

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), 6057(b), 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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>11/01/2014</u> and ending <u>10/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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>THE MUSICAL ARTS ASSOCIATION RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1956</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/01/1956</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>11/01/1956</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THE MUSICAL ARTS ASSOCIATION</u> <u>11001 EUCLID AVENUE</u> <u>CLEVELAND, OH 44106-1713</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0714468</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-231-7300</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>711100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0714468</u>	2c Plan Sponsor's telephone number <u>216-231-7300</u>	2d Business code (see instructions) <u>711100</u>	
2b Employer Identification Number (EIN) <u>34-0714468</u>					
2c Plan Sponsor's telephone number <u>216-231-7300</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	Filed with authorized/valid electronic signature.	08/15/2016	MICHELLE L VECTIRELIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/15/2016	JAMES MENDER
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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	5 345
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 144
a(2) Total number of active participants at the end of the plan year	6a(2) 138
b Retired or separated participants receiving benefits	6b 92
c Other retired or separated participants entitled to future benefits.....	6c 88
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 318
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 26
f Total. Add lines 6d and 6e	6f 344
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 1I	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 11/01/2014 and ending 10/31/2015	
▶ 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 THE MUSICAL ARTS ASSOCIATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE MUSICAL ARTS ASSOCIATION	D Employer Identification Number (EIN) 34-0714468
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 11 Day 01 Year 2014			
2	Assets:			
a	Market value	2a	44989524	
b	Actuarial value	2b	43433991	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	113	27920191	27920191
b	For terminated vested participants	88	5847534	5847534
c	For active participants	144	19736631	20344409
d	Total	345	53504356	54112134
4	If the plan is in at-risk status, 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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.52%	
6	Target normal cost	6	230567	

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		07/27/2016
	Signature of actuary	Date
MATTHEW C KAISER	Type or print name of actuary	14-05784
		Most recent enrollment number
TOWERS WATSON DELAWARE INC.	Firm name	216-937-4000
		Telephone number (including area code)
1001 LAKESIDE AVENUE, SUITE 1500 CLEVELAND, OH 44114	Address of the firm	

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 (line 13 from prior year)	3550303	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	3550303	0
10 Interest on line 9 using prior year's actual return of <u>8.55</u> %	303551	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		5422
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.71</u> %		364
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		5786
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	3853854	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	73.14 %
15 Adjusted funding target attainment percentage	15	73.14 %
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	74.19 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/13/2015	564811				
05/15/2015	564811				
08/14/2015	564157				
11/13/2015	564593				
07/15/2016	382159				
			Totals ►	18(b)	2640531
				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 contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2509582
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 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
0	0	0
		(4) 4th
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 66
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 subject to 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 contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	230567	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	14531997	2278735	
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 (lines 31a - 31b + 32a + 32b - 33) ..	34	2509302	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	2509302	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2509582	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	280	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☒ 2008 ☐ 2009 ☒ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 11/01/2014 and ending 10/31/2015

A Name of plan <u>THE MUSICAL ARTS ASSOCIATION 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>THE MUSICAL ARTS ASSOCIATION</u>	D Employer Identification Number (EIN) <u>34-0714468</u>

Part I Service Provider Information (see instructions)

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

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

SANDERSON ASSET MANAGEMENT, INC.

36-7388847

(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?
28 50 52	NONE	32028	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	26775	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONTICELLO ASSOCIATES, INC.

84-1205635

(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?
27 50	NONE	24328	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ERNST & YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	15025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEYBANK NATIONAL ASSOCIATION

34-0797057

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 13 19 21 28 50 51 62 99	NONE	4635	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

a Name: ERNST & YOUNG	b EIN: 34-6565596
c Position: ACCOUNTANTS	
d Address: 950 MAIN AVE CLEVELAND, OH 44113	e Telephone:

Explanation: TERMINATED AS PART OF A ROUTINE EVALUATION OF SERVICE PROVIDERS

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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 11/01/2014 and ending 10/31/2015

