

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 1G

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		350000
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 ☒ NoIf "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** **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.	05/22/2012	RICHARD FRESHWATER
	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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

▶ **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 <u>CINCINNATI SYMPHONY ORCHESTRA ADMINISTRATIVE PERSONNEL PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CINCINNATI SYMPHONY ORCHESTRA</u>	D Employer Identification Number (EIN) <u>31-0537080</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>3280023</u>
b	Actuarial value 2b <u>3499249</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>9</u> <u>1545231</u>
b	For terminated vested participants 3b <u>24</u> <u>915200</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>51593</u>
(2)	Vested benefits 3c(2) <u>1378828</u>
(3)	Total active 3c(3) <u>63</u> <u>1430421</u>
d	Total 3d <u>96</u> <u>3890852</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.33</u> %
6	Target normal cost 6 <u>155402</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>05/18/2012</u>
Signature of actuary	Date
<u>RANDALL SMITH</u>	<u>11-06649</u>
Type or print name of actuary	Most recent enrollment number
<u>CUNI, RUST & STRENK</u>	<u>513-891-0270</u>
Firm name	Telephone number (including area code)
<u>4540 COOPER ROAD, SUITE 304</u> <u>CINCINNATI, OH 45242-5617</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	250893	75225
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	250893	75225
10	Interest on item 9 using prior year's actual return of <u>4.99</u> %	12520	3754
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		156060
b	Interest on (a) using prior year's effective rate of <u>6.70</u> %		10456
c	Total available at beginning of current plan year to add to prefunding balance		166516
d	Portion of (c) to be added to prefunding balance.....		166516
12	Reduction in balances due to elections or deemed elections.....	164502	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	98911	245495

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	81.08 %
15	Adjusted funding target attainment percentage.....	15	81.08 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	92.50 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/14/2011	75000	0			
06/08/2011	150000	0			
11/03/2011	28000	0			
			Totals ►	18(b)	253000
				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	242332

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: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	155402
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	580375	95489
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	250891
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	8559	0
36 Additional cash requirement (item 34 minus item 35).....	36	242332
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	242332
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	

Schedule SB, line 19 – Discounted Employer Contributions

Plan Name: Cincinnati Symphony Orchestra Administrative Personnel Pension Plan

EIN: 31-0537080

PN: 001

Effective Interest Rate for Late Quarterlies: 11.33%

<u>Date</u>	<u>Contribution Amount</u>	<u>Number of Days to 9/1/2010</u>	<u>Discounted Contributions at 6.33%</u>
1/14/2011	\$37,632	135	\$36,649
1/14/2011	37,368	135	36,529
6/8/2011	264	280	249
6/8/2011	37,632	280	35,901
6/8/2011	37,632	280	35,901
6/8/2011	74,472	280	71,047
11/3/2011	<u>28,000</u>	428	<u>26,056</u>
TOTAL	\$253,000		\$242,332

Effective Interest Rate: 6.33%

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <small>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).</small> ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

- **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 Cincinnati Symphony Orchestra Administrative Personnel Pension Plan	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ Cincinnati Symphony Orchestra	D Employer Identification Number (EIN) 31-0537080

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 09 Day 01 Year 2010

2	Assets:		
a	Market value	2a	3,280,023
b	Actuarial value	2b	3,499,249
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a 9	1,545,231
b	For terminated vested participants	3b 24	915,200
c	For active participants:		
	(1) Non-vested benefits	3c(1)	51,593
	(2) Vested benefits	3c(2)	1,378,828
	(3) Total active	3c(3) 63	1,430,421
d	Total	3d 96	3,890,852
4	If the plan is at-risk, check the box and complete lines 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	6.33
6	Target normal cost	6	155,402

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	 Signature of actuary	<u>05/18/2012</u> Date <u>11-06649</u> Most recent enrollment number <u>(513) 891-0270</u> Telephone number (including area code)
	<u>Randall Smith</u> Type or print name of actuary <u>Cuni, Rust & Strenk</u> Firm name <u>4540 Cooper Road, Suite 304</u> <u>US Cincinnati OH 45242-5617</u> Address of the firm	

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

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)	250,893	75,225
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	250,893	75,225
10 Interest on item 9 using prior year's actual return of <u>4.99%</u>	12,520	3,754
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		156,060
b Interest on (a) using prior year's effective rate of <u>6.70%</u>		10,456
c Total available at beginning of current plan year to add to prefunding balance		166,516
d Portion of item (c) to be added to prefunding balance		166,516
12 Reduction in balances due to elections or deemed elections	164,502	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	98,911	245,495

Part III Funding percentages

14 Funding target attainment percentage	14	81.08 %
15 Adjusted funding target attainment percentage	15	81.08 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.50 %
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 the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/14/2011	75,000				
06/08/2011	150,000				
11/03/2011	28,000				
Totals ▶ 18(b)				253,000	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	242,332

20 Quarterly contributions and liquidity shortfall(s):

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 3.78 %	2nd segment 6.31 %	3rd segment 6.57 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	155,402
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	580,375	95,489
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).	34	250,891
35 Balances used to offset funding requirement	Carryover balance	Prefunding Balance
	8,559	0
36 Additional cash requirement (item 34 minus item 35)	36	242,332
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	242,332
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	
40 Unpaid minimum required contribution for all years	40	

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods.

