

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 07/01/2009 and ending 06/30/2010	
A	This return/report is for: ☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information
1a	Name of plan RETIREMENT PLAN FOR THE EMPLOYEES OF THE TOLEDO MUSEUM OF ART
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 08/01/1934
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) TOLEDO MUSEUM OF ART 2445 MONROE STREET TOLEDO, OH 43620-1517
2b	Employer Identification Number (EIN) 34-4434678
2c	Sponsor's telephone number 419-255-8000
2d	Business code (see instructions) 712100

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.	04/07/2011	TIMOTHY SZYMANSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/07/2011	TIMOTHY SZYMANSKI
	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") TOLEDO MUSEUM OF ART 2445 MONROE STREET TOLEDO, OH 43620-1517	3b Administrator's EIN 34-4434678 3c Administrator's telephone number 419-255-8000
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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
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5 Total number of participants at the beginning of the plan year	5	314
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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	92
b Retired or separated participants receiving benefits.....	6b	108
c Other retired or separated participants entitled to future benefits.....	6c	86
d Subtotal. Add lines 6a , 6b , and 6c	6d	286
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	23
f Total. Add lines 6d and 6e	6f	309
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

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

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

A Name of plan <u>RETIREMENT PLAN FOR THE EMPLOYEES OF THE TOLEDO MUSEUM OF ART</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TOLEDO MUSEUM OF ART</u>	D Employer Identification Number (EIN) <u>34-4434678</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>5127751</u>
b Actuarial value	2b <u>5640526</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>124</u> <u>3420489</u>
b For terminated vested participants	3b <u>92</u> <u>1229715</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>98283</u>
(2) Vested benefits	3c(2) <u>2334790</u>
(3) Total active	3c(3) <u>98</u> <u>2433073</u>
d Total	3d <u>314</u> <u>7083277</u>
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 <u>7.54</u> %
6 Target normal cost	6 <u>256029</u>

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>04/04/2011</u>
Signature of actuary	Date
<u>THOMAS G. SCHRYER ASA</u>	<u>08-02957</u>
Type or print name of actuary	Most recent enrollment number
<u>FINDLEY DAVIES INC</u>	<u>216-875-1900</u>
Firm name	Telephone number (including area code)
<u>1300 E 9TH ST SUITE 850</u> <u>CLEVELAND, OH 44114-1516</u>	
Address of the firm	

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

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)	7958	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	7958	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>-17.39</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.18</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	79.63 %
15	Adjusted funding target attainment percentage.....	15	79.63 %
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	82.88 %
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
10/15/2009	98346	0			
01/15/2010	98346	0			
04/15/2010	98346	0			
07/15/2010	98346	0			
03/15/2011	174795	0			
			Totals ►	18(b)	568179 18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	529324
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
0	0	0 0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 76
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	256029
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1442751	273295
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	529324
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	529324
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	529324
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
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	

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 07/01/2009 and ending 06/30/2010		
A Name of plan RETIREMENT PLAN FOR THE EMPLOYEES OF THE TOLEDO MUSEUM OF ART		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TOLEDO MUSEUM OF ART		D Employer Identification Number (EIN) 34-4434678

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

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

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

FINDLEY DAVIES

34-1213174

(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	ACTUARY	38396	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

CLIFTON GUNDERSON LLP

37-0802863

(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?
10	ACCOUNTANT	9050	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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:

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

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
A Name of plan RETIREMENT PLAN FOR THE EMPLOYEES OF THE TOLEDO MUSEUM OF ART	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 TOLEDO MUSEUM OF ART	D Employer Identification Number (EIN) 34-4434678	

Part I	Asset and Liability Statement
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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)	161511	273026
(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)	65729	72205
(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)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4786682	5342308
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	116382	112657

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	5130304	5800196

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i	48815	
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	48815	

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5081489	5800196
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	568064	
(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)		568064

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6716	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6716

(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)	139565	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		139565

(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)	1015	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1015
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		486630
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1201990

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	421766	
(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)		421766
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)	48713	
(2) Contract administrator fees	2i(2)	7877	
(3) Investment advisory and management fees	2i(3)	4927	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		61517
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		483283

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		718707
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: CLIFTON GUNDERSON LLP

(2) EIN: 37-0802863

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	
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.).....			
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 07/01/2009 and ending 06/30/2010

A Name of plan <u>RETIREMENT PLAN FOR THE EMPLOYEES OF THE TOLEDO MUSEUM OF ART</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TOLEDO MUSEUM OF ART</u>	D Employer Identification Number (EIN) <u>34-4434678</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>06-6033492</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