A Name of plan <u>THE MUSICAL ARTS ASSOCIATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE MUSICAL ARTS ASSOCIATION</u>	D Employer Identification Number (EIN) <u>34-0714468</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: KEY TRUST MULTIPLE INVESTMENT TRUST

b Name of sponsor of entity listed in (a): KEYBANK NATIONAL ASSOCIATION

c EIN-PN <u>34-6514544-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4680538</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SANDERSON INTERNATIONAL VALUE GROUP

b Name of sponsor of entity listed in (a): SANDERSON ASSET MANAGEMENT LIMITED

c EIN-PN <u>20-0348128-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2835928</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>11/01/2014</u> and ending <u>10/31/2015</u>		
A Name of plan <u>THE MUSICAL ARTS ASSOCIATION 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>THE MUSICAL ARTS ASSOCIATION</u>		D Employer Identification Number (EIN) <u>34-0714468</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	896151	946752
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	62420	39171
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	159537	140089
	(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)	7725112	7513507
	(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)	4897371	4680538
	(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)	2869254	2835928
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	23910674	23408654
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	4545875	4449787

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	45066394	44014426

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	18459	20911
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	18459	20911

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	45047935	43993515
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2646588	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2646588
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)	2639928	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2639928
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-43667	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-43667

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		237616
(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)		-1292
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-3041255
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2437918

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3228044	
(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)		3228044
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)	37853	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	67391	
(4) Other.....	2i(4)	159050	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		264294
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3492338

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1054420
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: **RSM US 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

- 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.).....
- 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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
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	
4f			
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		10395544
4g			
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	
4h			
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		
4i			
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		
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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.			
4n			

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 11/01/2014 and ending 10/31/2015

A Name of plan <u>THE MUSICAL ARTS ASSOCIATION 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>THE MUSICAL ARTS ASSOCIATION</u>	D Employer Identification Number (EIN) <u>34-0714468</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-6881356</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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 (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority 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
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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. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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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.
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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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

The Musical Arts Association Retirement Plan

Financial Report
October 31, 2015

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Independent Auditor's Report

The Board of Trustees
The Musical Arts Association
Cleveland, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of The Musical Arts Association Retirement Plan (the Plan), which comprise the statement of net assets available for benefits as of October 31, 2015 and the related statement of changes in net assets available for benefits for the year then ended, and the statement of accumulated plan benefits as of October 31, 2015 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of October 31, 2015 and changes therein for the year then ended, and its financial status as of October 31, 2015 and changes therein for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Independent Auditor's Report (Continued)

Emphasis of Matter – Adoption of New Accounting Pronouncements

As discussed in Note 2 to the financial statements, the Plan adopted new accounting guidance related to the presentation of fair value of certain investments and disclosure of investments. Prior year presentation and disclosures have also been revised to reflect the retrospective application of adopting these changes in accounting. Our opinion is not modified with respect to this matter.

Other Matter – 2014 Financial Statements

The financial statements of The Musical Arts Association Retirement Plan, as of and for the year ended October 31, 2014, were audited by other auditors whose report dated August 12, 2015 expressed an unmodified opinion on those statements.

Other Matter - Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended October 31, 2015 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

RSM US LLP

Cleveland, Ohio
July 28, 2016

The Musical Arts Association Retirement Plan

**Statements of Net Assets Available for Benefits
October 31, 2015 and 2014**

	2015	2014
Assets		
Investments, at fair value	\$ 43,028,503	\$ 44,107,823
Receivables:		
Contributions from The Musical Arts Association	946,752	896,151
Redemption from limited partnership interests	39,171	62,420
Total receivables	985,923	958,571
Total assets	44,014,426	45,066,394
Liabilities		
Accounts payable	20,911	18,459
Net assets available for benefits	\$ 43,993,515	\$ 45,047,935

See notes to financial statements.

