

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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information	
1a Name of plan <u>DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF MURTIS H. TAYLOR MULTI-SERVICES CENTER</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MURTIS H. TAYLOR MULTI-SERVICES CENTER</u> <u>13422 KINSMAN ROAD</u> <u>CLEVELAND, OH 44120</u>		1c Effective date of plan <u>01/01/1981</u>
		2b Employer Identification Number (EIN) <u>23-7158458</u>
		2c Sponsor's telephone number <u>216-283-4400</u>
		2d Business code (see instructions) <u>624100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2011	JOHN CHAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MURTIS H. TAYLOR MULTI-SERVICES CENTER 13422 KINSMAN ROAD CLEVELAND, OH 44120	3b Administrator's EIN 23-7158458 3c Administrator's telephone number 216-283-4400
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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	265
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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	63
b Retired or separated participants receiving benefits.....	6b	3
c Other retired or separated participants entitled to future benefits.....	6c	187
d Subtotal. Add lines 6a , 6b , and 6c	6d	253
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	256
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply) (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) ☒ ¹ **A** (Insurance Information)
(4) ☐ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF MURTIS H. TAYLOR MULTI-SERVICES CENTER	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. MURTIS H. TAYLOR MULTI-SERVICES CENTER	D Employer Identification Number (EIN) 23-7158458	

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

(a) Name of insurance carrier

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	052341K		01/01/2010	12/31/2010

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	241

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

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

FRANK ZUGARO

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	85		3

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

BRENT TEAGUE

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

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

DANTE DONOFRIO

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

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

JAMES A BENKO

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

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

MICHAEL O'BRIEN

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	68388
5 Current value of plan's interest under this contract in separate accounts at year end	5	2791289

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

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

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

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

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

b Balance at the end of the previous year	7b	161179
c Additions: (1) Contributions deposited during the year	7c(1)	160000
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	4381
(4) Transferred from separate account	7c(4)	0
(5) Other (specify below)	7c(5)	0
▶		
(6) Total additions	7c(6)	164381
d Total of balance and additions (add b and c(6))	7d	325560
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	204772
(2) Administration charge made by carrier	7e(2)	400
(3) Transferred to separate account	7e(3)	52000
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	257172
f Balance at the end of the current year (subtract e(5) from d)	7f	68388

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) 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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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>DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF MURTIS H. TAYLOR MULTI-SERVICES CENTER</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>MURTIS H. TAYLOR MULTI-SERVICES CENTER</u>	D Employer Identification Number (EIN) <u>23-7158458</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>01</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>2710204</u>
b Actuarial value	2b <u>2710204</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>1</u> <u>12313</u>
b For terminated vested participants	3b <u>193</u> <u>1401521</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>1596380</u>
(3) Total active	3c(3) <u>71</u> <u>1596380</u>
d Total	3d <u>265</u> <u>3010214</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>6.66</u> %
6 Target normal cost	6 <u>0</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>09/15/2011</u>
Signature of actuary	Date
<u>SCOTT C. OTERMAT, FSA</u>	<u>11-01305</u>
Type or print name of actuary	Most recent enrollment number
<u>SCOTT C. OTERMAT & ASSOCIATES, INC.</u>	<u>419-332-0853</u>
Firm name	Telephone number (including area code)
<u>1786 CR 128</u> <u>FREMONT, OH 43420-8723</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) 2010
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)	0	5488
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	5488
10	Interest on item 9 using prior year's actual return of <u>20.70</u> %		1136
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		14370
b	Interest on (a) using prior year's effective rate of <u>6.48</u> %		931
c	Total available at beginning of current plan year to add to prefunding balance		15301
d	Portion of (c) to be added to prefunding balance.....		15301
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	21925

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	89.30 %
15	Adjusted funding target attainment percentage.....	15	89.30 %
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	72.17 %
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
02/03/2011	10778		08/25/2011	10778	
03/08/2011	10778		08/31/2011	21555	
04/19/2011	10778				
05/16/2011	10778				
06/27/2011	10778				
08/18/2011	10778				
			Totals ▶	18(b)	97001
				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	86135

