

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>PLAYHOUSE SQUARE FOUNDATION RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan	<u>07/01/1990</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>PLAYHOUSE SQUARE FOUNDATION</u> <u>1501 EUCLID AVENUE</u> <u>SUITE 200</u> <u>CLEVELAND, OH 44115</u>	2b Employer Identification Number (EIN) <u>23-7304942</u>	2c Sponsor's telephone number <u>216-771-4444</u>	2d Business code (see instructions) <u>711100</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	<u>Filed with authorized/valid electronic signature.</u>	<u>03/29/2012</u>	<u>TIM MCDONALD</u>
	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") PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVENUE SUITE 200 CLEVELAND, OH 44115	3b Administrator's EIN 23-7304942 3c Administrator's telephone number 216-771-4444
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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	200
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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	154
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	52
d Subtotal. Add lines 6a , 6b , and 6c	6d	207
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	207
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	199
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2G 2L 2M

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 PLAYHOUSE SQUARE FOUNDATION RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PLAYHOUSE SQUARE FOUNDATION		D Employer Identification Number (EIN) 23-7304942

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 PLAYHOUSE SQUARE FOUNDATION RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PLAYHOUSE SQUARE FOUNDATION	D Employer Identification Number (EIN) 23-7304942	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	258871	266212
(2) Participant contributions	1b(2)	6749	9442
(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)		
(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)	7861407	9330649
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8127027	9606303

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	8127027	9606303
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	459162	
(B) Participants	2a(1)(B)	264875	
(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)		724037

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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(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)	143505	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		143505

(3) Rents	2b(3)		
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(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)		
(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)		1039796
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1907338

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	423866	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		423866
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4196	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4196
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		428062

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1479276
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MCGLADREY & PULLEN LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>		
A Name of plan <u>PLAYHOUSE SQUARE FOUNDATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PLAYHOUSE SQUARE FOUNDATION</u>	D Employer Identification Number (EIN) <u>23-7304942</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): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
----------	--

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

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	
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

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): _____

Playhouse Square Foundation Retirement Plan

Financial Report
December 31, 2010

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Independent Auditor's Report

To the Board of Trustees
Playhouse Square Foundation
Retirement Plan
Cleveland, Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of the Playhouse Square Foundation Retirement Plan (the Plan) as of December 31, 2010, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years ended December 31, 2010 and 2009, and the supplemental schedules of assets (held at end of year) as of December 31, 2010 and 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified and provided by Fidelity Management Trust Company, the custodian 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 custodian holds the Plan's assets and executes transactions. As disclosed in Note 3, the plan administrator has obtained certifications from the custodian regarding the completeness and accuracy of the information provided to the plan administrator by the custodian as of December 31, 2010, 2009 and 2008, and for the years ended December 31, 2010 and 2009.

In addition, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity and custodial accounts, which may have been issued to current and former employees without the plan administrator's knowledge prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficiently to determine the extent to which the financial statements may have been affected by these conditions.

Further, as described in Note 8, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts which may have been issued to current and former employees without the plan administrator's knowledge prior to January 1, 2009, as permitted by the United States Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such potential accounts have also been excluded from the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Because we were not able to apply auditing procedures to satisfy ourselves as to the appropriateness and completeness of the Plan's net assets available for benefits as of December 31, 2010, 2009 and 2008, and changes in net assets available for benefits for the years ended December 31, 2010 and 2009, as described in the third and fourth paragraphs above, and because of the significance of the information in the financial statements related to the Plan's investments that we did not audit as described in the second paragraph above, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedules taken as a whole.

McGladrey & Pullen, LLP

Cleveland, Ohio
October 14, 2011

Playhouse Square Foundation Retirement Plan

Statements of Net Assets Available for Benefits December 31, 2010, 2009 and 2008

	2010	2009	2008
Assets			
Investments, at fair value			
Registered investment companies	\$ 9,330,649	\$ 7,861,407	\$ 5,762,816
Contribution Receivable			
Employer	266,212	258,871	235,423
Participant	9,442	6,749	15,770
Total contribution receivable	275,654	265,620	251,193
Net assets available for benefits	\$ 9,606,303	\$ 8,127,027	\$ 6,014,009

See Notes to Financial Statements.