The Musical Arts Association Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended October 31, 2015 and 2014

	2015	2014
Additions:		
Contributions from The Musical Arts Association	\$ 2,646,588	\$ 2,971,825
Interest and dividends	2,639,928	2,250,019
Net (depreciation) appreciation in fair value of investments	(2,852,343)	1,318,047
Total additions	2,434,173	6,539,891
Deductions:		
Benefits paid to participants	3,224,299	3,196,682
Administrative expenses	264,294	253,906
Total deductions	3,488,593	3,450,588
Net (decrease) increase	(1,054,420)	3,089,303
Net assets available for benefits:		
Beginning	45,047,935	41,958,632
Ending	<u>\$ 43,993,515</u>	<u>\$ 45,047,935</u>

See notes to financial statements.

The Musical Arts Association Retirement Plan

Statements of Accumulated Plan Benefits October 31, 2015 and 2014

	2015	2014
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	\$ 27,041,402	\$ 26,460,610
Other participants	22,601,023	22,471,219
Total vested benefits	49,642,425	48,931,829
 Total actuarial present value of accumulated plan benefits	 \$ 49,642,425	 \$ 48,931,829

Statements of Changes in Accumulated Plan Benefits Years Ended October 31, 2015 and 2014

	2015	2014
Actuarial present value of accumulated plan benefits at beginning of year	\$ 48,931,829	\$ 46,180,881
Increase (decrease) during the year attributed to:		
Actuarial losses (gains)	325,306	(307,466)
Increase for interest due to decrease in discount period	3,785,562	3,566,603
Benefits paid	(3,224,299)	(3,196,682)
Change in actuarial assumptions	(175,973)	2,688,493
Net increase	710,596	2,750,948
 Actuarial present value of accumulated plan benefits at end of year	 \$ 49,642,425	 \$ 48,931,829

See notes to financial statements.

The Musical Arts Association Retirement Plan

Notes to Financial Statements

Note 1. Description of the Plan

The following description of The Musical Arts Association Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document and summary plan description for more complete information.

General: The Plan is a noncontributory defined benefit plan which covered substantially all orchestra members and hall and office employees of the Plan sponsor, The Musical Arts Association (the Association). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The portion of the Plan covering hall and office employees was frozen effective April 1, 2009. At that date, a new ERISA 403(b) plan was established for this group of employees which receives contributions from employees and the Association on their behalf.

Per the terms of the collective bargaining agreement with the Cleveland Federation of Musicians, Local No. 4 (union), the remaining portion of the Plan covering full-time orchestra members was frozen effective August 1, 2009. Subsequently, this group of employees became eligible for the ERISA 403(b) plan which receives contributions from the Association on their behalf.

The Association is responsible for the general administration of the Plan. KeyBank, N.A. is the trustee of the Plan.

Eligibility and vesting: An eligible employee became a participant in the Plan after one year of service and a minimum of 1,000 hours. Active participants became fully vested upon the completion of five years of service.

Benefits: For all participants, benefits for retired or terminated employees or their beneficiaries are equal to a flat monthly benefit reduced pro rata for less than 30 years of benefit service at retirement. Annual benefits for all hall and office employees may not exceed 40% of their final five-year average pay. Employees who are members of the Plan, with at least five years of vesting service, become eligible to receive a monthly deferred vested retirement benefit at eligible retirement age. Additionally, early retirement is available for members of the Plan with at least ten years of vested service at or after age 55, but before age 65, reduced by a percent for each month by which commencement of benefit payments precedes normal retirement age of 65. Further, early retirement with unreduced benefit payments is available for members of the Plan who achieve Rule of 90 (age plus years of service equal to 90) prior to attaining age 65.

Funding: The Association has agreed to voluntarily contribute, in cash, the amount actuarially determined to be necessary to provide assets sufficient to fund the retirement benefits to be paid to Plan participants and to satisfy ERISA and other federal minimum funding requirements, utilizing a reasonable and consistent method of funding. The contributions of the Association are made in amounts sufficient to fund the Plan's normal service cost on a current basis and to fund prior service costs plus interest thereon over a period of 30 years. In addition, annuities previously purchased under a group annuity contract will be used to provide benefits upon retirement. The Plan has met the ERISA minimum funding requirements for 2015 and 2014.

