Mutual credits investment income and losses based on the returns received on the underlying investments. At the direction of the plan administrator, a single premium to buy an annuity for a retiring employee is withdrawn by Mutual from the unallocated general account. Purchased annuities are contracts under which Mutual is obligated to pay benefits to named employees or their beneficiaries.

4. Information certified by trustee:

The following information included in the financial statements and supplemental schedule was provided and certified by the trustee as complete and accurate:

- Investment contract with insurance company, at fair value
- Change in fair value of investments

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

5. Party-in-interest transactions:

The Plan invests in an investment contract with Mutual, the Plan's trustee. Transactions in such investments qualify as exempt party-in-interest transactions. The Plan also pays administrative expenses to Mutual.

6. Fair value measurements:

The investments within the investment contract with insurance company are stated at fair value as reported by the insurance company based on the fair value of the underlying investments (level 2 measurements in the fair value hierarchy). There have been no changes in the methodologies used at December 31, 2009 and 2008.

7. Investments:

The Plan's investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of the Plan's investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

8. Subsequent event:

On August 24, 2010, the Plan Sponsor's Board of Trustees approved an amendment to freeze the Plan. Effective December 31, 2010, employees will no longer be allowed to enter the plan, plan participants will not accrue additional years of service, compensation in future years will not be considered in the determination of plan benefits, and all participants will become 100% vested in their accounts.

SUPPLEMENTAL SCHEDULE

EMPLOYEE BENEFITS PLAN OF CHILDAHVEN

SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009

FORM 5500, SCHEDULE H, Line 4(i) – Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Mutual of America Life Insurance Co. New York, NY	Group Annuity Contract General Account	\$ 680,208	\$ 698,511
		Pooled separate accounts:		
		Pension Bond Fund	978,284	1,119,993
		Equity Index Fund	622,789	826,647
		Vanguard International Fund	298,521	425,748
		Pension DWS Bond Fund	294,459	323,731
		Pension DWS Capital Growth Fund	234,128	296,697
		Mid-Cap Equity Index Fund	169,536	231,477
		Mid Term Bond Fund	172,985	192,173
		Vanguard Diversified Fund	136,899	173,559
		Fidelity VIP Equity-Income Fund	125,909	163,927
		Small Cap Value Fund	102,458	132,315
		Small Cap Growth Fund	66,723	85,106
				<u><u>\$ 4,669,884</u></u>

* Denotes party-in-interest.

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
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Part I Annual Report Identification Information	
For calendar plan year 2009 or fiscal plan year beginning _____ and ending _____	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description) _____

Part II Basic Plan Information -enter all requested information											
1a Name of plan EMPLOYEE BENEFITS PLAN OF CHILDAHVEN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td>001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 09/01/1952</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 91-0402430</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 206-624-6477</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 624410</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 09/01/1952		2b Employer Identification Number (EIN) 91-0402430		2c Sponsor's telephone number 206-624-6477		2d Business code (see instructions) 624410	
1b Three-digit plan number (PN) ►	001										
1c Effective date of plan 09/01/1952											
2b Employer Identification Number (EIN) 91-0402430											
2c Sponsor's telephone number 206-624-6477											
2d Business code (see instructions) 624410											
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CHILDAHVEN 316 BROADWAY SEATTLE WA 98122-5325											

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	<i>Debra C. Ronnholm</i>	10-14-10	DEBRA RONNHOLM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Debra C. Ronnholm</i>	10-14-10	DEBRA RONNHOLM
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (If same as plan sponsor, enter "Same") SAME	3b Administrator's EIN	
	3c Administrator's telephone number	

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

5 Total number of participants at the beginning of the plan year	5	259
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	151
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	122
d Subtotal. Add lines 6a, 6b, and 6c	6d	273
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	2
f Total. Add lines 6d and 6e	6f	275
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

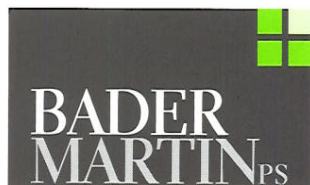
9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets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

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

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

2009
FINANCIAL STATEMENTS



EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

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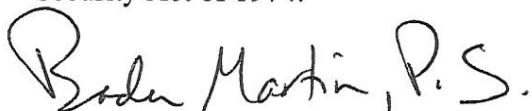
Independent Auditors' Report

Board of Trustees of Childhaven
Employee Benefits Plan of Childhaven
Seattle, Washington

We were engaged to audit the accompanying financial statements of Employee Benefits Plan of Childhaven (the Plan) as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedule of assets held at end of year as of December 31, 2009, as set forth on page 12. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Mutual of America Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in dark ink that reads 'Bader Martin, P.S.' in a cursive, flowing script.