Playhouse Square Foundation Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2010 and 2009

	2010	2009
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 1,039,796	\$ 1,762,833
Interest and dividends	143,505	128,625
Total investment income	1,183,301	1,891,458
Contributions		
Participants	264,875	230,425
Employer	459,162	496,573
Total contributions	724,037	726,998
Total additions	1,907,338	2,618,456
Deductions		
Benefits paid to participants and beneficiaries	423,866	501,414
Administrative expenses	4,196	4,024
Total deductions	428,062	505,438
Net increase	1,479,276	2,113,018
Net assets available for benefits		
Beginning	8,127,027	6,014,009
Ending	\$ 9,606,303	\$ 8,127,027

See Notes to Financial Statements.

Playhouse Square Foundation Retirement Plan

Notes to Financial Statements

Note 1. Description of the Plan

The following description of the Playhouse Square Foundation Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all employees of Playhouse Square Foundation (the Foundation), generally, except employees who are members of a collective bargaining unit which bargains with the Foundation as to the terms and conditions of employment, including retirement benefits. Members of a collective bargaining unit who are considered staff are eligible to become participants in the plan, but only for purposes of making elective deferrals. To be eligible for the Foundation's contribution, a participant must have completed at least one year of Eligibility service in which they have been credited with 1,000 hours of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions: Participants may contribute up to the maximum amount of pretax annual compensation as defined by the Plan and allowable under the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions, as allowable under the IRC. Also, any participant who has 15 years of service with a qualified organization may make Special Code Section 403(b) Catch-up Contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. In addition, the Plan Sponsor contributes, on behalf of eligible employees, a non-elective contribution equal to 7.5% of their eligible compensation.

Participant accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the Foundation's contributions and (b) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant account balances or employee compensation, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are vested immediately in their contributions plus actual earnings thereon. Participants hired prior to January 1, 2003 are vested in the Foundation's contribution plus actual earnings thereon based on years of continuous service. These participants earn 50% vesting after 3 years of service, and 100% vesting after 5 years of service. Participants hired on or after January 1, 2003 are not vested in the Foundation's contribution plus actual earnings thereon until 5 years of service.

Forfeited accounts: Forfeitures are used to reduce future Foundation contributions. At December 31, 2010, 2009 and 2008, forfeited nonvested accounts totaled \$6,408, \$8,095 and \$6,411, respectively. In 2010 and 2009, Foundation contributions were reduced by \$20,157 and \$6,411 from forfeited nonvested accounts.

Payment of benefits: On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installments over a fixed period of years not to extend beyond the participant's life expectancy. Participants who make an in-service withdrawal upon attainment of age 59½ or terminated participants who have attained age 55 may also elect to receive either a lump-sum amount or installments over a fixed period of years. Participants who request in-service withdrawals due to financial hardship may only receive a lump-sum distribution.

Administrative expenses: Administrative expenses of the Plan are paid by the Foundation or the Plan, at the discretion of the Foundation.

Playhouse Square Foundation Retirement Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

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

Investment valuation and income recognition: The Plan's 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 4 for discussion of fair value measurements.

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

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Contributions: Participant contributions are recognized when the participant contributions are withheld from the participant's earnings. Foundation contributions are recognized and remitted to the plan on a semi-annual basis.

Payment of benefits: Benefits are recorded when paid.

Recently adopted accounting pronouncements: In January 2010, the FASB issued Accounting Standards Update 2010-06, *"Improving Disclosures about Fair Value Measurements"* (ASU 2010-06). ASU 2010-06 amended Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* (ASC 820), to clarify certain existing fair value disclosures and to require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2, and 3 of the fair value hierarchy and to present information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 is effective for reporting periods beginning after December 15, 2009. The Plan adopted the applicable portion of ASU 2010-06 for the year ended December 31, 2010.

Recently issued pronouncements: In May 2011, the FASB issued Accounting Standards Update (ASU) 2011-04, *"Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs"*, (ASU 2011-04)". ASU 2011-04 amended ASC 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in GAAP and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

Playhouse Square Foundation Retirement Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

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

Subsequent events: The plan administrator has evaluated subsequent events through October 14, 2011, the date the financial statements were available to be issued.

Note 3. Information Certified and Provided by Fidelity Management Trust Company

The following is a summary of the Plan's asset information as of December 31, 2010, 2009 and 2008, and for the years ended December 31, 2010 and 2009, included throughout the Plan's financial statements and supplemental schedules that was prepared by or derived from information provided by the custodian and furnished to the plan administrator. The plan administrator has obtained certifications from the custodian that information provided to the plan administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets. The value of individual assets that represent 5% or more of the Plan's net assets are separately identified.