Administrative expenses: Administrative expenses including trustee fees, investment advisory fees and actuarial fees are paid by the Plan unless the Association elects to pay the amounts. Also included are premiums paid to the PBGC which totaled \$159,045 and \$153,816 for the years ended October 31, 2015 and 2014, respectively. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Expenses relating to purchases, sales or transfers of the Plan's investments are charged to the particular investment to which the expenses relate. All other administrative expenses are paid by the Association on behalf of the Plan.

The Musical Arts Association Retirement Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

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

Use of estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits.

Investment valuation and income recognition: 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. Net appreciation (depreciation) includes the Plan's gains and losses for investments bought and sold as well as held during the year. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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

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

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including lump sum distributions, for plan benefits that have accrued on the basis of each participant's earnings and service history as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances (i.e., retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial information is as of November 1, 2015 and 2014, the most recent benefit information date in each year. There were no significant Plan amendments or demographic differences between the financial reporting dates (October 31, 2015 and 2014) and the actuarial valuation dates that would have significantly changed the valuations.

The Musical Arts Association Retirement Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

An actuary estimates the actuarial present value of accumulated plan benefits which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in determining the actuarial present value of accumulated plan benefits as of November 1, 2015 and 2014 were: (a) life expectancy of participants (RP-2014 Mortality Tables for male and female annuitants and non-annuitants, projected generationally using Scale MP-2015 and Scale MP-2014, respectively); (b) retirement age assumptions (the assumed average retirement ranged from 0.5% at age 55 to 100% at age 70); and (c) investment return (the assumed average rate of return was 8%).

The Society of Actuaries issued new mortality tables and a new mortality improvement scale in October 2014 that reflect the fact that people are living longer than previous tables had predicted. The mortality table used by the Plan was changed accordingly in 2014. As a result of the change in actuarial assumption, the actuarial present value of accumulated plan benefits increased by \$2,611,194 during the year ended October 31, 2014.

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

The Plan's actuaries also calculate the Plan's Funding Target to determine the Association's required contributions to the Plan. The Funding Target is the present value of a plan's accrued benefits calculated using assumptions prescribed by The Pension Protection Act of 2006 and the Moving Ahead for Progress in the 21st Century Act (MAP-21). The Plan's Funding Target was \$56,031,421 and \$54,112,134 as of October 31, 2015 and 2014, respectively.

Benefit payments: Benefit payments to participants or beneficiaries are recorded upon distribution.

Recently issued accounting pronouncements: In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The amendments in this Update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. However, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the statement of net assets available for benefits. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in this Update are effective for public plans for fiscal years beginning after December 15, 2015. For all other plans, the amendments in this Update are effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. Upon adoption, the amendments shall be applied retrospectively to all periods presented. The Plan adopted this Update for the 2015 Plan year, and it was retrospectively applied to October 31, 2014. Prior year disclosures have been revised to reflect the retrospective application of this Update. The impact of adopting this Update is reflected in Note 4.

The Musical Arts Association Retirement Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force)*. The purpose of this Update is to simplify Plan accounting.

- The amendments in Part I of this Update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investments contracts will be presented at contract value; accordingly, there will no longer be an adjustment from fair value to contract value on the face of the financial statements where applicable.
- The amendments in Part II of this Update will eliminate the requirements for plans to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate. In addition, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investments is in a fund that files a U.S. Department of Labor Form 5500, *Annual Return/Report of Employee Benefit Plan*, as a direct filing entity, disclosure of that investment's strategy will no longer be required.
- The amendments in Part III of this Update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The Update may be adopted in whole or by part (I, II, and III), as applicable. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively. The Plan adopted amendments in Part II of this Update for the 2015 Plan year, and the amendments in Part II were retrospectively applied to October 31, 2014. Prior year disclosures in Notes 3 and 4 have been revised to reflect the retrospective application. The impact of adopting these amendments is reflected in the financial statements.

Subsequent events: The Plan administrator has evaluated events for potential recognition and/or disclosure through July 28, 2016, the date the financial statements were available to be issued.

Note 3. Investments

The following is a summary of the Plan's investment information as of October 31, 2015 and 2014, included throughout the Plan's financial statements and supplemental schedules.