Plan Name: Cincinnati Symphony Orchestra Administrative Personnel Pension Plan

EIN: 31-0537080

PN: 001

1. Segment Rates (1st/2nd/3rd): 3.78%/6.31%/6.57% (September 2010).
2. Mortality Rates: 2010 Combined Static Mortality Table.
3. Retirement Age: Age 65.
4. Termination Rates:

<u>Age</u>	<u>Rate</u>
20	0.0794
25	0.0772
30	0.0722
35	0.0628
40	0.0515
45	0.0398
50	0.0256
55	0.0094
60	0.0001
5. Disability Rates: None.
6. Salary Scale: 3.00%.
7. Expense Load: None (administrative expenses are paid by Plan sponsor).

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods.

Plan Name: Cincinnati Symphony Orchestra Administrative Personnel Pension Plan

EIN: 31-0537080

PN: 001

8. Percent Married/Spousal Age: 85% with wives 3 years younger than their husbands.

9. Actuarial Cost Method: Unit Credit.

10. Actuarial Value of Assets: 24-month Asset Smoothing Method.

11. Regulatory Increase Rates:

a. Taxable Wage Base 3.00%.

b. Compensation and Benefit Maximums None.

12. Changes Since Last Year: The mortality and interest rates were changed as mandated under the Pension Protection Act of 2006.

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Cincinnati Symphony Orchestra Administrative Personnel Pension Plan

EIN: 31-0537080

PN: 001

1. Effective Date: September 1, 1997. Last amended in 2002.
2. Plan Year: September 1st to August 31st.
3. Employees Covered: Any executive or administrative employee of the Cincinnati Symphony Orchestra who is not covered by a collective bargaining agreement.
4. Eligibility: A covered employee will become a participant on the March 1st or September 1st following completion of 1 Year of Service and attainment of age 21.
5. Year of Service: A Plan Year during which an employee completes at least 1,000 Hours of Service.
6. Final Average Monthly Earnings: Monthly average of highest 5 consecutive calendar years of compensation.
7. Covered Compensation: 35-year average of Social Security Wage Bases ending in the calendar year of attainment of Social Security Normal Retirement Age.

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Cincinnati Symphony Orchestra Administrative Personnel Pension Plan

EIN: 31-0537080

PN: 001

8. Normal Retirement:

- a. Eligibility Age 65 and 5th anniversary of Plan participation.
- b. Monthly Benefit 1.00% of Final Average Monthly Earnings times Years of Service plus 0.50% of Final Average Monthly Earnings in excess of Covered Compensation times Years of Service (maximum of 30 years).

9. Early Retirement:

- a. Eligibility Age 60 and 10 Years of Service.
- b. Monthly Benefit Calculated as for Normal Retirement with monthly benefit reduced $\frac{5}{9}$ of 1% for each month that Early Retirement precedes Normal Retirement.

10. Vested Retirement:

- a. Eligibility 5 Years of Service.
- b. Monthly Benefit Calculated as for Normal Retirement. Participant may elect to receive benefit calculated as for Early Retirement.

11. Disability Retirement:

- a. Eligibility Total Disability.
- b. Monthly Benefit Payable immediately reduced as for Early Retirement for commencement at age 60 with further Actuarial reductions for commencement prior to age 55.

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Cincinnati Symphony Orchestra Administrative Personnel Pension Plan

EIN: 31-0537080

PN: 001

12. Pre-Retirement Death:

- | | |
|--------------------|--|
| a. Eligibility | Married and 5 Years of Service. |
| b. Monthly Benefit | Calculated as for an age 60 Early Retirement reflecting a 50% Joint & Survivor annuity payment form with death immediately after Early Retirement. |

13. Payment Forms:

- | | |
|-------------|---|
| a. Normal | 10-Year Certain & Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants. |
| b. Optional | Actuarially Equivalent 100% Joint & Survivor annuity, Single Life annuity, or Lump Sum payment (not to exceed \$20,000). |

14. Actuarial Equivalency:

- | | |
|-------------------------|--|
| a. Other Than Lump Sums | UP 1984 Mortality Table at 6.00%. |
| b. Lump Sums | 2010 IRS Applicable Mortality Table (under Rev. Ruling 2007-67) and the 417(e) segment interest rates for the July prior to the Plan Year. |

15. Maximum Annual Benefit:

\$245,000 per year for participants retiring at age 62 during 2010.

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Cincinnati Symphony Orchestra Administrative Personnel Pension Plan

EIN: 31-0537080

PN: 001

16. Maximum Annual Compensation: \$245,000 for participants during 2010.

17. Changes Since Last Year: None.

Schedule SB, Line 32 – Schedule of Amortization Bases

Plan Name: Cincinnati Symphony Orchestra Administrative Personnel Pension Plan

EIN: 31-0537080

PN: 001

<u>Type</u>	Present Value of Remaining <u>Installments</u>	<u>Date</u> <u>Established</u>	<u>Rem.</u> <u>Years</u>	<u>Amortization</u> <u>Installment</u>
Shortfall	\$ 580,375	09/01/2010	7	\$ 95,489
	<u>\$ 580,375</u>			<u>\$ 95,489</u>

PN: 001

[illegible]