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

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): _____

RETIREMENT PLAN FOR THE EMPLOYEES OF THE
TOLEDO MUSEUM OF ART
Toledo, Ohio

FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION
June 30, 2010 and 2009

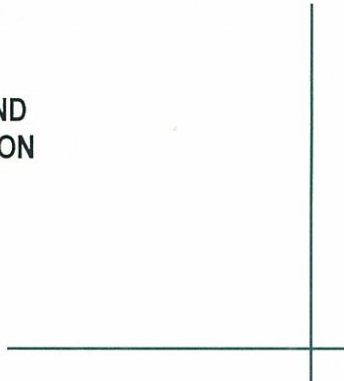


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Independent Auditor's Report

The Audit Committee of the Board of Trustees
of The Toledo Museum of Art
Retirement Plan for the Employees of
The Toledo Museum of Art
Toledo, Ohio

We have audited the accompanying statements of net assets available for benefits of the Retirement Plan for the Employees of The Toledo Museum of Art as of June 30, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets of the Retirement Plan for the Employees of The Toledo Museum of Art as of June 30, 2010 and 2009 and the changes in its net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are presented fairly, in all material respects, in relation to the basic financial statements taken as a whole.

Clifton Gunderson LLP

Toledo, Ohio
March 14, 2011

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**RETIREMENT PLAN FOR THE EMPLOYEES OF
THE TOLEDO MUSEUM OF ART
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2010 and 2009**

	<u>2010</u>	<u>2009</u>
ASSETS		
Assets held by The Vanguard Group:		
Mutual funds at fair value	\$ 5,342,308	\$ 4,786,682
Assets held by Aetna Life Insurance Company:		
General investment account:		
Allocated fund, at contract value	111,844	116,382
Unallocated fund, at fair value	<u>813</u>	<u>-</u>
Total general investment account	112,657	116,382
Investment service account, at fair value	<u>72,205</u>	<u>65,729</u>
Total assets held by Aetna Life Insurance Company	<u>184,862</u>	<u>182,111</u>
Total investments	5,527,170	4,968,793
Employer contributions receivable	<u>273,026</u>	<u>161,511</u>
Total assets	5,800,196	5,130,304
LIABILITY – ACCRUED EXPENSES	<u>-</u>	<u>48,815</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 5,800,196</u>	<u>\$ 5,081,489</u>

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

**RETIREMENT PLAN FOR THE EMPLOYEES OF
THE TOLEDO MUSEUM OF ART
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended June 30, 2010 and 2009**

	<u>2010</u>	<u>2009</u>
ADDITIONS TO NET ASSETS AVAILABLE FOR BENEFITS		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 487,645	\$(1,236,358)
Dividend and interest income	<u>146,281</u>	<u>153,039</u>
	633,926	(1,083,319)
Less investment expenses	<u>4,927</u>	<u>4,914</u>
Net investment income (loss)	628,999	(1,088,233)
Employer contributions	<u>568,064</u>	<u>405,963</u>
Total additions	<u>1,197,063</u>	<u>(682,270)</u>
DEDUCTIONS FROM NET ASSETS AVAILABLE FOR BENEFITS		
Benefits paid to participants or their beneficiaries	421,766	390,394
Administrative expenses	<u>56,590</u>	<u>104,891</u>
Total deductions	<u>478,356</u>	<u>495,285</u>
Net increase (decrease)	718,707	(1,177,555)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>5,081,489</u>	<u>6,259,044</u>
End of year	<u>\$ 5,800,196</u>	<u>\$ 5,081,489</u>

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

**RETIREMENT PLAN FOR THE EMPLOYEES OF
THE TOLEDO MUSEUM OF ART
NOTES TO FINANCIAL STATEMENTS
June 30, 2010 and 2009**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Significant accounting policies followed by the Retirement Plan for the Employees of The Toledo Museum of Art (the Plan) are presented below.

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting. Such financial statements present the net assets available for plan benefits and changes in such net assets.

Use of Estimates in Preparing Financial Statements

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

Investment Valuation and Income Recognition

All investments are held by The Vanguard Group (Vanguard) and Aetna Life Insurance Company (Aetna), as described in Note 3.

Mutual funds are reported at fair value based upon the net asset value of the specific fund.

The unallocated fund of the general investment account is reported at fair value as determined by Aetna. Such fund consists primarily of investment grade, medium to long-term high quality public bonds and commercial mortgages. The allocated fund of the general investment account represents a reserve established by Aetna but does not represent funds allocated by the custodian to purchase insurance or annuities for individual participants. The allocated fund is reported at contract value. Contract value represents contributions made plus interest earned, less funds used to pay benefits and administrative expenses.

The fair value of the investment service account, which represents a disbursement account, is the same as its cost basis.

Investments purchased or sold are recorded on the trade date. The net appreciation (depreciation) in fair value of investments includes investments purchased, sold and held during the year.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefit payments to participants or their beneficiaries are recorded upon payment.