	2015	2014
Investments, at fair value:		
Mutual funds	\$ 23,408,654	\$ 23,910,674
Common collective trust funds	7,516,466	7,312,176
Limited partnerships	6,394,744	6,684,050
Hedge funds	5,568,550	5,586,937
Interest-bearing cash	140,089	613,986
	<u>\$ 43,028,503</u>	<u>\$ 44,107,823</u>

The Musical Arts Association Retirement Plan

Notes to Financial Statements

Note 4. Fair Value Measurements

Accounting standards 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under accounting standards are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of 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.

The 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 October 31, 2015 and 2014. The Association's Investment Committee is responsible for determining the Plan's valuation policies and analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plan's investments. The Association's Investment Committee reports to the Board of Trustees of the Association. For instruments categorized as alternative investments, the Association evaluates the audited financial statements of the limited partnerships provided by the issuers. Certain unobservable inputs are assessed through review of contract terms.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common collective trust funds: Valued at the net asset value of units of the respective bank collective trust.

Limited partnerships and hedge funds: Valued based on the Plan's ownership interest in the net asset value of the investment per the underlying investment fund. The Association collects and reviews the audited financial statements of the investments and reconciles the audited numbers to the Association's accounting records annually.

Interest-bearing cash: Valued at the closing price reported on the active market on which the fund is traded, generally at \$1 per unit.

The Musical Arts Association Retirement Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value as of October 31:

	2015			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 23,408,654	\$ -	\$ -	\$ 23,408,654
Interest-bearing cash	140,089	-	-	140,089
Total assets in the fair value hierarchy	23,548,743	-	-	23,548,743
Investments measured at net asset value ^(a)				19,479,760
Investments at fair value	\$ 23,548,743	\$ -	\$ -	\$ 43,028,503

	2014			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 23,910,674	\$ -	\$ -	\$ 23,910,674
Interest-bearing cash	613,986	-	-	613,986
Total assets in the fair value hierarchy	24,524,660	-	-	24,524,660
Investments measured at net asset value ^(a)				19,583,163
Investments at fair value	\$ 24,524,660	\$ -	\$ -	\$ 44,107,823

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table sets forth additional disclosures for certain of the Plan's investments whose fair value is estimated using the net asset value per share (or its equivalent) as of October 31:

	2015	2014			
Investment	Fair Value	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common collective trust funds:					
KeyTrust Employee Benefit Equity Index Fund	\$ 4,680,538	\$ 4,442,922	None	Daily	None
Sanderson International Value Group Trust	2,835,928	2,869,254	None	Monthly	None
Limited partnerships:					
Thirteen Partners Offshore, Ltd.	3,385,571	3,202,828	None	Semi-annually	95 days
Newport Asia Institutional Fund, LP	2,522,704	2,674,935	None	Daily	30 days
Fortress Partners Offshore, Ltd.	452,143	743,573	None	None	N/A
Fortress Value Recovery Fund, LLC	34,326	62,714	None	None	N/A
Hedge funds:					
Canyon Value Realization Fund (Cayman), Ltd.	2,262,449	2,249,441	None	Quarterly	None
DW Catalyst Offshore Fund, Ltd.	2,187,338	2,296,434	None	Quarterly	None
Coatue Offshore Fund, Ltd.	1,118,763	1,041,062	None	Quarterly	180 days
Investments measured at net asset value	\$ 19,479,760	\$ 19,583,163			

The Musical Arts Association Retirement Plan

Notes to Financial Statements

Note 5. Plan Termination

Although it has not expressed any intent to do so, the Association has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the benefits in the order indicated in the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions.

However, the PBGC does not guarantee all types of benefits under the Plan and the amount of the benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

Note 6. Tax Status

The Internal Revenue Service has determined and informed the Association, by a letter dated March 6, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code and therefore is exempt from income taxes. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. As of October 31, 2015 and 2014, the Plan administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by U.S. federal tax authorities for years prior to 2012.