	2010	2009	2008
Registered Investment Companies			
FID Puritan	\$ 1,011,888	\$ 869,864	\$ 741,826
Fidelity Magellan	842,487	757,564	524,110
FID Diversified International	596,484	510,868	432,773
FID Equity Income	394,856 *	355,625 *	315,652
Other registered investment companies	6,484,934	5,367,486	3,748,455
	<u>\$ 9,330,649</u>	<u>\$ 7,861,407</u>	<u>\$ 5,762,816</u>

* Less than 5% of the Plan's net assets in the reported year

The custodian also certified to the completeness and accuracy of the following for the years ended December 31:

	2010	2009
Net appreciation of fair value of registered investment companies	<u>\$ 1,039,796</u>	<u>\$ 1,762,833</u>
Interest and dividends	<u>\$ 143,505</u>	<u>\$ 128,625</u>

Playhouse Square Foundation Retirement Plan

Notes to Financial Statements

Note 4. Fair Value Measurements

Financial Accounting Standards Board (FASB) guidance established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB guidance are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Registered investment companies: Valued at quoted market prices which represent the net asset value of the shares held by the Plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

Playhouse Square Foundation Retirement Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The following tables set forth by level and major classification, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31 are as follows:

2010				
	Level 1	Level 2	Level 3	Total
Registered Investment Companies				
Emerging Markets Bonds	\$ 10,355	\$ -	\$ -	\$ 10,355
High Yield Bond	180,650	-	-	180,650
Inflation-Protected Bond	17,832	-	-	17,832
Intermediate Government	63,333	-	-	63,333
Intermediate term bond	225,151	-	-	225,151
Large Blend	2,924,769	-	-	2,924,769
Large Growth	3,748,929	-	-	3,748,929
Large Value	473,785	-	-	473,785
Long Government	17,550	-	-	17,550
Mid Blend	474,783	-	-	474,783
Mid Growth	104,902	-	-	104,902
Mid Value	285,039	-	-	285,039
Money Market	455,594	-	-	455,594
Multisector Bond	130,911	-	-	130,911
Short term Bond	71,127	-	-	71,127
Small Blend	22,483	-	-	22,483
Small Growth	123,331	-	-	123,331
Small Value	125	-	-	125
	<u>\$9,330,649</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$9,330,649</u>
2009				
	Level 1	Level 2	Level 3	Total
Registered Investment Companies				
Emerging Markets Bonds	\$ 8,187	\$ -	\$ -	\$ 8,187
High Yield Bond	139,773	-	-	139,773
Inflation-Protected Bond	11,496	-	-	11,496
Intermediate Government	45,716	-	-	45,716
Intermediate term bond	253,765	-	-	253,765
Large Blend	2,384,795	-	-	2,384,795
Large Growth	3,188,754	-	-	3,188,754
Large Value	475,136	-	-	475,136
Long Government	16,083	-	-	16,083
Mid Blend	341,626	-	-	341,626
Mid Growth	83,138	-	-	83,138
Mid Value	206,719	-	-	206,719
Money Market	433,521	-	-	433,521
Multisector Bond	102,714	-	-	102,714
Short Term Government	526	-	-	526
Short Term Bond	64,384	-	-	64,384
Small Blend	1,171	-	-	1,171
Small Growth	103,804	-	-	103,804
Small Value	99	-	-	99
	<u>\$7,861,407</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$7,861,407</u>

Playhouse Square Foundation Retirement Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

	2008			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$5,762,816	\$ -	\$ -	\$5,762,816

Note 5. Income Taxes

The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore is exempt from income taxes. No provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2010 and 2009 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note 6. Related-Party Transactions

Certain Plan investments are managed by Fidelity Management Trust Company, the custodian, and, therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$4,196 and \$4,024 for the years ended December 31, 2010 and 2009, respectively.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Foundation has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their Foundation contributions.

Note 8. Excluded Contracts

There may have been certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. As permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*, these annuity and custodial accounts have been excluded from the Plan's investments. In addition, investment income and distributions, if any, related to such potential accounts have also been excluded from the statements of changes in net assets available for benefits. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements. The plan administrator has not determined the amount of these excluded annuity and custodial accounts and the related income and distributions because records relating to these are not available or do not exist.