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: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			0
22 Weighted average retirement age	22			65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	321935	83297
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	83297
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	83297
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	86135
38 Interest-adjusted excess contributions for current year (see instructions).....	38	2838
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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 2010 This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF MURTIS H. TAYLOR MULTI-SERVICES CENTER		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MURTIS H. TAYLOR MULTI-SERVICES CENTER		D Employer Identification Number (EIN) 23-7158458
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX		
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO		
c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 494755
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQUITY INCOME		
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO		
c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124313
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP EQUITY INDEX		
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO		
c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212126
a Name of MTIA, CCT, PSA, or 103-12 IE: PENSION BOND		
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO		
c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 710097
a Name of MTIA, CCT, PSA, or 103-12 IE: PENSION MONEY MKT		
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO		
c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130359
a Name of MTIA, CCT, PSA, or 103-12 IE: PENSION SCUDDER BOND		
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO		
c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 211109
a Name of MTIA, CCT, PSA, or 103-12 IE: PENSION SCUDDER CAPITAL GROWTH		
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO		
c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 256398

a Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL CAP GROWTH FUND](#)**b** Name of sponsor of entity listed in (a): [MUTUAL OF AMERICA LIFE INSURANCE CO](#)

c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	87419
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL CAP VALUE FUND](#)**b** Name of sponsor of entity listed in (a): [MUTUAL OF AMERICA LIFE INSURANCE CO](#)

c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	114099
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD DIVERSIFIED FUND](#)**b** Name of sponsor of entity listed in (a): [MUTUAL OF AMERICA LIFE INSURANCE CO](#)

c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	136168
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD INTERNATIONAL FUND](#)**b** Name of sponsor of entity listed in (a): [MUTUAL OF AMERICA LIFE INSURANCE CO](#)

c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	314446
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

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

SCHEDULE H (Form 5500) 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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF MURTIS H. TAYLOR MULTI-SERVICES CENTER	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MURTIS H. TAYLOR MULTI-SERVICES CENTER	D Employer Identification Number (EIN) 23-7158458	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	160000	97001
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	2393014	2791289
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	161179	68388
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2714193	2956678

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2714193	2956678
---	-----------	---------	---------

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)	97001	
(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)		97001

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	4381	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4381

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(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)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		346274
(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)		0
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		447656

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	204706	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		204706
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	465	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		465
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		205171

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		242485
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MALONEY & NOVOTNY, LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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)

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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF MURTIS H. TAYLOR MULTI-SERVICES CENTER</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MURTIS H. TAYLOR MULTI-SERVICES CENTER</u>	D Employer Identification Number (EIN) <u>23-7158458</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>31-4156830</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>8</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) 2010
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): _____

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

FINANCIAL REPORT

DECEMBER 31, 2010 and 2009

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

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

Independent Auditors' Report

We were engaged to audit the financial statements and supplemental schedules of the Murtis H. Taylor Multi-Service Center Defined Benefit Pension Plan for Employees (the "Plan") as of December 31, 2010 and 2009 and for the years then ended, as listed in the accompanying table of contents. These financial statements and the supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Mutual of America, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the Trustee is complete and accurate.

The supplemental schedules that accompany the Plan's financial statements do not disclose the historical cost of certain non participant-directed plan assets held by the Plan Trustee. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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



Cleveland, Ohio
August 30, 2011

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
<u>ASSETS</u>		
INVESTMENTS, AT FAIR VALUE		
Insurance company pooled separate accounts:		
Pension Bond	\$ 710,097	\$ 738,962
Equity Index	494,755	397,923
Pension Scudder Bond	211,109	204,586
Pension Scudder Capital Growth	256,398	186,985
Vanguard International Fund	314,446	264,782
Mid-Cap Equity Index Fund	212,126	133,760
Vanguard Diversified Fund	136,168	107,167
Fidelity VIP Equity-Income	124,313	104,493
Small Cap Value Fund	114,099	79,879
Small Cap Growth Fund	87,419	53,803
Mid-Term Bond	130,359	120,674
Guaranteed investment contract	<u>68,388</u>	<u>161,179</u>
Total investments	2,859,677	2,554,193
RECEIVABLES		
Employer's contributions	<u>97,000</u>	<u>160,000</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$2,956,677</u>	<u>\$2,714,193</u>