Note 7. Parties-in-Interest Transactions

Certain of the Plan's investments are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA. Fees paid by the Plan to the trustee, its affiliates and other parties-in-interest amounted to \$41,000 and \$39,244 during the years ended October 31, 2015 and 2014, respectively. In addition, during the years ended October 31, 2015 and 2014, the Association provided certain accounting, record keeping and administrative services to the Plan for which it received no compensation.

Supplemental Schedules

The Musical Arts Association Retirement Plan

Employer No. 34-0714468

Plan No. 001

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

October 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lesser or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Mutual funds:			
	GMO US Quality Equity III Fund	414,623 units	\$ 9,280,013	\$ 8,860,496
	Lionleaf Partners Small Cap Fund	122,140 units	3,667,767	3,504,197
	BBH Core Select Fund	123,661 units	2,331,271	2,818,236
	Lionleaf Partners Fund	100,670 units	3,325,714	2,644,594
	PIMCO Short-Term Fund	256,963 units	2,528,572	2,510,533
	Dodge & Cox International Stock Fund	38,496 units	1,468,960	1,535,617
	GMO Emerging Domestic Opportunities Fund	69,899 units	1,624,772	1,534,981
			<u>24,227,069</u>	<u>23,408,654</u>
	Common collective trust funds:			
*	KeyTrust Employee Benefit Equity Index Fund	24,586 units	1,778,773	4,680,538
	Sanderson International Value Group Trust	103,425 units	1,151,648	2,835,928
			<u>2,930,421</u>	<u>7,516,466</u>
	Limited partnerships:			
	Thirteen Partners Offshore, Ltd.	2,110 units	2,367,124	3,385,571
	Newport Asia Institutional Fund, LP	1,750,000 units	1,750,000	2,522,704
	Fortress Partners Offshore, Ltd.	632,356 units	538,150	452,143
	Fortress Value Recovery Fund, LLC	862 units	497,763	34,326
			<u>5,153,037</u>	<u>6,394,744</u>
	Hedge funds:			
	Canyon Value Realization Fund (Cayman), Ltd.	1,217 units	2,172,977	2,262,449
	DW Catalyst Offshore Fund, Ltd.	12,383 units	2,020,936	2,187,338
	Coatue Offshore Fund, Ltd.	6,310 units	1,048,594	1,118,763
			<u>5,242,507</u>	<u>5,568,550</u>
	Interest-bearing cash:			
*	KeyTrust Employee Benefit Money Market Fund	83,659 units	83,659	83,659
	Federated Prime Cash Obligations Fund	56,430 units	56,430	56,430
			<u>140,089</u>	<u>140,089</u>
			<u>\$ 37,693,123</u>	<u>\$ 43,028,503</u>

* Represents a party-in-interest

The Musical Arts Association Retirement Plan

Employer No. 34-0714468

Plan No. 001

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Year Ended October 31, 2015

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain/ (Loss)

Category (iii) - Series of transactions in excess of 5 percent of beginning plan net assets:

*	KeyTrust	Employee Benefit Money Market Fund				
	Purchases	\$ 2,689,827	\$ -	\$ 2,689,827	\$ 2,689,827	\$ -
	Sales	-	3,060,618	3,060,618	3,060,618	-

* Represents a party-in-interest

There were no category (i), (ii), or (iv) transactions during the year ended October 31, 2015.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of November 1, 2014

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	0.50%	0.50%	0.2750
56	0.50%	0.50%	0.2786
57	0.50%	0.50%	0.2822
58	0.50%	0.49%	0.2857
59	0.50%	0.49%	0.2891
60	1.00%	0.98%	0.5851
61	1.00%	0.97%	0.5890
62	10.00%	9.56%	5.9262
63	5.00%	4.30%	2.7098
64	5.00%	4.09%	2.6152
65	40.00%	31.06%	20.1859
66	30.00%	13.97%	9.2234
67	30.00%	9.78%	6.5542
68	30.00%	6.85%	4.6564
69	30.00%	4.79%	3.3074
70	100.00%	11.18%	7.8292

Retirement Age====>

66

Plan Name: The Musical Arts Association Retirement Plan
 EIN / PN: 34-0714468 / 001
 Plan Sponsor: The Musical Arts Association
 Valuation Date: November 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Assumptions
As of November 1, 2014

In addition to the required mortality and interest rate update, the valuation recognizes the following assumption changes on November 1, 2014:

- The assumed plan-related expenses added to the target normal cost were changed from \$342,342 for the 2013 plan year to \$230,567 for the 2014 plan year.