Supplemental Schedules

Playhouse Square Foundation Retirement Plan

Employer No. 23-7304942

Plan No. 001

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

December 31, 2010

(a)	(b)	(c)	(e)
	Identity of Party, Issuer, Borrower, Lessor, or Related Party	Description of Investments	Current Value
*	Fidelity Management Trust Company	Registered Investment Companies	
		FID Puritan	\$ 1,011,888
		Fidelity Magellan	842,487
		FID Diversified International	596,484
		FID ContraFund	428,974
		FID Equity Income	394,856
		FID Blue Chip Growth	354,588
		FID Asset Manager 70%	289,770
		FID Growth Company	281,978
		FID Asset Manager 50%	236,607
		FID Freedom 2020	218,826
		FID Fidelity	198,659
		FID Freedom 2015	193,840
		FID Independence	179,402
		FID Intermediate Bond	161,893
		FID Freedom 2040	157,836
		Fidelity Emerging Markets	145,185
		FID Freedom 2025	138,856
		FID High Income	134,380
		Fidelity Low Priced Stock	133,354
		FID Strategic Income	130,911
		FID Select Money Market	127,422
		Fidelity Cash Reserve	113,904
		FID Capital Appreciation	109,167
		Fidelity Retirement Government Money Market	108,588
		FID Growth & Income	106,946
		FID Balanced	106,790
		FID Dividend Growth	103,714
		FID Stock Select Small Cap	102,609
		FID Value	96,248
		FID Freedom 2030	89,858
		FID Overseas	89,049
		FID Convertible Securities	87,567
		FID Small Cap Stock	82,802
		FID Disciplined Equity	78,645
		FID Fifty	75,274
		FID Short Term Bond	71,127
		Spartan 500 Index	69,420
		FID Pacific Basin	64,336
		FID Mid Cap Stock	63,824
		FID International Small Cap	63,476
		FID International Discovery	51,500
		Page subtotal	<u>8,093,040</u>

(Continued)

Playhouse Square Foundation Retirement Plan

Employer No. 23-7304942

Plan No. 001

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

December 31, 2010

(a)	(b)	(c)	(e)
	Identity of Party, Issuer, Borrower, Lessor, or Related Party	Description of Investments	Current Value
	* Fidelity Management Trust Company	Registered Investment Companies	
		FID Asset Manager 20%	\$ 44,826
		FID Capital & Income	44,523
		FID Four In One Index	43,855
		FID Select Technology	43,370
		FID Real Estate Investment	40,507
		FID GNMA	37,944
		FID US Treasury MM	37,459
		FID Select Energy Services	36,700
		FID Freedom 2010	36,445
		FID Asset Manager 85%	34,660
		FID Value Strategies	33,501
		FID Equity Income II	33,027
		FID Select Banking	31,579
		FID OTC Portfolio	31,440
		FID China Region	30,159
		Fidelity US Government Reserves	29,841
		FID Select Energy	28,343
		FID Leveraged Company Stock	26,800
		FID Select Biotech	26,352
		FID Europe	23,533
		Fidelity US Bond Index	23,272
		Fidelity Investment Grade Bond	23,211
		FID Freedom Income	23,141
		FID Small Cap Growth	20,722
		FID Mid Cap Growth	20,387
		FID Small Cap Discovery	20,116
		FID Growth Discovery	20,013
		FID Select Computers	18,974
		FID Inflation Protected Bond	17,832
		Spartan Long Term Treasury Index Investment	17,550
		Fidelity Government Income	17,465
		FID Select Electronics	17,399
		Fidelity Retirement Money Market	17,295
		FID Freedom 2035	17,128
		FID Mortgage SEC	16,775
		Fidelity New Millennium	16,689
		FID Select Healthcare	16,435
		FID Mega Cap Stock	16,017
		FID International Small Cap Opportunity	15,331
		FID Float RT HI Income	14,835
		FID Worldwide	12,214
		Page subtotal	<u>1,077,665</u>

(Continued)