October 7, 2010

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2009	2008
Assets:		
Investment contract with insurance company, at fair value:		
Unallocated general account	\$ 698,511	\$ 518,070
Pooled separate accounts:		
Pension Bond Fund	1,119,993	1,111,678
Equity Index Fund	826,647	487,789
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Mid Term Bond Fund	192,173	172,985
Vanguard Diversified Fund	173,559	136,899
Fidelity VIP Equity-Income Fund	163,927	125,909
Small Cap Value Fund	132,315	102,458
Small Cap Growth Fund	85,106	66,723
	4,669,884	3,719,155
Employer contribution receivable	68,212	61,939
Net assets available for benefits	<u><u>\$4,738,096</u></u>	<u><u>\$3,781,094</u></u>

See notes to financial statements.

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31,	
	2009	2008
Additions to (deductions from) net assets:		
Employer contributions	\$ 263,937	\$ 200,695
Change in fair value of investments	788,591	(945,199)
Payments to provide benefits to participants	(67,645)	(68,454)
Administrative expenses	(27,881)	(15,012)
	<hr/>	<hr/>
Change in net assets available for benefits	957,002	(827,970)
Net assets available for benefits:		
Beginning of year	3,781,094	4,609,064
	<hr/>	<hr/>
End of year	<u>\$4,738,096</u>	<u>\$3,781,094</u>

See notes to financial statements.

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

	December 31,	
	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Active participants	\$2,402,918	\$2,062,367
Inactive participants	<u>1,635,777</u>	<u>1,469,815</u>
	4,038,695	3,532,182
Nonvested benefits	<u>77,886</u>	<u>57,075</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$4,116,581</u></u>	<u><u>\$3,589,257</u></u>

See notes to financial statements.

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

	Year ended December 31,	
	2009	2008
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$3,589,257</u>	<u>\$3,103,606</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated	312,650	225,645
Decrease in discount period	274,703	252,511
Change in actuarial assumptions	7,616	75,949
Benefits paid or payable	<u>(67,645)</u>	<u>(68,454)</u>
Net change in accumulated plan benefits	<u>527,324</u>	<u>485,651</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$4,116,581</u></u>	<u><u>\$3,589,257</u></u>

See notes to financial statements.

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan:

The following description of the Employee Benefits Plan of Childhaven (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General:

The Plan is a defined benefit plan to provide benefits to Childhaven employees age 21 or older with at least one year (1,000 hours) of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Retirement benefits:

Retirement benefits are based on average annual compensation, average Social Security wage bases, and years of participation in the Plan. Normal retirement is at age 65. The Plan permits early retirement starting at age 55. Participants may elect to receive their pension benefits in either a lump-sum amount or installments. Retirement benefits with a present value of \$1,000 or less will be paid immediately following termination of employment.

Death and disability benefits:

If a vested participant dies before retirement benefits have begun, the vested benefit accrued will be paid to the named beneficiary.

Participants will continue to accumulate retirement benefits during any period of disability for which they are eligible to receive Social Security Disability benefits based on their annual rate of compensation on the date of such disability, provided that the compensation does not exceed 120% of the annual compensation of the preceding year.

Funding policy:

Employer contributions:

Childhaven contributes actuarially determined amounts sufficient to maintain the deposits with the insurance company (Note 3) at an adequate level. For the years ended December 31, 2009 and 2008, Childhaven exceeded the minimum funding requirements of ERISA.