Plan Name: The Musical Arts Association Retirement Plan
EIN / PN: 34-0714468 / 001
Plan Sponsor: The Musical Arts Association
Valuation Date: November 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data for Frozen Plans as of November 1, 2014

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		1		0		0		0		0		0		0		0		0	
30 - 34	0		5		0		0		0		0		0		0		0		0	
35 - 39	0		12		5		0		0		0		0		0		0		0	
40 - 44	0		1		6		7		0		0		0		0		0		0	
45 - 49	0		7		5		9		6		1		0		0		0		0	
50 - 54	0		4		4		5		8		4		0		0		0		0	
55 - 59	0		3		2		3		5		6		3		1		0		0	
60 - 64	0		2		3		2		0		4		5		2		1		0	
65 - 69	0		0		2		0		0		1		1		3		2		0	
70 & Over	0		0		0		2		0		0		0		0		0		1	

Note that the plan is "hard frozen," so average accrued benefits are shown in lieu of compensation.

Plan Name: The Musical Arts Association Retirement Plan
 EIN / PN: 34-0714468 / 001
 Plan Sponsor: The Musical Arts Association
 Valuation Date: November 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of November 1, 2014

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	11/01/2014	(1,223,561)	7	(1,223,561)	(204,774)
2	Shortfall	11/01/2013	373,974	6	332,513	62,942
3	Shortfall	11/01/2012	(7,341,442)	5	(5,665,380)	(1,246,023)
4	Shortfall	11/01/2011	3,768,131	4	2,229,922	598,836
5	Shortfall	11/01/2010	8,702,388	11	6,929,630	829,232
6	Shortfall	11/01/2009	4,793,159	2	1,579,076	808,758
7	Shortfall	11/01/2008	12,873,693	9	10,349,797	1,429,764
Total					14,531,997	2,278,735

Plan Name: The Musical Arts Association Retirement Plan
 EIN / PN: 34-0714468 / 001
 Plan Sponsor: The Musical Arts Association
 Valuation Date: November 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Sponsor

The Musical Arts Association

EIN/PN

34-0714468/001

Economic Assumptions

Interest rate basis:

■ Applicable month

July

Interest rate basis

3-Segment Rates

Interest rates:

	Reflecting HATFA Corridors	Not Reflecting Corridors
First segment rate	4.99%	1.14%
Second segment rate	6.32%	4.04%
Third segment rate	6.99%	5.11%
Effective interest rate	6.52%	4.43%

Assumed Cost of Living Adjustments

None.

Compensation/Salary Increases

Not applicable. Hall and Staff benefit accruals were frozen effective March 31, 2009. Benefit accruals for Orchestra members ceased as of August 1, 2009.

Future Increases in Social Security

N/A

Plan Name: The Musical Arts Association Retirement Plan
 EIN / PN: 34-0714468 / 001
 Plan Sponsor: The Musical Arts Association
 Valuation Date: November 1, 2014

SCHEDULE SB ATTACHMENTS

Future Increases in Maximum Benefits and Plan Compensation/ Salary Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Assumed Pension Increases

None.

Administrative Expenses

The amount included this year for plan-related expenses is \$230,567.

Demographic Assumptions

Inclusion Date

The valuation date coincident with or next following the date on which the employee completes one year of service. The plan is closed to new participants.

Mortality

For all participants: The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.