Playhouse Square Foundation Retirement Plan

Employer No. 23-7304942

Plan No. 001

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

December 31, 2010

(a)	(b)	(c)	(e)
	Identity of Party, Issuer, Borrower, Lessor, or Related Party	Description of Investments	Current Value
*	Fidelity Management Trust Company	Registered Investment Companies	
		FID Latin America	\$ 11,217
		FID New Markets Inc	10,355
		FID Select Medical Equipment & Systems	8,999
		FID Large Cap Growth	8,983
		FID Strategic Real Return	8,663
		FID Intermediate Government Income	7,924
		FID Large Cap Value	7,359
		FID International Capital Appreciation	7,313
		FID Select Natural Resources	7,113
		FID Real Estate Income	6,443
		FID Money Market	6,248
		Fid Select Financial	5,739
		FID Focused Stock	5,629
		FID Trend	5,409
		FID Blue Chip Value	5,295
		FID Global Balanced	4,012
		FID Select Pharmaceutical	3,961
		FID Select Construction/House	3,767
		FID Freedom 2050	3,439
		FID Select Defense	2,822
		FID Export & Multinational	2,763
		FID Select Gold	2,524
		FID Select Utilities	2,485
		FID Large Cap Stock	2,482
		FID Value Discovery	2,442
		FID Select Materials	2,086
		FID Strategic Divided & Income	1,879
		FID Focused High Income	1,747
		FID Freedom 2045	1,738
		Spartan Extended Market Index	1,602
		FID Japan	1,542
		Spartan Interim Treasury Index Investment	1,269
		Spartan International Index	1,220
		FID Small Cap Enhanced Index	765
		FID Emerging Asia	587
		FID Global Commodity Stock	573
		FID Select Natural Gas	541
		FID Select Environmental Alternative Energy	371
		FID Freedom 2005	282
		FID Freedom 2000	161
		FID Small Cap Value	124
		FID Select Consumer Staples	70
			<u>\$ 9,330,648</u>

* Represents a party-in-interest

Note: The above information has been certified as complete and accurate by Fidelity Management Trust Company, custodian of the Plan. Column (d) (Cost) has been omitted as it is not required under ERISA.

Playhouse Square Foundation Retirement Plan

Employer No. 23-7304942

Plan No. 001

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

December 31, 2009

(a)	(b)	(c)	(e)
	Identity of Party, Issuer, Borrower, Lessor, or Related Party	Description of Investments	Current Value
		Registered Investment Companies	
*	Fidelity Management Trust Company	FID Puritan	\$ 869,664
		Fidelity Magellan	757,564
		FID Diversified International	510,868
		FID Equity Income	355,624
		FID ContraFund	337,823
		FID Blue Chip Growth	282,822
		FID Growth Company	253,439
		FID Asset Manager 70%	227,720
		FID Asset Manager 50%	204,800
		FID Freedom 2020	181,001
		FID Intermediate Bond	164,687
		FID Fidelity	155,731
		FID Independence	139,087
		Fidelity Cash Reserve	130,400
		Fidelity Emerging Markets	118,651
		FID High Income	114,989
		FID Select Money Market	111,216
		FID Freedom 2015	111,002
		FID Freedom 2040	110,639
		Fidelity Retirement Government Money Market	108,823
		FID Freedom 2025	104,221
		FID Strategic Income	102,714
		FID Growth & Income	88,953
		Fidelity Low Priced Stock	86,717
		FID Capital Appreciation	84,867
		FID Overseas	81,772
		FID Balanced	81,249
		FID Dividend Growth	77,303
		FID OTC Portfolio	76,432
		FID Freedom 2030	73,456
		FID Value	72,873
		FID Stock Select Small Cap	72,805
		FID Disciplined Equity	70,056
		FID Convertible Securities	69,470
		FID Asset Manager 85%	68,753
		FID Short Term Bond	64,384
		FID Small Cap Stock	63,026
		FID Fifty	58,711
		FID Four In One Index	53,445
		Fidelity Invstment Growth Bond	51,923
		FID Freedom Income	51,029
		Page subtotal	6,800,709

(Continued)