EMPLOYEE BENEFITS PLAN OF CHILDAHVEN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of Plan (continued):

Funding policy (continued):

Participant contributions:

Participants in the Plan are not required nor allowed to make any contributions to the Plan. However, the Plan includes present employees' accumulated contributions from a previous plan of \$7,794 and \$7,567 as of December 31, 2009 and 2008, respectively, including interest credited at a rate of 3.00%.

Vesting period:

In the event of termination of service by a participant, for any reason other than death, disability, or retirement, the participant shall be vested in his or her accrued benefit as follows:

<u>Completed Years of Service</u>	<u>Percentage Vested</u>
Less than 3	0%
3 or more	100%

Notwithstanding the above, benefits are automatically vested when a participant reaches the early retirement age.

Service with the United Way of King County or an affiliated agency is counted as vesting service.

Plan termination:

Childhaven reserves the right to amend, suspend, or terminate the Plan at any time. However, no such amendment or termination shall deprive any participant of any vested interest in the Plan. On termination or partial termination of the Plan, a participant's accrued benefit as of that date shall become fully vested and nonforfeitable. Whether a particular participant's accumulated plan benefits will be paid upon termination of the Plan will depend on the priority of those benefits, the value of the Plan's net assets at that time, and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation at that time.

EMPLOYEE BENEFITS PLAN OF CHILDAHVEN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of accounting policies:

Basis of accounting:

The accounts of the Plan, and the accompanying financial statements, have been prepared on the accrual basis of accounting.

Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and related disclosures. Actual results could differ from those estimates.

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 estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Valuation of assets:

The investment contract with insurance company is stated at fair value as reported by the insurance company based on the fair value of the underlying investments. Funds that have been applied to purchase annuity contracts (the insurance company is obligated to pay the related pension benefits) are excluded from the Plan's assets.

Payment of benefits:

Benefit payments to participants are recorded upon distribution. There were no benefits payable at December 31, 2009 or 2008.

Subsequent events:

The Plan has evaluated subsequent events through October 7, 2010, the date the financial statements were available to be issued.

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of accounting policies (continued):

Income tax status:

The Plan obtained a favorable determination letter on September 15, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The prototype pension plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Actuarial present value of accumulated plan benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present employees or their beneficiaries.

Benefits under the Plan are based on the five consecutive calendar years out of the participant's final ten calendar years during which the participant has the highest average annual earnings from Childhaven. 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. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary from Mutual of America Life Insurance Company (Mutual), the trustee of the Plan, and results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of accounting policies (continued):

Actuarial present value of accumulated plan benefits (continued):

The significant actuarial assumptions used in the valuations were (a) life expectancy (IRS 2010 Static Mortality Table for Males and Females at interest of 6.25% and 0% net loading), (b) retirement age (age 63 or immediate if beyond age 63), (c) employee withdrawal rates (T-5 rates of withdrawal from the Pension Actuary's Handbook times 300%), and (d) investment return (7.75% per year).

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

The actuarial present value of accumulated plan benefits reported for tax purposes on the Plan's Form 5500 differs from the amount reported on these financial statements due to differences in computation dates and actuarial assumptions required by the Internal Revenue Service.

3. Investment contract with insurance company:

Under the terms of its contract with Mutual, Childhaven makes periodic contributions to provide for the benefits and other requirements of the contract. Mutual credits investment income and losses based on the returns received on the underlying investments. At the direction of the plan administrator, a single premium to buy an annuity for a retiring employee is withdrawn by Mutual from the unallocated general account. Purchased annuities are contracts under which Mutual is obligated to pay benefits to named employees or their beneficiaries.

4. Information certified by trustee:

The following information included in the financial statements and supplemental schedule was provided and certified by the trustee as complete and accurate:

- Investment contract with insurance company, at fair value
- Change in fair value of investments

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

5. Party-in-interest transactions:

The Plan invests in an investment contract with Mutual, the Plan's trustee. Transactions in such investments qualify as exempt party-in-interest transactions. The Plan also pays administrative expenses to Mutual.

6. Fair value measurements:

The investments within the investment contract with insurance company are stated at fair value as reported by the insurance company based on the fair value of the underlying investments (level 2 measurements in the fair value hierarchy). There have been no changes in the methodologies used at December 31, 2009 and 2008.

