

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	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>04/01/2010</u> and ending <u>03/31/2011</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan CINTAS CORPORATION PENSION PLAN FOR NON-BARGAINING EMPLOYEES	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">004</td> </tr> <tr> <td colspan="2">1c Effective date of plan 04/01/1993</td> </tr> </table>	1b Three-digit plan number (PN) ►	004	1c Effective date of plan 04/01/1993			
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1c Effective date of plan 04/01/1993							
2a Plan sponsor's name and address (employer, if for single-employer plan) CINTAS CORPORATION P.O. BOX 625737 CINCINNATI, OH 45262-5737	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">2b Employer Identification Number (EIN) 31-1188630</td> <td style="width:40%;"></td> </tr> <tr> <td>2c Plan sponsor's telephone number 513-459-1200</td> <td></td> </tr> <tr> <td>2d Business code (see instructions) 812330</td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) 31-1188630		2c Plan sponsor's telephone number 513-459-1200		2d Business code (see instructions) 812330	
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2d Business code (see instructions) 812330							
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") CINTAS CORPORATION P.O. BOX 625737 CINCINNATI, OH 45262-5737	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">3b Administrator's EIN 31-1188630</td> <td style="width:40%;"></td> </tr> <tr> <td>3c Administrator's telephone number 513-459-1200</td> <td></td> </tr> </table>	3b Administrator's EIN 31-1188630		3c Administrator's telephone number 513-459-1200			
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3c Administrator's telephone number 513-459-1200							
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. Sponsor's name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">4b EIN</td> <td style="width:40%;"></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN							
4c PN							
5a Total number of participants at the beginning of the plan year	5a 51						
b Total number of participants at the end of the plan year	5b 48						
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c						
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes ☐ No						
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							

Part III	Financial Information																																										
7 Plan Assets and Liabilities	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%;">(a) Beginning of Year</th> <th style="width:20%;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td>7a 2283298</td> <td>2166920</td> </tr> <tr> <td>b Total plan liabilities</td> <td>7b</td> <td></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a).....</td> <td>7c 2283298</td> <td>2166920</td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	7a 2283298	2166920	b Total plan liabilities	7b		c Net plan assets (subtract line 7b from line 7a).....	7c 2283298	2166920																														
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8 Income, Expenses, and Transfers for this Plan Year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%;">(a) Amount</th> <th style="width:20%;">(b) Total</th> </tr> <tr> <td>a Contributions received or receivable from:</td> <td></td> <td></td> </tr> <tr> <td> (1) Employers</td> <td>8a(1) 0</td> <td></td> </tr> <tr> <td> (2) Participants</td> <td>8a(2)</td> <td></td> </tr> <tr> <td> (3) Others (including rollovers).....</td> <td>8a(3)</td> <td></td> </tr> <tr> <td>b Other income (loss).....</td> <td>8b 2996</td> <td></td> </tr> <tr> <td>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</td> <td>8c</td> <td>2996</td> </tr> <tr> <td>d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....</td> <td>8d 112372</td> <td></td> </tr> <tr> <td>e Certain deemed and/or corrective distributions (see instructions)....</td> <td>8e</td> <td></td> </tr> <tr> <td>f Administrative service providers (salaries, fees, commissions).....</td> <td>8f 7002</td> <td></td> </tr> <tr> <td>g Other expenses.....</td> <td>8g</td> <td></td> </tr> <tr> <td>h Total expenses (add lines 8d, 8e, 8f, and 8g).....</td> <td>8h</td> <td>119374</td> </tr> <tr> <td>i Net income (loss) (subtract line 8h from line 8c).....</td> <td>8i</td> <td>-116378</td> </tr> <tr> <td>j Transfers to (from) the plan (see instructions)</td> <td>8j</td> <td></td> </tr> </table>		(a) Amount	(b) Total	a Contributions received or receivable from:			(1) Employers	8a(1) 0		(2) Participants	8a(2)		(3) Others (including rollovers).....	8a(3)		b Other income (loss).....	8b 2996		c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	2996	d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d 112372		e Certain deemed and/or corrective distributions (see instructions)....	8e		f Administrative service providers (salaries, fees, commissions).....	8f 7002		g Other expenses.....	8g		h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h	119374	i Net income (loss) (subtract line 8h from line 8c).....	8i	-116378	j Transfers to (from) the plan (see instructions)	8j	
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Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1D 1G 3H 1I