**RETIREMENT PLAN FOR THE EMPLOYEES OF
THE TOLEDO MUSEUM OF ART
NOTES TO FINANCIAL STATEMENTS
June 30, 2010 and 2009**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

Administrative expenses represent actuarial and other professional fees incurred in administering the Plan. All internal costs of administering the Plan are absorbed by The Toledo Museum of Art (the Museum), the sponsor of the Plan.

NOTE 2 - DESCRIPTION OF PLAN

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document or Summary Plan Description for more complete information.

General

The Plan is a non-contributory defined benefit pension plan. All non-bargaining employees of the Museum who have at least one year of service, have completed at least 1,000 hours of service, and are at least age 21 are covered by the Plan. Such employees become a participant on the subsequent July 1 after the meeting of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In September 2007, the Museum's Board of Trustees approved the partial curtailment of Plan benefits effective July 1, 2008. No new employees will be eligible to participate in the Plan after June 30, 2008.

Participants who had at least 10 years of service (credited service, as defined) as of June 30, 2008, and whose age plus their years of service total at least 60 as of June 30, 2008, had the opportunity to elect not to have their accrued benefit frozen. An eligible participant who made this election continues to participate in the Plan and earn additional credited service.

Funding Policy

The Museum contributes to the Plan an amount, determined by actuarial calculation, designed to fund the Plan's normal cost requirement and to amortize unfunded accrued liabilities over periods of 10 to 30 years. The recorded contributions for the plan years ended June 30, 2010 and 2009 met the minimum funding requirements of ERISA.

Voluntary employee contributions to the Plan are not permitted.

**RETIREMENT PLAN FOR THE EMPLOYEES OF
THE TOLEDO MUSEUM OF ART
NOTES TO FINANCIAL STATEMENTS
June 30, 2010 and 2009**

NOTE 2 - DESCRIPTION OF PLAN (CONTINUED)

Benefits

Under the terms of the Plan, participants are eligible for normal retirement benefits upon reaching age 65 or early retirement benefits upon reaching age 55. Benefits under the Plan are based on each employee's years of service and compensation during the five consecutive calendar years of service which result in the highest average compensation. In the event that a participant does not have five consecutive years of service, the average compensation will be based on the total consecutive years of service immediately preceding retirement. Such benefits are subject to the annual benefit limitation established by the Internal Revenue Code and are subject to the guarantee provisions of the Pension Benefit Guaranty Corporation (PBGC). The Plan also provides for deferred retirement and termination benefits due to death or reasons other than normal retirement.

Vesting

Participants in the Plan become fully vested in their accrued benefit once they have completed five years of service. However, once participants become eligible for early retirement, they are automatically fully vested in their accrued benefit whether or not they have completed five years of service.

NOTE 3 - ASSETS HELD FOR INVESTMENT

The mutual funds that are held by Vanguard are managed by The Vanguard Group of Investment Companies (Vanguard). All other investments are held and managed by Aetna, under an immediate participation contract.

The Investment Review Committee of the Board of Trustees of the Museum may direct the manner in which all or a portion of the Plan's assets shall be invested.

During the years ended June 30, 2010 and 2009, the Plan's investments (including investments purchased, sold, and held during the year) appreciated (depreciated) in fair value, as follows:

	<u>2010</u>	<u>2009</u>
Mutual funds	\$ 486,630	\$(1,235,339)
Aetna Life Insurance Company:		
General investment account	<u>1,015</u>	<u>(1,019)</u>
Net appreciation (depreciation) in fair value of investments	<u>\$ 487,645</u>	<u>\$(1,236,358)</u>

The fair value of individual investments that represent 5% or more of the Plan's net assets available for plan benefits at June 30, 2010 and 2009, are as follows:

	<u>2010</u>	<u>2009</u>
The Vanguard Group:		
Total Stock Market Index Fund Signal Shares	\$ 2,643,038	\$ 2,411,823
Total Bond Market Index Fund Signal Shares	1,463,673	1,102,684
Total International Stock Index Fund	1,235,597	1,272,175

**RETIREMENT PLAN FOR THE EMPLOYEES OF
THE TOLEDO MUSEUM OF ART
NOTES TO FINANCIAL STATEMENTS
June 30, 2010 and 2009**

NOTE 4 - FAIR VALUE MEASUREMENTS

Fair Value Measurements, FASB ASC 820-10 (ASC 820-10), defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements.

FASB ASC 820-10 requires the use of valuation techniques that should be consistently applied. Inputs to valuation techniques refer to the assumptions that market participants would use in pricing the asset or liability. Inputs may be observable or unobservable. Observable inputs reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from independent sources. Unobservable inputs reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. In that regard, FASB ASC 820-10 establishes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The fair value hierarchy is as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

**RETIREMENT PLAN FOR THE EMPLOYEES OF
THE TOLEDO MUSEUM OF ART
NOTES TO FINANCIAL STATEMENTS
June 30, 2010 and 2009**

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets of the Plan measured at fair value at June 30, 2010:

Mutual Funds: Valued at the quoted net asset value ("NAV") of shares held by the Plan at year end.