Playhouse Square Foundation Retirement Plan

Employer No. 23-7304942

Plan No. 001

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

December 31, 2009

(a)	(b)	(c)	(e)
	Identity of Party, Issuer, Borrower, Lessor, or Related Party	Description of Investments	Current Value
*	Fidelity Management Trust Company	Registered Investment Companies Spartan 500 Index FID Asset Manager 20% FID International Small Cap FID Mid Cap Stock FID Pacific Basin FID Freedom 2010 FID Select Technology FID Small Cap Growth FID GNMA FID Real Estate Investment Fidelity US Government Reserves FID US Treasury MM FID Select Energy Services FID Equity Income II FID Value Strategies FID Select Biotech FID Leveraged Company Stock FID Select Energy Fidelity US Bond Index FID Select Banking Fidelity New Millennium FID Capital & Income FID Europe FID China Region FID International Discovery Fidelity Retirement Money Market Spartan Long Term Treasury Index Investment FID Mortgage SEC FID Growth Discovery FID Select Computers FID Worldwide FID Mid Cap Growth FID Select Electronics FID Mega Cap Stock FID Large Cap Value FID Select Healthcare FID Select Natural Resources FID Freedom 2035 FID Inflation Protected Bond FID International Small Cap Opportunity FID Float RT HI Income Page subtotal	\$ 50,745 49,717 48,070 45,768 42,763 31,985 31,215 30,999 28,836 28,780 28,139 27,811 27,552 25,657 24,462 23,085 22,899 22,872 21,515 21,446 21,010 20,044 18,913 17,375 16,796 16,314 16,083 15,640 15,482 14,217 13,872 13,785 13,767 13,524 13,280 12,897 12,590 11,953 11,496 10,952 10,570 944,876

(Continued)

Playhouse Square Foundation Retirement Plan

Employer No. 23-7304942

Plan No. 001

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

December 31, 2009

(a)	(b)	(c)	(e)
	Identity of Party, Issuer, Borrower, Lessor, or Related Party	Description of Investments	Current Value
		Registered Investment Companies	
*	Fidelity Management Trust Company	Fidelity Government Income	\$ 9,993
		FID New Markets Inc	8,187
		Spartan 500 Index Investment	7,482
		FID Select Medical Equipment & Systems	7,246
		FID International Capital Appreciation	7,135
		FID Large Cap Growth	6,968
		FID Intermediate Government Income	6,886
		Fid Select Financial	6,186
		FID Strategic Real Return	5,780
		FID Focused High Income	4,739
		FID Real Estate Income	4,472
		FID Blue Chip Value	4,244
		FID Select Pharmaceutical	3,946
		FID Latin America	3,841
		FID Trend	3,827
		FID Focused Stock	3,724
		FID Global Balanced	2,625
		FID Select Utilities	2,239
		FID Value Discovery	1,966
		FID Export & Multinational	1,838
		FID Select Construction/House	1,791
		FID Select Defense	1,605
		FID Large Cap Stock	1,587
		FID Growth Strategy	1,406
		FID Select Materials	1,184
		Spartan Extended Market Index	1,042
		FID Japan	872
		Spartan International Index	765
		FID Institutional Short - Intermediate Government	526
		FID Emerging Asia	478
		FID Select Natural Gas	475
		FID Money Market	248
		FID Canada	159
		FID Small Cap Discovery	129
		FID Small Cap Value	99
		FID Select Consumer Staples	81
		FID Global Commodity Stock	51
			<u>\$ 7,861,407</u>

* Represents a party-in-interest

Note: The above information has been certified as complete and accurate by Fidelity Management Trust Company, custodian of the Plan. Column (d) (Cost) has been omitted as it is not required under ERISA.

See Supplemental Schedules attached to the IQPA Opinion and Financial Statements

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 single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report; ☒ an amended return/report;	☐ the final 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; ☐ special extension (enter description)	☐ automatic extension;	☒ the DFVC program;

Part II Basic Plan Information—enter all requested information			
1a Name of plan <u>Playhouse Square Foundation Retirement Plan</u>		1b Three-digit plan number (PN) ▶ <u>001</u>	
		1c Effective date of plan <u>07/01/1990</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>Playhouse Square Foundation</u> <u>1501 Euclid Avenue</u> <u>Suite 200</u> <u>Cleveland</u>	<u>OH 44115</u>	2b Employer Identification Number (EIN) <u>23-7304942</u>	2c Sponsor's telephone number <u>(216) 771-4444</u>
		2d Business code (see instructions) <u>711100</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		<u>3-28-12</u> Date	Tim McDonald Enter name of individual signing as plan administrator
SIGN HERE		<u>3-28-12</u> Date	Tim McDonald Enter name of individual signing as employer or plan sponsor
SIGN HERE		_____ 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") SAME		3b Administrator's EIN	
3c Administrator's telephone number		[Redacted]	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5 200	
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		[Redacted]	
a Active participants.....		6a 154	
b Retired or separated participants receiving benefits.....		6b 1	
c Other retired or separated participants entitled to future benefits.....		6c 52	
d Subtotal. Add lines 6a, 6b, and 6c.....		6d 207	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e 0	
f Total. Add lines 6d and 6e.....		6f 207	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 199	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 1	
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: 2G 2L 2M			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	