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

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		10000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/26/2011	MICHAEL A WOMACK, VP, HR
	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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011

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 CINTAS CORPORATION PENSION PLAN FOR NON-BARGAINING EMPLOYEES		B Three-digit plan number (PN)	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CINTAS CORPORATION		D Employer Identification Number (EIN) 31-1188630	
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 04 Day 01 Year 2010			
2 Assets:			
a Market value		2a	2278271
b Actuarial value		2b	2266769
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	11 505571
b For terminated vested participants		3b	16 390244
c For active participants:			
(1) Non-vested benefits		3c(1)	0
(2) Vested benefits		3c(2)	1318169
(3) Total active		3c(3)	24 1318169
d Total		3d	51 2213984
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	6.41 %
6 Target normal cost		6	6500

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.

<div>SIGN HERE</div>	<div>10/18/2011</div> <div>Signature of actuary</div> <div>SONDRA L. HEETER</div> <div>Type or print name of actuary</div> <div>MCCREADY AND KEENE, INC.</div> <div>Firm name</div> <div>7941 CASTELWAY DRIVE P.O. BOX 50460 INDIANAPOLIS, IN 46250-0460</div> <div>Address of the firm</div>	<div>Date</div> <div>11-00997</div> <div>Most recent enrollment number</div> <div>317-849-4333</div> <div>Telephone number (including area code)</div>
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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)	673052	98000
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	28669	0
9	Amount remaining (Item 7 minus item 8).....	644383	98000
10	Interest on item 9 using prior year's actual return of <u>25.49</u> %	164253	24980
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		91726
b	Interest on (a) using prior year's effective rate of <u>6.56</u> %		11445
c	Total available at beginning of current plan year to add to prefunding balance		103171
d	Portion of (c) to be added to prefunding balance.....		
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).....	808636	122980

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	60.30 %
15	Adjusted funding target attainment percentage.....	15	102.38 %
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	100.10 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ►		18(b)	0
		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 0
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.35 %	2nd segment: 6.59 %	3rd segment: 6.72 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
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	6500
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	6500
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	6500	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
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

**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 04/01/2010 and ending 03/31/2011

▶ **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.

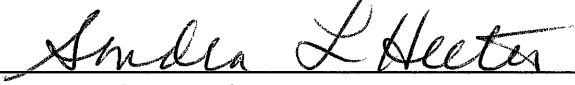
A Name of plan CINTAS CORPORATION PENSION PLAN FOR NON-BARGAINING EMPLOYEES	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CINTAS CORPORATION	D Employer Identification Number (EIN) 31-1188630
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>4</u> Day <u>1</u> Year <u>2010</u>		
2 Assets:		
a Market value.....	2a	2,278,271
b Actuarial value.....	2b	2,266,769
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 11	505,571
b For terminated vested participants.....	3b 16	390,244
c For active participants:		
(1) Non-vested benefits.....	3c(1)	0
(2) Vested benefits.....	3c(2)	1,318,169
(3) Total active.....	3c(3) 24	1,318,169
d Total.....	3d 51	2,213,984
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	6.41 %
6 Target normal cost.....	6	6,500