General Investment Account: The fair value of the unallocated general investment account is the withdrawal value calculated using the current basis for computing market value adjustments for contracts of this type. The allocated general investment account is carried at contract value.

Investment Service Account: The fair value of the investment service account, which consists of money market funds, is the same as the cost basis.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2010 and 2009 (all measured on a recurring basis):

<u>2010</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual fund	\$ 5,342,308	\$ -	\$ -	\$ 5,342,308
General investment account	-	112,657	-	112,657
Investment service account	<u>72,205</u>	<u>-</u>	<u>-</u>	<u>72,205</u>
Total assets at fair value	<u>\$ 5,414,513</u>	<u>\$ 112,657</u>	<u>\$ -</u>	<u>\$ 5,527,170</u>
<u>2009</u>				
Mutual fund	\$ 4,786,682	\$ -	\$ -	\$ 4,786,682
General investment account	-	116,382	-	116,382
Investment service account	<u>65,729</u>	<u>-</u>	<u>-</u>	<u>65,729</u>
Total assets at fair value	<u>\$ 4,852,411</u>	<u>\$ 116,382</u>	<u>\$ -</u>	<u>\$ 4,968,793</u>

**RETIREMENT PLAN FOR THE EMPLOYEES OF
THE TOLEDO MUSEUM OF ART
NOTES TO FINANCIAL STATEMENTS
June 30, 2010 and 2009**

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions for the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or vested terminated participants or their beneficiaries, beneficiaries of participants who have died, and present participants or their beneficiaries.

Calculations of the actuarially determined present value of accumulated plan benefits were made by the Plan's consulting actuary. Significant assumptions underlying the actuarial calculations as of July 1, 2010 and 2009 include: (a) assumed rate of return on investments of 8.5%; (b) salary growth of 5.5%; (c) retirement at normal retirement age; and (d) assumed mortality rate and employee turnover based on published statistical data and experience.

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

Based on the latest available actuarial valuations, as of July 1, 2010 and 2009, the actuarial present value of accumulated plan benefits is summarized as follows:

	<u>2010</u>	<u>2009</u>
Vested benefits:		
Participants currently receiving payments	\$3,560,185	\$3,132,521
Other vested benefits	<u>3,024,621</u>	<u>3,084,080</u>
Total vested benefits	6,584,806	6,216,601
Non-vested benefits	<u>79,810</u>	<u>88,245</u>
Total actuarial present value of accumulated plan benefits	<u>\$6,664,616</u>	<u>\$6,304,846</u>

Changes in the actuarial present value of accumulated plan benefits are summarized as follows:

	<u>2010</u>	<u>2009</u>
Beginning of year	\$6,304,846	\$6,068,639
Increase (decrease) attributable to:		
Increase for interest due to decrease in discount period	516,493	497,860
Benefits accumulated, including net actuarial gains and losses	265,043	128,741
Benefits paid	<u>(421,766)</u>	<u>(390,394)</u>
Net increase	<u>359,770</u>	<u>236,207</u>
End of year	<u>\$6,664,616</u>	<u>\$6,304,846</u>

**RETIREMENT PLAN FOR THE EMPLOYEES OF
THE TOLEDO MUSEUM OF ART
NOTES TO FINANCIAL STATEMENTS
June 30, 2010 and 2009**

**NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS (CONTINUED)**

The discount rate and expected rate of return on plan assets are critical assumptions which significantly affect pension accounting. Even relatively small changes in these rates would significantly change the recorded pension expense and accrued liability. Management believes the discount rate and expected rate of return on plan assets used in determining its year-end pension accounting are reasonable based on currently available information. However, it is at least reasonably possible that these assumed rates will be revised in the near term, based on future events and changes in circumstances.

NOTE 6 - PLAN TERMINATION

While the Museum has not expressed any intent to terminate the Plan or to discontinue contributions, it may do so at any time, subject to the provisions of ERISA. If the Plan is terminated at some future time, all participants would become fully vested in benefits earned as of the termination date. In the event of termination of the Plan, after reserving an amount in the trust fund sufficient to pay expenses, the following priorities will apply:

- (a) The benefits of participants or their beneficiaries which were in "pay" status as of the beginning of the three-year period ending on the termination date of the Plan;
- (b) All other benefits of the Plan guaranteed by the PBGC;
- (c) All other nonforfeitable benefits of the Plan; and
- (d) All other benefits of the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

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

NOTE 7 - PARTY-IN-INTEREST

All of the Plan's investments are held either by Vanguard or Aetna, with certain assets being managed by Vanguard. Therefore, transactions with Vanguard and Aetna qualify as party-in-interest. Party-in-interest fees for investment management services amounted to \$4,927 and \$4,914 for the years ended June 30, 2010 and 2009, respectively. Administrative expenses include party-in-interest fees for administrative services provided by Aetna of \$7,877 and \$8,642 for the years ended June 30, 2010 and 2009, respectively.