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

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 346,274	\$ 441,303
Interest and dividends	4,381	4,454
Contributions from employer	<u>97,000</u>	<u>201,394</u>
Total additions	447,655	647,151
DEDUCTIONS		
Pension benefits paid directly to participants	204,706	6,352
Administrative expenses	<u>465</u>	<u>49</u>
Total deductions	<u>205,171</u>	<u>6,401</u>
NET INCREASE	242,484	640,750
NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING	<u>2,714,193</u>	<u>2,073,443</u>
NET ASSETS AVAILABLE FOR BENEFITS – ENDING	<u><u>\$2,956,677</u></u>	<u><u>\$2,714,193</u></u>

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

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

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

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

General:

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

Benefits:

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

Death Benefits:

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

Note 2. Summary of Significant Accounting Policies

The following are significant accounting policies followed by the Plan:

Basis of Accounting:

The accompanying financial statements are prepared on an accrual basis of accounting.

Investments:

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

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Payments of Benefits:

Benefits are recorded when paid.

Administrative Expenses:

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

Actuarial Present Value of Accumulated Plan Benefits:

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

Use of Estimates:

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

Evaluation of Subsequent Events:

The Plan has evaluated subsequent events through August 30, 2011, the date the financial statements were available to be issued, and has determined no such events required disclosure.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was determined by actuaries of Rehmann Retirement Plan Services, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the probability of payment and the time value of money (through discounts from interest) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2011 and 2010 include: (a) retirement age of 65, (b) assumed mortality (1983 GAM table was used), and (c) investment returns of 7.5%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The total actuarial present value of accumulated plan benefits is as follows:

	January 1,	
	<u>2011</u>	<u>2010</u>
Vested benefits:		
Retired participants	\$ 358,457	\$ 9,578
Terminated participants	1,074,975	1,032,354
Active participants	772,110	1,190,511
Non-vested benefits	<u>-</u>	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$2,205,542</u>	<u>\$2,232,443</u>

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

	2010	2009
Actuarial present value of accumulated plan benefits as of beginning of year	\$2,232,443	\$2,062,392
Increase (decrease) during the year attributable to:		
Decrease in discount period	172,418	185,078
Benefits paid	<u>(199,319)</u>	<u>(15,027)</u>
Net (decrease) increase	<u>(26,901)</u>	<u>170,051</u>
Actuarial present value of accumulated plan benefits as of end of year	<u>\$2,205,542</u>	<u>\$2,232,443</u>

Note 4. Investments

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

Note 5. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. Fair value is defined as the price that would be received to sell an asset or would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Fair Value Measurements (Continued)

The following is a description of the valuation methodologies used for assets of the Plan measured at fair value at December 31, 2010 and 2009:

- Insurance company pooled separate accounts: Valued at the net asset value of shares held by the Plan at year end, as reported by the Trustee.
- Guaranteed investment contract: Fair value approximates contract value, and contract value represents contributions made under the contract, plus interest at a specified rate less participant withdrawals and fees.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

Assets at Fair Value as of December 31, 2010				
	Level 1	Level 2	Level 3	Total
Insurance company pooled separate accounts				
Large-cap equities	\$ -	\$ 751,154	\$ -	\$ 751,154
Mid-cap equities	-	212,126	-	212,126
Small-cap equities	-	201,518	-	201,518
High yield equities	-	260,480	-	260,480
Fixed income equities	-	1,051,565	-	1,051,565
International equities	-	314,446	-	314,446
Guaranteed investment contract	-	-	68,388	68,388
Total	<u>\$ -</u>	<u>\$ 2,791,289</u>	<u>\$ 68,388</u>	<u>\$ 2,859,677</u>

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Fair Value Measurements (Continued)

Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Insurance company pooled separate accounts				
Large-cap equities	\$ -	\$ 584,908	\$ -	\$ 584,908
Mid-cap equities	-	133,760	-	133,760
Small-cap equities	-	133,682	-	133,682
High yield equities	-	211,659	-	211,659
Fixed income equities	-	1,064,223	-	1,064,223
International equities	-	264,782	-	264,782
Guaranteed investment contract	-	-	161,179	161,179
Total	<u>\$ -</u>	<u>\$ 2,393,014</u>	<u>\$ 161,179</u>	<u>\$ 2,554,193</u>

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2010 and 2009:

Level 3 Assets		
For the Years Ended December 31,		
	<u>2010</u>	<u>2009</u>
	Guaranteed Investment Contract	Guaranteed Investment Contract
Balance, beginning of year	\$ 161,179	\$ 110,175
Investment income	4,381	4,454
Purchases, sales, issuances and settlements (net)	<u>(97,172)</u>	<u>46,550</u>
Balance, end of year	<u>\$ 68,388</u>	<u>\$ 161,179</u>

Note 6. Related Party Transactions

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 7. Unaudited Information

Mutual of America, the Trustee of the Plan, holds the following Plan investment assets at December 31, 2010 and 2009, and executes transactions therein. Financial information relating to those assets is included in the accompanying financial statements and the supplemental schedules based on information certified by the Trustee. That information, which has not been audited by independent accountants, is summarized below:

	2010	2009
Investments, at fair value:		
Insurance company pooled separate accounts	\$ 2,791,289	\$ 2,393,014
Guaranteed investment contract	<u>68,388</u>	<u>161,179</u>
	<u>\$ 2,859,677</u>	<u>\$ 2,554,193</u>

Changes in net assets available for benefits not audited include the following for the years ended December 31, 2010 and 2009:

	2010	2009
Investment income:		
Net appreciation in fair value from insurance company pooled separate accounts	\$ 346,274	\$ 441,303
Interest and dividends	4,381	4,454

Note 8. Funding Policy

Contributions to provide benefits under the Plan are made solely by Murtis Taylor Human Services System. MTHSS's funding policy is to make cash contributions to the Plan in amounts computed by the Plan's actuary using the Individual Aggregate method. This method and the actuarial assumptions referred to in Note 3 have been designed to provide sufficient funds to pay benefits as they become payable under the Plan. MTHSS met the minimum funding requirements of ERISA in 2010 and 2009. The actuary informed the Plan in his January 1, 2010 report that a minimum contribution of approximately \$97,000 will be required for the year ending December 31, 2010.

Note 9. Income Tax Status

The Plan obtained its latest determination letter dated January 17, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 9. Income Tax Status (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken or expected to be taken by the Plan for possible recognition and measurement in the financial statements based upon certain prescribed criteria. The plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements. In general, the Plan's previous three tax years remain subject to examination by the Internal Revenue Service, as well as various other taxing authorities.

Note 10. Plan Termination

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

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations.

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

Note 11. Risks and Uncertainties

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 11. Risks and Uncertainties (Continued)

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

SUPPLEMENTAL SCHEDULES

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

EMPLOYER NO. 23-7158458
PLAN NO. 001

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

December 31, 2010

(a) (b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
* Mutual of America	Guaranteed investment contract: Interest accumulation account	***	\$ 68,388
* Mutual of America	Insurance company pooled separate accounts:		
	Pension Bond	***	710,097
	Equity Index	***	494,755
	Pension Scudder Bond	***	211,109
	Pension Scudder Capital Growth	***	256,398
	Vanguard International Fund	***	314,446
	Mid-Cap Equity Index Fund	***	212,126
	Vanguard Diversified Fund	***	136,168
	Fidelity VIP Equity-Income	***	124,313
	Small Cap Value Fund	***	114,099
	Small Cap Growth Fund	***	87,419
	Mid-Term Bond	***	130,359
			<u>\$2,859,677</u>

* Represents a party-in-interest.

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

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

EMPLOYER NO. 23-7158458
PLAN NO. 001

SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2010

SERIES OF SECURITY TRANSACTIONS IN EXCESS OF 5%
OF THE CURRENT VALUE OF PLAN ASSETS
AT THE BEGINNING OF THE YEAR

Total Current Value of Plan	
Assets - January 1, 2010	\$ 2,714,193
5% of Total Current Value of	
Plan Assets	\$ 135,710

Identity of (a) <u>Party</u>	Description (b) <u>of Asset</u>	Purchase (c) <u>Price</u>	Selling (d) <u>Price</u>	Lease (e) <u>Rental</u>	Expenses Incurred With (f) <u>Transaction</u>	Cost of (g) <u>Asset</u>	Current Value of Assets on Transaction (h) <u>Date</u>	Net Gain or (i) <u>Loss</u>
Mutual of America	Pension Bond Fund	\$ 34,000	N/A	N/A	N/A	N/A	\$ 34,000	N/A
Mutual of America	Pension Bond Fund	N/A	\$ 118,000	N/A	N/A	***	\$ 118,000	***

*** The historical cost of assets sold and related gain or loss information is not presented as the insurance carrier is unable to provide such information.