Statement by Enrolled Actuary

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

SIGN HERE		10/18/2011
SONDRA L. HEETER		Date
Type or print name of actuary		11-00997
MCCREADY AND KEENE, INC.		Most recent enrollment number
7941 CASTELWAY DRIVE P.O. BOX 50460		(317) 849-4333
Firm name		Telephone number (including area code)
INDIANAPOLIS IN 46250-0460		
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)	673,052	98,000
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	28,669	0
9 Amount remaining (Item 7 minus item 8).....	644,383	98,000
10 Interest on item 9 using prior year's actual return of <u>25.49%</u>	164,253	24,980
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		91,726
b Interest on (a) using prior year's effective rate of <u>6.56%</u>		11,445
c Total available at beginning of current plan year to add to prefunding balance		103,171
d Portion of (c) to be added to prefunding balance.....		
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)	808,636	122,980

Part III Funding percentages

14 Funding target attainment percentage.....	14	60.30 %
15 Adjusted funding target attainment percentage.....	15	102.38 %
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	100.10 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	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	0

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: 4.35 %	2nd segment: 6.59 %	3rd segment: 6.72 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
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	6,500
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	6,500
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	6,500	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
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

Schedule B, line 22 - Description of Weighted Average Retirement Age

Cintas Corporation Pension Plan for NonBargaining Employees

EIN: 31-1188630

PN: 004

Plan Year: April 1, 2010 to March 31, 2011

(a) Retirement Age	(b) Retirement Rate	(c) Survival to Age	(a) x (b) x (c)
55	0.250	1.000	13.8
56	0.000	0.750	0.0
57	0.000	0.750	0.0
58	0.000	0.750	0.0
59	0.000	0.750	0.0
60	0.000	0.750	0.0
61	0.000	0.750	0.0
62	0.250	0.750	11.6
63	0.000	0.563	0.0
64	0.000	0.563	0.0
65	1.000	0.563	36.6
AVERAGE RETIREMENT AGE			62.0

Schedule SB, Part V - Statement Of Actuarial Assumptions / Methods

Cintas Corporation Pension Plan for NonBargaining Employees

FIN: 31-1188630

PN: 004

Plan Year: April 1, 2010 to March 31, 2011

ACTUARIAL METHODS

	PP A Funding	Suggested Maximum Contribution	FAS #35
ACTUARIAL COST METHOD	Accrued Benefit (Unit Credit)	Accrued Benefit (Unit Credit)	Accrued Benefit (Unit Credit)
ASSET VALUATION METHOD	See Below	See Below	Market Value

Accrued Benefit (Unit Credit)

The funding target is equal to the sum of the individual accrued liabilities for all participants. The individual's accrued liability is the present value of the benefit accrued in prior plan years. The target normal cost is the present value of benefits accruing in the plan year. Experience gains and losses are included in the calculation of the funding target and are amortized as part of the shortfall amortization.

Actuarial Value of Assets

The Actuarial Value of Assets is a 24-month average determined in accordance with Notice 2009-22. Actuarial Value of Assets must fall within 90% to 110% of market value.

Assumed rate of return is the lesser of 7.00% or the segment rate specified in Notice 2009-22.

Schedule SB, Part V - Statement Of Actuarial Assumptions / Methods

Cintas Corporation Pension Plan for NonBargaining Employees

EIN: 31-1188630

PN: 004

Plan Year: April 1, 2010 to March 31, 2011

ACTUARIAL ASSUMPTIONS

**FAS #35, PPA Funding,
and Maximum**

Segmented Interest Rates

Segment 1 (0-5 years)

Segment 2 (5-20 years)

Segment 3 (20+ years)

Phase-in

Applicable Month

4.35%

6.59%

6.72%

No

April

Effective Interest Rate

Future Salary Increases

Mortality

Disability

Termination

Retirement Age

Percent Married

Age Difference in Participant & Spouse

Administrative Expense

Lump Sum Mortality Table Used

Lump Sum Utilization Rate for Actives

6.41%

0.00%

2010 Applicable Table (combined)

None Assumed

See table on following page

*

90%

Males three years older than females

Anticipated Administrative Expenses

2010 Applicable Table (blended)

100.00%

* 25% retirement at ages 55 and 62, 100% retirement at age 65

Schedule SB, Part V - Statement Of Actuarial Assumptions / Methods

Cintas Corporation Pension Plan for NonBargaining Employees

EIN: 31-1188630

PN: 004

Plan Year: April 1, 2010 to March 31, 2011

ACTUARIAL ASSUMPTIONS

(continued)