**RETIREMENT PLAN FOR THE EMPLOYEES OF
THE TOLEDO MUSEUM OF ART
NOTES TO FINANCIAL STATEMENTS
June 30, 2010 and 2009**

NOTE 8 - FEDERAL INCOME TAXES

The Internal Revenue Service has determined in a letter dated November 8, 2002 that the Plan, as amended through June 27, 2002, is qualified under Section 401(a) of the Internal Revenue Code and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore, continues to qualify as a tax-exempt plan.

NOTE 9 - RISK AND UNCERTAINTIES

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

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

NOTE 10 - SUBSEQUENT EVENT

Management evaluated subsequent events through March 14, 2011, the date the financial statements were available to be issued. Events or transactions occurring after June 30, 2010, but prior to March 14, 2011 that provided additional evidence about conditions that existed at June 30, 2010, have been recognized in the financial statements for the year ended June 30, 2010. Events or transactions that provided evidence about conditions that did not exist at June 30, 2010 but arose before the financial statements were available to be issued, have not been recognized in the financial statements for the year ended June 30, 2010.

This information is an integral part of the accompanying financial statements.

SUPPLEMENTAL INFORMATION

**RETIREMENT PLAN FOR THE EMPLOYEES OF
 THE TOLEDO MUSEUM OF ART
 FEIN: 34-4434678 – PLAN NO. 001
 SCHEDULE H, LINE 4i –
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 June 30, 2010**

Number of units (Note 2)	<u>Description</u>	<u>Cost</u>	<u>Fair value</u>
	* Mutual funds held by The Vanguard Group:		
107,006	Total Stock Market Index Fund Signal Shares	\$ 3,201,895	\$ 2,643,038
136,664	Total Bond Market Index Fund Signal Shares	1,379,399	1,463,673
97,445	Total International Stock Index Fund	<u>1,576,384</u>	<u>1,235,597</u>
	Total assets held by The Vanguard Group	6,157,678	5,342,308
	* Assets held by Aetna Life Insurance Company:		
	General investment account:		
	Allocated fund, at contract value	111,844	111,844
	Unallocated fund, at fair value	742	813
	Investment service account	<u>72,205</u>	<u>72,205</u>
	Total assets held by Aetna Life Insurance Company	<u>184,791</u>	<u>184,862</u>
	TOTAL ASSETS (HELD AT END OF YEAR)	<u>\$ 6,342,469</u>	<u>\$ 5,527,170</u>

* Party-in-interest

Notes:

- (1) Aetna Life Insurance Company does not report number of units held.
- (2) Units are rounded to the nearest whole unit.

RETIREMENT PLAN FOR THE EMPLOYEES OF
THE TOLEDO MUSEUM OF ART
FEIN: 34-4434678 – PLAN NO. 001
SCHEDULE H, LINE 4j –
SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended June 30, 2010

<u>Security description</u>	<u>Total number of transactions</u>	<u>Purchase price (Note 1)</u>	<u>Sales</u>		
			<u>Cost</u>	<u>Selling price (Note 1)</u>	<u>Realized gain (loss)</u>
* The Vanguard Group:					
Stock Market Index Fund					
Signal Shares:					
Purchases	5	\$ 228,275	\$ -	\$ -	\$ -
Sales	14	-	446,826	384,495	(62,331)
Bond Market Index Fund					
Signal Shares:					
Purchases	9	527,897	-	-	-
Sales	34	-	273,318	283,635	10,317
International Stock Index Fund:					
Purchases	5	114,137	-	-	-
Sales	13	-	313,587	272,748	(40,839)

* Party-in-interest

NOTES:

(1) The purchase price and selling price represents the fair value of the securities at the time of purchase or sale.

(2) The above transactions were executed directly through The Vanguard Group.

**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 07/01/2009 and ending 06/30/2010

▶ **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 Retirement Plan for the Employees of the Toledo Museum of Art	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The Toledo Museum of Art	D Employer Identification Number (EIN) 34-4434678	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	5,127,751	
b Actuarial value.....	2b	5,640,526	
3 Funding target/participant count breakdown	(1) Number of participants		(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	124	3,420,489
b For terminated vested participants.....	3b	92	1,229,715
c For active participants:			
(1) Non-vested benefits.....	3c(1)		98,283
(2) Vested benefits.....	3c(2)		2,334,790
(3) Total active.....	3c(3)	98	2,433,073
d Total.....	3d	314	7,083,277
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	7.54 %	
6 Target normal cost.....	6	256,029	

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***TGS*

Signature of actuary

Thomas G. Schryer, A.S.A.