Schedule SB, line 19 - Discounted Employer Contributions

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

RMC: 83,297.00
Installment 18,742.00
Adjustment for Late Quarterly Contributions
01/01/2010 BOY Val Date

Installments Due	Installment due date	Date Paid	Number of Days Late	Discounted Value of Contribution to Installment Due Date	Number of Days from Installment Date to Valuation Date	Accumulated or Discounted Value to Valuation Date
				11.66%		6.66%
10,778.00	04/15/2010	02/03/2011	294	9,861.83	-104	9,682.31
7,964.00	04/15/2010	03/08/2011	327	7,214.73	-104	7,083.40
18,742.00				1707668.17%		16,765.71
2,814.00	07/15/2010	03/08/2011	236	2,620.32	-195	2,531.60
10,778.00	07/15/2010	04/19/2011	278	9,909.63	-195	9,574.09
5,150.00	07/15/2010	05/16/2011	305	4,696.60	-195	4,537.57
18,742.00				17,226.54		16,643.26
5,628.00	10/15/2010	05/16/2011	213	5,277.19	-287	5,016.32
10,778.00	10/15/2010	06/27/2011	255	9,978.73	-287	9,485.45
2,336.00	10/15/2010	08/18/2011	307	2,129.05	-287	2,023.80
18,742.00				17,384.98		16,525.57
8,442.00	01/15/2011	08/18/2011	215	7,911.01	-379	7,398.71
10,300.00	01/15/2011	08/25/2011	222	9,631.74	-379	9,008.02
18,742.00				17,542.75		16,406.73
74,968.00				69,230.95		66,341.27
478.00		8/25/2011			-601	429.85
21,555.00		8/31/2011			-607	19,363.37

97,001.00

Total Discounted Amount:

86,135

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

Target Assumptions:

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

Options:

Use optional combined mortality table for small plans: Yes
Male Optional: 2010 Optional table small plans Male
Female Optional: 2010 Optional table small plans Female
Use discount rate transition: Yes
Lump sums use: Proposed regulations

Actuarial Equivalent Floor

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

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

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	3.21	5.19	5.67
Override:	0.00	0.00	0.00

Murtis H Taylor Multi-Services Center Defined Benefit Plan

Plan Specifications Report

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

Employer and Plan Data

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

Eligibility Requirements

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

Normal Retirement

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

Benefits

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

	<u>% per Unit</u>	<u>Maximum Total %</u>	<u>Simplified table limit</u>	<u>Adjust %</u>
Base:	0.00%	0.00%		No
Excess:	0.00%	0.00%	No	No

Maximum Credits

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

Integration level

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

Vesting

Primary	Secondary
<u>Vesting Schedule</u>	<u>Vesting Schedule</u>
Immediate	N/A

Murtis H Taylor Multi-Services Center Defined Benefit Plan

Plan Specifications Report

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

Actuarial Assumptions

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

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

YEARS OF CREDITED SERVICE

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

Name of plan: Murtis H Taylor Multi-Services Center Defined Benefit Plan
Plan sponsor's name: Murtis H. Taylor Multi-Services Center

Plan number: 001
EIN: 23-7158458

Murtis H Taylor Multi-Services Center Defined Benefit Plan

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

<u>Type of Base</u>	<u>Effective Date</u>	<u>Initial Amount</u>	<u>Initial Amort</u>	<u>Current Balance</u>	<u>Rem Amort</u>	<u>Payment</u>
	01/01/2008	621,647	7.00	478,768	5.00	104,554
	01/01/2009	258,042	7.00	231,330	6.00	43,615
	01/01/2010	-388,163	7.00	-388,163	7.00	-64,872
Totals				321,935		83,297

**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

2010**This Form is Open to Public
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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.