7. Investments:

The Plan's investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of the Plan's investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

8. Subsequent event:

On August 24, 2010, the Plan Sponsor's Board of Trustees approved an amendment to freeze the Plan. Effective December 31, 2010, employees will no longer be allowed to enter the plan, plan participants will not accrue additional years of service, compensation in future years will not be considered in the determination of plan benefits, and all participants will become 100% vested in their accounts.

SUPPLEMENTAL SCHEDULE

EMPLOYEE BENEFITS PLAN OF CHILDAHVEN

SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009

FORM 5500, SCHEDULE H, Line 4(i) – Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Mutual of America Life Insurance Co. New York, NY	Group Annuity Contract General Account	\$ 680,208	\$ 698,511
		Pooled separate accounts:		
		Pension Bond Fund	978,284	1,119,993
		Equity Index Fund	622,789	826,647
		Vanguard International Fund	298,521	425,748
		Pension DWS Bond Fund	294,459	323,731
		Pension DWS Capital Growth Fund	234,128	296,697
		Mid-Cap Equity Index Fund	169,536	231,477
		Mid Term Bond Fund	172,985	192,173
		Vanguard Diversified Fund	136,899	173,559
		Fidelity VIP Equity-Income Fund	125,909	163,927
		Small Cap Value Fund	102,458	132,315
		Small Cap Growth Fund	66,723	85,106
				<u><u>\$ 4,669,884</u></u>

* Denotes party-in-interest.

ATTACHMENT TO 2009 SCHEDULE SB (FORM 5500) - LINE 19
DISCOUNTED EMPLOYER CONTRIBUTIONS

Page 1

Plan Sponsor: Childhaven

EIN: 91-0402430

Plan Name: Employee Benefits Plan of
Childhaven

Plan #: 001

Effective Rate: 7.94 %

Contributions Made to the Plan for the 2009 Plan Year by Employer(s) and Employee(s)

Line 18				
(a) Date	(b) Amount Paid by Employer	(c) Amount Paid by Employees	Discount on Line 18(b) to Beginning of Plan Year	Discounted Value of Contribution
01/14/2009	39,945.96	0.00	(108.56)	39,837.40
01/20/2009	21,992.59	0.00	(87.30)	21,905.29
04/13/2009	63,368.48	0.00	(1,338.68)	62,029.80
07/14/2009	66,627.38	0.00	(2,651.53)	63,975.85
10/13/2009	65,729.18	0.00	(3,806.65)	61,922.53
	\$257,663.59	\$0.00	(\$7,992.72)	
			Line 19(c) - Total:	\$249,670.87

2009 SCHEDULE SB (FORM 5500) PART V

LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Plan Sponsor: Childhaven

EIN #: 91-0402430

Plan Name: Employee Benefits Plan of Childhaven

Plan #: 001

Assumed Retirement Age

Age 63, or immediate if beyond age 63.

2009 SCHEDULE SB (FORM 5500) LINE 25 – CHANGE IN METHOD

Plan Sponsor: Childhaven

EIN #: 91-0402430

Plan Name: Employee Benefits Plan of Childhaven

Plan #: 001

The Rate Basis and Applicable Month for calculating the Funding Target under the PPA method pursuant to Internal Revenue Code section 430 has been changed from the January Segment Rates to the November Full Yield Curve.

2009 SCHEDULE SB (FORM 5500) PART V

LINE 23 – INFORMATION ON USE OF MULTIPLE MORTALITY TABLES

Plan Sponsor: Childhaven EIN #: 91-0402430

Plan Name: Employee Benefits Plan of Childhaven Plan #: 001

Mortality Rates Before Retirement

IRS 2009 Static Mortality Table for Males
and Females.