Type or print name of actuary

Findley Davies, Inc.

1300 E. 9th St., Suite 850 Firm name

Cleveland

OH 44114-1516

Address of the firm

4/4/11

Date

08-02957

Most recent enrollment number

(216) 875-1900

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 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)	7,958	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	7,958	0
9 Amount remaining (Item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>(17.39)%</u>		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.18 %</u>		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	79.63 %
15 Adjusted funding target attainment percentage	15	79.63 %
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	82.88 %
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
10/15/2009	98,346				
01/15/2010	98,346				
04/15/2010	98,346				
07/15/2010	98,346				
03/15/2011	174,795				
Totals ▶			18(b)	568,179	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	529,324

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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)	21b			3
22 Weighted average retirement age	22			76
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	256,029
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,442,751	273,295
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	529,324
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	529,324
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	529,324
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
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

APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

<i>Plan Sponsor</i>	The Toledo Museum of Art
<i>EIN/PN</i>	34-4434678/001
<i>Effective Date</i>	September 1, 1934; last amended and restated effective July 1, 2002.
<i>Plan Year</i>	The 12-month period beginning each July 1.
<i>Participation</i>	Each nonbargaining employee becomes a participant on the July 1 coincident with or next following one year of service and age 21 <i>unless</i> such July 1 is after June 30, 2008. A year of service is completed for this purpose as soon as 1,000 or more hours are worked in a plan year; this can occur before an employee has worked 12 months.
<i>Vesting Service</i>	One year of vesting service is earned for each plan year in which 1,000 hours are worked. Additional vesting service can be earned in partial years depending on the participant's date of hire and date of termination of employment. Please refer to the Plan document for more details.
<i>Credited Service</i>	One year of credited service is earned for each plan year in which 1,000 hours are worked. Additional credited service can be earned in partial years depending on the participant's date of hire and date of termination of employment. Please refer to the Plan document for more details.
<i>Final Average Earnings</i>	One-sixtieth of earnings for the five most highly compensated consecutive calendar years, where earnings means the total W-2 compensation, as limited by IRC Section 401(a)(17), received from the Employer while in the eligible class. Annualized earnings are used for the calendar year of termination.

APPENDIX A (Continued)

***Normal Retirement
Benefit***

Eligibility:

Age 65.

Monthly Benefit: (generally **frozen** 6/30/2008)

A monthly life annuity equal to the greater of --

- (i) 1% of Final Average Earnings times years of service prior to 9/1/78, but not less than the benefit purchased prior to 9/1/78,
plus
1.3% of Final Average Earnings times years of service from 9/1/78 (with no offset and no cost of living increases).
- ii) the accrued benefit as of 8/31/87, offset to reflect a return of employee contributions, and increased after retirement for changes in the cost of living.

Accrual of benefits continues for a closed group of employees.

Cost of Living Adjustments

On September 1 of each year after retirement, benefit (ii) is increased for changes in the cost of living (COLA) and compared with benefit (i). The greater amount is then paid for the coming year. COLAs are applicable ONLY to annuities purchased on or before September 1, 1978 (COLABENS) and are applied only after benefits commence. Exception: participants whose benefits commenced on or before April 1, 1989 receive benefit increases equal to the COLA on their COLABENS even if benefit (ii) above is less than benefit (i).

***Late Retirement
Benefit***

Eligibility:

After normal retirement date.

Monthly Benefit:

A benefit calculated in accordance with the normal retirement formula. The amount payable will be no less than the greatest of 1) the accrued benefit (possibly \$0) as of the April 1 following the calendar year in which the employee attains age 70-½ (or January 1, 1997, if later) actuarially increased to actual benefit commencement and 2) the accrued benefits as of the end of each subsequent plan year with each actuarially increased to actual benefit commencement.

APPENDIX A (Continued)

Early Retirement Benefit

Eligibility:

Age 55.

Monthly Benefit:

The normal retirement benefit using Final Average Earnings and service at Early Retirement. If early retirement is before age 62, the benefit is reduced by 1/2 of 1% for each month that benefit commencement precedes normal retirement; provided that the reduction shall not be greater than would result from applying actuarial equivalency factors. If early retirement (termination) is after age 62, the benefit is unreduced.

Representative reduction factors:

Commencement	
<u>Age</u>	<u>Factor</u>
55	.4910
60	.7000
62	.8200
65	1.0000

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement after completion of at least five years of Vesting Service or attainment of age 55.