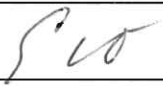
A Name of plan Defined Benefit Pension Plan for Employees of Murtis H. Taylor		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Murtis H. Taylor Multi-Services Center		D Employer Identification Number (EIN) 23-7158458
E Type of plan: ☒ Single ☐ Multiple-A ☐ 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>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....		2a	2,710,204
b Actuarial value.....		2b	2,710,204
3 Funding target/participant count breakdown		(1) Number of participants (2) Funding Target	
a For retired participants and beneficiaries receiving payment.....		3a	12,313
b For terminated vested participants.....		3b	1,401,521
c For active participants:			
(1) Non-vested benefits.....		3c(1)	0
(2) Vested benefits.....		3c(2)	1,596,380
(3) Total active.....		3c(3)	1,596,380
d Total.....		3d	3,010,214
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....		5	6.66 %
6 Target normal cost.....		6	0

Statement by Enrolled Actuary

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

SIGN HERE	Scott C. Otermat 	15 Sep 11
Signature of actuary		Date
Scott C. Otermat, FSA		11-01305
Type or print name of actuary		Most recent enrollment number
Scott C. Otermat & Associates, Inc.		(419) 332-0853
Firm name		Telephone number (including area code)
1786 CR 128		
Fremont OH 43420-8723		
Address of the firm		

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

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

Schedule SB (Form 5500) 2010
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)	0	5,488
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	0	5,488
10 Interest on item 9 using prior year's actual return of <u>20.70</u> %		1,136
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		14,370
b Interest on (a) using prior year's effective rate of <u>6.48</u> %		931
c Total available at beginning of current plan year to add to prefunding balance		15,301
d Portion of (c) to be added to prefunding balance		15,301
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	21,925

Part III Funding percentages

14 Funding target attainment percentage	14	89.30 %
15 Adjusted funding target attainment percentage	15	89.30 %
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	72.17 %
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
02/03/2011	10,778		08/25/2011	10,778	
03/08/2011	10,778		08/31/2011	21,555	
04/19/2011	10,778				
05/16/2011	10,778				
06/27/2011	10,778				
08/18/2011	10,778				
Totals ▶			18(b)	97,001	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	86,135

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: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	321,935	83,297
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	83,297
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	83,297
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	86,135
38 Interest-adjusted excess contributions for current year (see instructions)	38	2,838
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

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

EMPLOYER NO. 23-7158458
PLAN NO. 001

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

December 31, 2010

(a) (b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
* Mutual of America	Guaranteed investment contract: Interest accumulation account	***	\$ 68,388
* Mutual of America	Insurance company pooled separate accounts:		
	Pension Bond	***	710,097
	Equity Index	***	494,755
	Pension Scudder Bond	***	211,109
	Pension Scudder Capital Growth	***	256,398
	Vanguard International Fund	***	314,446
	Mid-Cap Equity Index Fund	***	212,126
	Vanguard Diversified Fund	***	136,168
	Fidelity VIP Equity-Income	***	124,313
	Small Cap Value Fund	***	114,099
	Small Cap Growth Fund	***	87,419
	Mid-Term Bond	***	130,359
			<u>\$2,859,677</u>

* Represents a party-in-interest.

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

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

EMPLOYER NO. 23-7158458
PLAN NO. 001

SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2010

SERIES OF SECURITY TRANSACTIONS IN EXCESS OF 5%
OF THE CURRENT VALUE OF PLAN ASSETS
AT THE BEGINNING OF THE YEAR

Total Current Value of Plan	
Assets - January 1, 2010	\$ 2,714,193
5% of Total Current Value of	
Plan Assets	\$ 135,710

Identity of (a) <u>Party</u>	Description (b) <u>of Asset</u>	Purchase (c) <u>Price</u>	Selling (d) <u>Price</u>	Lease (e) <u>Rental</u>	Expenses Incurred With (f) <u>Transaction</u>	Cost of (g) <u>Asset</u>	Current Value of Assets on Transaction (h) <u>Date</u>	Net Gain or (i) <u>Loss</u>
Mutual of America	Pension Bond Fund	\$ 34,000	N/A	N/A	N/A	N/A	\$ 34,000	N/A
Mutual of America	Pension Bond Fund	N/A	\$ 118,000	N/A	N/A	***	\$ 118,000	***

*** The historical cost of assets sold and related gain or loss information is not presented as the insurance carrier is unable to provide such information.

Attachment to 2010 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

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

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

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

All Participants are assumed to retire on their Normal Retirement Age of 65.