<u>Attained Age</u>	<u>Withdrawal Percentage</u>	
	<u>Male</u>	<u>Female</u>
20	11.20%	11.20%
25	8.90%	8.90%
30	6.90%	6.90%
35	5.50%	5.50%
40	4.90%	4.90%
45	4.40%	4.40%
50	3.70%	3.70%
55	0.40%	0.40%
60	N/A	N/A
62	N/A	N/A
65	N/A	N/A

Schedule SB, Part V - Summary of Plan Provisions

Cintas Corporation Pension Plan for NonBargaining Employees

EIN: 31-1188630

PN: 004

Plan Year: April 1, 2010 to March 31, 2011

SUMMARY OF PLAN PROVISIONS

Effective Date	April 1, 1993
Most Recent Amendment	March 31, 2010
Administration	This plan is administered by the Cintas Corporation
Eligibility for Benefits	Effective April 1, 1995, previous Bargaining Plan participants were merged into the Plan. After this date, no further participants may enter the plan.
Employer Contributions	The employer makes contributions to the Plan to meet the Plan's funding requirements.
Service Considered	Years in which the employee completes at least 1,000 hours of service.
Average Annual Compensation	The employee's average annual compensation from the final 60 consecutive months of employment.
Normal Retirement Age	A participant will attain normal retirement age upon reaching age 65.
Early Retirement Age	A Participant may elect early retirement to be effective as of the first day of any month prior to the Participant's Normal Retirement Age, provided that such Participant has attained age 55 and has completed 15 years of service.
Normal Retirement Benefit	30% of final five-year average compensation plus 15% of final five-year average compensation in excess of Social Security Covered Compensation reduced for service less than 25. Effective May 31, 1993 all benefit accruals under the previous Non-Bargaining Plan ceased and effective November 30, 1994, all benefit accruals under the previous Bargaining Plan ceased. Certain members of the prior Maryatt plan were also guaranteed varying benefit amounts depending on their eventual date of termination. These benefits are reduced by the actuarial equivalent of any benefits provided by the Cintas Partners Plan (profit sharing portion). Benefit accruals were frozen effective March 31, 2010.

Schedule SB, Part V - Summary of Plan Provisions

Cintas Corporation Pension Plan for NonBargaining Employees

EIN: 31-1188630

PN: 004

Plan Year: April 1, 2010 to March 31, 2011

SUMMARY OF PLAN PROVISIONS

-Continued-

Late Retirement Benefit	Same as Normal Retirement Benefit
Early Retirement Benefit	The normal retirement benefit reduced 1/180 for each of the first 60 months and 1/360 for each of the next 60 months that early retirement precedes normal retirement.
Deferred Vested Benefit	The deferred vested benefit is the normal retirement benefit multiplied by a fraction, the numerator which is service to date and the denominator which is service at normal retirement age.
Disability Benefit	Same as Deferred Vested Benefit
Death Benefit	A married vested participant who dies shall be eligible for a death benefit. The amount of the death benefit shall be the monthly pension due to the spouse had the joint and 50% survivor option been elected immediately before the death of the participant.
Optional Forms of Retirement Benefits	Single life annuity, joint & survivor annuity or lump sum distribution
Significant Events	We are not aware of any significant events that occurred during the year.
Changes from Prior Valuations	IRC Section 415 and 401(1)(17) limits have increased from 2008 to 2009 from \$185,000 and \$230,000 to \$195,000 and \$245,000 respectively.

NOTE: If information given in this Summary disagrees or appears to disagree with the provisions of the plan legal document, the provisions of the document prevail.

Plan Name	CINTAS CORPORATION PENSION PLAN FOR NON-BARGAINING EMPLOYEES	PN:	1188630
Plan Sponsor's Name	CINTAS CORPORATION	PN:	004

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