Monthly Benefit:

100% vested in the accrued benefit to commence at age 65 or in a reduced amount prior thereto. Reduction factors are similar to those shown in **Early Retirement Benefit** above but the factors for this purpose are .6810 (60) and .7880 (62); the factor at age 55 is the same. Rules for a few specially noted former employees teaching at the University of Toledo: i) they will be entitled to unreduced benefits at age 62, ii) they were and still are allowed to waive certain service credits / benefits under this plan (with **no** compensation) in order to buy similar credits under the STRS pension plan.

Death Benefit

Eligibility:

If an active participant dies after age 55, or after age 50 with 5 years of service, and, in either case, after having been married for one year.

Monthly Benefit:

The spouse receives a benefit for life equal to 50% of the benefit the participant had accrued as of his date of death. This benefit is reduced if the spouse is more than five years younger than the participant.

APPENDIX A (Continued)

***Death Benefit
(Continues)***

Otherwise, if an active participant dies after at least 25 years of service and after having been married for at least one year, his spouse shall receive a benefit for life commencing when the employee would have been age 55 equal to 50% of the accrued benefit at the time of death times the 50% Joint and Survivor option factor at age 55. Note: no early retirement factor is applied. However, the surviving spouse can elect a benefit commencing immediately after death equal to the actuarial equivalent of the deferred amount.

Alternatively, if a vested active or former participant dies after having been married for one year, his surviving spouse shall receive a monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

***Benefits Available as
Lump Sums***

This plan pays only small benefit amounts (lump sums less than \$1,500).

The conversion factors are based on the Applicable Mortality Table as required under IRC Section 417(e)(3) and the 30-year Treasury security rate for the second calendar month preceding the first day of the Plan Year.

***Optional Forms of
Payment***

Life Only
50% Joint and Survivor
66 2/3% Joint and Survivor
75% Joint and Survivor
100% Joint and Survivor

The conversion factors are based on the 1951 Group Annuity Mortality Table setback 6 years for the participant and setback 1 year for the beneficiary and 2 1/2% interest. For Early Retirement purposes, the 1951 Group Annuity Mortality Table is setback 1 year for both participant and beneficiary.

***Maximum Benefit
Limit***

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

***Plan Compensation
Limit***

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

Funding of Plan

All costs of the Plan are met by the Museum.

***Changes in Plan
Provisions***

The automatic changes in maximum creditable compensation and maximum benefits payable were recognized for funding and accounting purposes. Benefits froze for most employees on June 30, 2008.

Schedule SB, line 22 – Description of Weighted Average Retirement Age
Retirement Plan for the Employees of the Toledo Museum of Art
July 1, 2009 Valuation
EIN/PN: 34-4434678/ 001

Rates of Retirement

<u>Age(s)</u>	<u>Rate</u>	<u>Age(s)</u>	<u>Rate</u>
55-59	1%	72	99%
60	2	73-89	25
61	8	90	100
62	13		
63	7		
64	16		
65	46		
66-67	17		
68	15		
69-70	30		
71	42		

Weighted Average Retirement Age is 76. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates

Funding: Full Yield Curve averages for all business days in March 2009:

Effective Interest Rate using the above rates 7.54%

ASC 960-20:

Present Value of Vested and Accumulated Benefits 8.50%

ASC 715-30:

a. Discount Rate (liabilities) 6.25%

b. Long-Term Rate (trust income) 7.25%

Salary Scale

Future pays are projected using the appropriate salary scale below. For accrued benefits actual individual pay histories have been used with missing years filled in using the appropriate salary scale below.

Funding: 5.50%

ASC 960-20: 5.50%

ASC 715-30: 3.75% (2.5% less than Discount Rate)

Mortality

Funding: RP-2000 Mortality Table projected to valuation year (male and female) combined annuitant/nonannuitant.

ASC 960-20 and ASC 715-30: PBGC tables 5B and 6B for those disabled and RP-2000 “Combined” tables projected to 2010 otherwise.

Others: RP-2000 “Combined” tables projected to 2010.

Rates of Retirement

<u>Age(s)</u>	<u>Rate</u>	<u>Age(s)</u>	<u>Rate</u>
55-59	1%	72	99%
60	2	73-89	25
61	8	90	100
62	13		
63	7		
64	16		
65	46		
66-67	17		
68	15		
69-70	30		
71	42		

APPENDIX B (Continued)

***Rates of Retirement
(continued)***

Weighted Average Retirement Age is 76. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Disability

Blake, 1985, Class 1 (male and female).