Mortality Rates After Retirement

2009 Unisex Static Mortality Table
specified in IRS Notice 2008-85.

SCHEDULE OF ACTIVE PARTICIPANT DATA

PLAN SPONSOR: CHILDHAVEN
 PLAN NAME: EMPLOYEE BENEFITS PLAN OF CHILDHAVEN
 EMPLOYER IDENTIFICATION NUMBER: 91-0402430
 PLAN NUMBER: 001

ATTAINED AGE	YEARS OF CREDITED SERVICE										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25	12	6	-	-	-	-	-	-	-	-	18
25 to 29	12	11	2	-	-	-	-	-	-	-	25
30 to 34	4	7	7	-	-	-	-	-	-	-	18
35 to 39	3	12	6	-	-	-	-	-	-	-	21
40 to 44	-	5	1	4	4	1	-	-	-	-	15
45 to 49	1	2	3	3	1	1	-	-	-	-	11
50 to 54	2	2	1	3	1	-	-	1	-	-	10
55 to 59	-	2	1	-	-	1	1	-	-	-	5
60 to 64	-	3	1	1	2	1	-	-	-	-	8
65 to 69	-	1	1	-	1	-	-	-	-	-	3
70 & up	-	-	1	-	-	-	-	-	-	-	1
Total	34	51	24	11	9	4	1	1	-	-	135

EMPLOYEE BENEFITS PLAN OF CHILDAHVEN

SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009

FORM 5500, SCHEDULE H, Line 4(i) – Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Mutual of America Life Insurance Co. New York, NY	Group Annuity Contract General Account	\$ 680,208	\$ 698,511
		Pooled separate accounts:		
		Pension Bond Fund	978,284	1,119,993
		Equity Index Fund	622,789	826,647
		Vanguard International Fund	298,521	425,748
		Pension DWS Bond Fund	294,459	323,731
		Pension DWS Capital Growth Fund	234,128	296,697
		Mid-Cap Equity Index Fund	169,536	231,477
		Mid Term Bond Fund	172,985	192,173
		Vanguard Diversified Fund	136,899	173,559
		Fidelity VIP Equity-Income Fund	125,909	163,927
		Small Cap Value Fund	102,458	132,315
		Small Cap Growth Fund	66,723	85,106
				<u><u>\$ 4,669,884</u></u>

* Denotes party-in-interest.

**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.

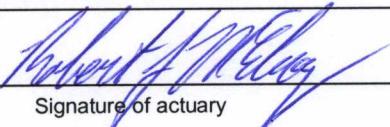
A Name of plan Employee Benefits Plan of Childhaven		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Childhaven, Seattle, Washington		D Employer Identification Number (EIN) 91-0402430
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	3,719,156	
b Actuarial value.....	2b	4,091,072	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	0	0
b For terminated vested participants.....	3b	124	1,268,864
c For active participants:			
(1) Non-vested benefits.....	3c(1)		55,307
(2) Vested benefits.....	3c(2)		1,791,971
(3) Total active.....	3c(3)	135	1,847,278
d Total.....	3d	259	3,116,142
4 If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	7.94 %	
6 Target normal cost.....	6	295,983	

Statement by Enrolled Actuary

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

SIGN HERE		<u>10-7-2010</u>
	Signature of actuary	Date
	Robert J. McElroy, M.A.A.A.	08-05088
	Type or print name of actuary	Most recent enrollment number
	Mutual of America	(212) 224-1429
	Firm name	Telephone number (including area code)
	320 Park Avenue	
	New York NY 10022-6839	
	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)	339,124	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).....	339,124	0
10 Interest on item 9 using prior year's actual return of <u>(20.46)%</u>	(69,380)	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		180,493
b Interest on (a) using prior year's effective rate of <u>6.23</u> %		11,245
c Total available at beginning of current plan year to add to prefunding balance		191,738
d Portion of (c) to be added to prefunding balance.....		191,738
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	269,744	191,738

Part III Funding percentages

14 Funding target attainment percentage.....	14	116.47 %
15 Adjusted funding target attainment percentage.....	15	131.08 %
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	123.59 %
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
01/14/2009	39,946				
01/20/2009	21,993				
04/13/2009	63,368				
07/14/2009	66,627				
10/13/2009	65,729				
Totals ►			18(b)	257,663	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	249,671

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:
%2nd segment:
%3rd segment:
%☒ N/A, full yield curve used**b** Applicable month (enter code)**21b**

2

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is 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

0

0

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** 0

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** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37**

249,671

38 Interest-adjusted excess contributions for current year (see instructions) **38** 249,671**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

**2009 SCHEDULE SB (FORM 5500) PART V – STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS**

Plan Sponsor: Childhaven

EIN #: 91-0402430

Plan Name: Employee Benefits Plan of Childhaven

Plan #: 001

Actuarial Cost Method

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

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

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

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

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

Asset Valuation Method

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

For purposes of determining the minimum required contribution pursuant to the PPA, the Actuarial Value of Assets, under the plan's asset valuation method, is equal to the Average Value of Assets.