Rates of Turnover

Based on age and length of service as follows:

Age	Completed Years of Service					
	0	1	2	3	4	5+
20	50.99%	44.35%	44.35%	44.35%	44.35%	44.35%
25	53.31	45.31	23.99	19.95	19.95	19.95
30	55.63	47.29	25.03	19.47	14.41	14.41
35	55.63	47.29	25.03	19.47	13.91	8.87
40	52.15	44.33	23.47	18.25	13.04	8.87
45	48.67	41.37	21.90	17.03	12.17	8.87
50	40.56	34.48	18.25	14.20	10.14	8.87
55	32.45	27.58	14.60	11.36	8.87	8.87

***Assumptions Made
In Valuing Spouse's
Benefit***

Sixty percent of the male and fifty percent of the female employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

***Annual Increases to
Maximum Benefits
and Plan
Compensation Limits***

Funding: N/A
ASC 715-30: 0.75%

***Provision for
Expenses***

The expected administrative (i.e. non-investment) expenses that will be paid from plan assets, which were assumed to equal actual expenses during the prior year, were included in the Target Normal Cost for minimum contribution purposes. Expenses were subtracted from the Expected Return on Assets for ASC 715-30 expense purposes.

***ASC 715-30
Measurement Date***

July 1

Fiscal Year

The 12-month period ending each June 30.

APPENDIX B (Continued)

Asset Method

Funding: Market Value of Assets plus interest-adjusted accrued but unpaid contributions as of the valuation date, plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. Discounting did not apply for valuation dates prior to July 1, 2009. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). A characteristic of this asset valuation method is that due to legal constraints its long-term average is expected to be approximately 98% of the market value.

ASC 960-20: Market Value of Assets plus any contributions for the prior year that were unpaid as of the Valuation Date. No other methods are allowed.

ASC 715-30: Market Value of Assets less 5 year amortization of accumulated gains in excess of the expected return on assets.

Employees Valued

Only participants as of the valuation date were valued.

Optional Form Election

All participants are assumed to elect the Life-only form of payment.

Schedule SB, line 25 – Change in Method
Retirement Plan for the Employees of the Toledo Museum of Art
July 1, 2009 Valuation
EIN/PN: 34-4434678/ 001

***Changes in Methods
since the Last
Actuarial Valuation***

In the prior valuation the 24-month segment rates for May were used. This has been changed to the full yield curve for March (rates published in April).

Automatic approval for the change in interest rate methodology is granted per Reg. 1.430(h)(2)-1(h)(3).

Expenses were included in the Target Normal Cost.

The mortality table for the funding target was changed as required under PPA '06.

The ASC 715-30 discount rate was 6.00%, the salary scale was 3.50% and the long term rate of return was 7.00%.

Schedule SB, Line 26 - Schedule of Active Participant Data

July 1, 2009 Valuation
Retirement Plan for the Employees of the Toledo Museum of Art
(EIN: 34-4434678; PN: 001)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	-	2 (*)	-	-	-	-	-	-	-	-
25 to 29	-	3 (*)	2 (*)	-	-	-	-	-	-	-
30 to 34	-	2 (*)	2 (*)	-	-	-	-	-	-	-
35 to 39	-	4 (*)	1 (*)	-	-	-	-	-	-	-
40 to 44	-	1 (*)	3 (*)	2 (*)	-	-	-	-	-	-
45 to 49	-	3 (*)	1 (*)	1 (*)	3 (*)	2 (*)	-	-	-	-
50 to 54	-	2 (*)	6 (*)	1 (*)	2 (*)	-	-	1 (*)	-	-
55 to 59	-	7 (*)	2 (*)	1 (*)	2 (*)	2 (*)	1 (*)	2 (*)	1 (*)	-
60 to 64	-	3 (*)	1 (*)	2 (*)	2 (*)	-	-	-	-	-
65 to 69	-	5 (*)	4 (*)	-	1 (*)	-	-	1 (*)	-	1 (*)
70 & up	-	9 (*)	2 (*)	3 (*)	2 (*)	-	-	-	-	-

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

Schedule SB, line 32 – Schedule of Shortfall Amortization Bases
 Retirement Plan for the Employees of the Toledo Museum of Art
 July 1, 2009 Valuation
 EIN/PN: 34-4434678/ 001

EXHIBIT VII
SCHEDULE OF SHORTFALL AMORTIZATION BASES

Plan Year Beginning				7/01/2009
	Date Established	Present Value of Payments	Remaining Years	Shortfall Amortization Installment
<i>Shortfall Amortization Bases</i>	7/01/2009	\$ 261,512	7.00	\$ 44,879
	7/01/2008	<u>1,181,239</u>	6.00	<u>228,416</u>
	Total	\$ 1,442,751		\$ 273,295
<i>Waiver Amortization Bases</i>	7/01/2009	\$ 0	0.00	\$ 0
	Total	\$ 0		\$ 0

Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions

See the Supplemental Schedules, page 16 in the attached Financial Statement.

Schedule H, Part IV, Line 4i
Schedule of Assets Held

See the Supplemental Schedule, page 15, in the attached Financial Statement