**2009 SCHEDULE SB (FORM 5500) PART V – STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS**

Assumed Retirement Age	Age 63, or immediate if beyond age 63.								
Mortality Rates Before Retirement	IRS 2009 Static Mortality Table for Males and Females.								
Mortality Rates After Retirement	2009 Unisex Mortality Table specified in IRS Notice 2008-85.								
Interest Rates for Funding Pre- and Post-Retirement	November, 2008 Yield Curve 7.94% Effective Rate								
Post-retirement Cost of Living Increases	0.0% per year.								
Loading	0.0% net loading.								
Participant Withdrawal Rates	300% of T-5 Rates of Withdrawal from the Pension Actuary's Handbook, as illustrated below:								
	<table> <tr> <th><u>Age</u></th><th><u>Annual Percent Withdrawing</u></th></tr> <tr> <td>25</td><td>23.1726</td></tr> <tr> <td>40</td><td>15.4512</td></tr> <tr> <td>55</td><td>2.8182</td></tr> </table>	<u>Age</u>	<u>Annual Percent Withdrawing</u>	25	23.1726	40	15.4512	55	2.8182
<u>Age</u>	<u>Annual Percent Withdrawing</u>								
25	23.1726								
40	15.4512								
55	2.8182								
Compensation Increase	5.5% per year at all ages is assumed for both past and future compensation increases.								
Social Security Wage Base Increase*	4.5% per year.								
Maximum Benefit and Compensation Increases	The maximum benefit and compensation limits are assumed <i>not</i> to increase in the future.								
Marital Status	80% of current participants are married.								
Spouse Age	Spouse of male participant is 3 years younger, and spouse of female participant is 3 years older.								
Administrative Expenses*	Annual estimated administrative charges.								
Benefit Election	100% of participants are assumed to elect the lump sum option upon retirement.								

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

2009 SCHEDULE SB (FORM 5500) PART V – SUMMARY OF PLAN PROVISIONS

Plan Sponsor:	Childhaven	EIN #:	91-0402430
Plan Name:	Employee Benefits Plan of Childhaven	Plan #:	001

Effective Date of Plan	January 1, 1970.
Effective Date of Latest Amendment	April 1, 2001.
Fresh Start Date	December 31, 1988.
Eligibility	All employees become Participants of this Plan after completion of one year of service, and attainment of age 21. Service with an organization in the health and social service field, counts towards the service requirement for eligibility.
Compensation	Compensation includes all wages, salaries, fees and amounts received for personal service rendered in the course of employment. Compensation includes contributions made to a salary reduction or deferred compensation plan. Prior to 2002, compensation for any plan year, for benefit purposes, is limited to \$150,000 adjusted for increases prescribed by the Secretary of the Treasury. For the 2002 plan year, EGTRRA increased prospectively the limit to \$200,000 annually. For prospective years after 2002, the \$200,000 limit will be indexed for inflation. For 2009, the compensation limit increased from \$230,000 to \$245,000.
Final Average Earnings	The highest average monthly compensation for 5 consecutive completed calendar years of employment within the last consecutive 10 completed calendar years of service.
Social Security Average Monthly Wage	Monthly average of the Social Security Taxable Wage Bases for the 35 calendar years ending with the year the Participant attains Social Security Retirement Age.
Benefit Accrual Service	Years and months of employment after completing the eligibility requirements.
Vesting	Effective April 1, 2001, 100% upon completion of 3 years of service or upon attaining age 55.
Retirement Dates	
Normal	The first of the month coincident with or next following the Participant's 65th birthday.
Early	The first of the month on or after attainment of age 55 (but before age 65), on which the Participant elects to retire.

2009 SCHEDULE SB (FORM 5500) PART V – SUMMARY OF PLAN PROVISIONS

Deferred	The first of any month following Normal Retirement Date on which the Participant elects to retire.
Frozen Accrued Benefit	The Accrued Benefit as of the Fresh Start Date determined under the provisions of the Plan then in effect.
Benefit Formula	<p>The monthly Normal Retirement benefit is determined as follows:</p> <p>The greater of (A) or (B):</p> <p>(A) The Frozen Accrued Benefit;</p> <p>(B) The sum of 1.75% of Final Average Earnings multiplied by Benefit Accrual Service and 0.50% of Final Average Earnings in excess of the Social Security Average Monthly Wage multiplied by Benefit Accrual Service not greater than 35.</p>
Accrued Benefit	<p>The Accrued Benefit is computed under the Benefit Formula above using Final Average Earnings and Social Security Average Monthly Wage at date of determination assuming the Participant continues to earn Benefit Accrual Service until his Normal Retirement Age or date of determination, if later, and adjusted as follows:</p> <p>The portion of the retirement benefit based on total Benefit Accrual Service (item (B) in the Benefit Formula above) is multiplied by a fraction (not to exceed one) equal to actual Benefit Accrual Service divided by projected Benefit Accrual Service at Normal Retirement Age. The multiplication by this factor does not apply to the Frozen Accrued Benefit (item (A) in the Benefit Formula above).</p>
Early Retirement Benefit	<p>The Accrued Benefit reduced by 1/15 for each of the first 5 years and 1/30 for each of the next 5 years by which the Early Retirement Date precedes the Normal Retirement Date.</p> <p>A Participant with 10 “years of service” may retire early at age 62 with no reduction in Accrued Benefit, or reductions of 1/15 for each of the first 5 years and 1/30 for each of the next 2 years by which the Early Retirement Date precedes age 62. For this purpose “years of service” means years of Benefit Accrual Service with the Employer.</p>
Deferred Retirement Benefit	The Accrued Benefit reflecting Final Average Earnings and Benefit Accrual Service to the Deferred Retirement Date.

2009 SCHEDULE SB (FORM 5500) PART V – SUMMARY OF PLAN PROVISIONS

Maximum Benefit	The annual benefit shall not exceed the lesser of (i) \$160,000 indexed for inflation adjustments and (ii) 100% of the average compensation for the 3 consecutive years producing the highest average. For 2009, the dollar amount of \$195,000 is in the form of a non-refund life annuity. This amount is adjusted to reflect commencement before age 62 or after age 65 for forms of payment other than a non-refund life annuity and Cost of Living Supplements, if any. It is prorated for less than 10 years of participation in the Plan.
Minimum Accrued Benefit	The Accrued Benefit computed under the provisions of the plan as of the latest amendment adoption date.
Normal Form of Payment	A non-refund monthly life annuity.
Automatic Form of Payment	For a married Participant, a monthly Joint and 66 $\frac{2}{3}$ % Survivor with 120 months certain and continuous annuity actuarially equivalent to the monthly benefit in the Normal form.
Optional Forms of Payment	The Plan provides other possible forms of annuity, all actuarially equivalent to the normal form of payment.
Lump Sum	<p>The Plan allows Participants to receive a single lump sum in lieu of a monthly annuity at retirement. The actuarial basis for determining the lump sum is different than for other optional forms.</p> <p>For the 2009 plan year, the interest rate is 40% of monthly spot segment rate based on high quality corporate bonds plus 60% of the corresponding 30-year Treasury bond rate and mortality using the 2009 Unisex Mortality Table specified in IRS Notice 2008-85.</p>
Cost of Living Supplements	None.
Death Benefit Before Retirement	If a partially or fully vested participant dies before retirement benefits have begun, the annual death benefit payable to the spouse is equal to 66 $\frac{2}{3}$ % of the vested Accrued Benefit, reduced for early commencement, and further reduced to reflect the Automatic Form of Payment.
Disability Annuity Credit	<p>Periods of disability while a participant receives a Social Security Disability Income are also counted as Benefit Accrual Service excluding the first six months of disability and ending on Normal or Early Retirement Date.</p> <p>The compensation rate in effect immediately prior to disability is assumed to continue while disabled. Such compensation rate shall not exceed 120% of the compensation rate in effect one year prior to disability.</p>