Plan Name: The Musical Arts Association Retirement Plan
 EIN / PN: 34-0714468 / 001
 Plan Sponsor: The Musical Arts Association
 Valuation Date: November 1, 2014

SCHEDULE SB ATTACHMENTS

Retirement

The rates at which participants are assumed to retire by age and gender are shown below:

Age	Males	Females
55	0.5%	0.5%
56	0.5%	0.5%
57	0.5%	0.5%
58	0.5%	0.5%
59	0.5%	0.5%
60	1.0%	1.0%
61	1.0%	1.0%
62	10.0%	10.0%
63	5.0%	5.0%
64	5.0%	5.0%
65	40.0%	40.0%
66	30.0%	30.0%
67	30.0%	30.0%
68	30.0%	30.0%
69	30.0%	30.0%
70	100.0%	100.0%

Disability Rates

Wyatt 1985 Disability Study Class 1 male and female rates.

Representative Termination Rates (not due to disability, retirement or mortality)

The rates at which participants are assumed to leave the Association by age and gender are shown below:

Age	Males	Females
25	4.9%	7.4%
30	3.4	4.9
35	2.4	3.4
40	1.3	2.4
45	0.7	1.3
50	Nil	0.7
55	Nil	Nil

Plan Name: The Musical Arts Association Retirement Plan
 EIN / PN: 34-0714468 / 001
 Plan Sponsor: The Musical Arts Association
 Valuation Date: November 1, 2014

SCHEDULE SB ATTACHMENTS

Benefit Commencement Date

Preretirement death benefit: The later of the death of the active participant or the date the participant would have obtained early retirement eligibility under the plan.

Deferred vested benefit: Age 65.

Retirement benefit: At retirement.

Form of Payment

For valuation purposes, participants are assumed to elect the normal form.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 85% of eligible male participants are assumed to be married and 50% of eligible female participants are assumed to be married. In addition, male spouses are assumed to be 3 years older than female spouses.

Employees

It was assumed that there will be no new or rehired employees.

Timing of Benefit Payments

Annuity payments are payable at the beginning of the month.

Plan Name: The Musical Arts Association Retirement Plan
EIN / PN: 34-0714468 / 001
Plan Sponsor: The Musical Arts Association
Valuation Date: November 1, 2014

SCHEDULE SB ATTACHMENTS

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits

Target normal cost

Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.

Asset Method

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses, and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted present value of receivable contributions (discounted using the effective interest rate for the 2012 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets, but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Participant Data

The employee data were provided by The Musical Arts Association as of the census date.

Benefits Not Included in Valuation

None.

Shortfall Amortization

For the 2014 plan year, the 7-year shortfall amortization is used. The Musical Arts Association elected, pursuant to §430(c) of the Internal Revenue Code, to apply subparagraph (iii) (15-year amortization) of §430(c)(2)(D) for purposes of the shortfall amortization installment for the 2008 and 2010 plan years.

Plan Name: The Musical Arts Association Retirement Plan
 EIN / PN: 34-0714468 / 001
 Plan Sponsor: The Musical Arts Association
 Valuation Date: November 1, 2014

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods since Last Actuarial Valuation

In addition to the required mortality and interest rate update, the valuation recognizes the following assumption changes on November 1, 2014:

- The assumed plan-related expenses added to the target normal cost were changed from \$342,342 for the 2013 plan year to \$230,567 for the 2014 plan year.

Plan Name: The Musical Arts Association Retirement Plan
EIN / PN: 34-0714468 / 001
Plan Sponsor: The Musical Arts Association
Valuation Date: November 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

The Musical Arts Association

Plan

The Musical Arts Association Retirement Plan

Effective Date and Most Recent Amendment

November 1, 1956; restated November 1, 2008; most recently amended by the Fourth Amendment adopted March 19, 2010.

Plan Year

The twelve-month period ending October 31.

Coverage and Participation

An Employee becomes a member of the Plan on November 1 or May 1 immediately following his completion of one year of service. Hall and Staff employees not already members that have at least one year of vesting service on March 31, 2009, become members on March 31, 2009. No Hall and Staff employees can become members after March 31, 2009. No Orchestra employees can become members after August 1, 2009.

Normal Retirement Benefit

Normal Retirement Date: Eligible after age 65

Benefit Formula: A monthly benefit payable to employees as follows:

Date of Termination	Monthly Benefit
11/1/1998 to 10/31/2001	\$3,333.34
11/1/2001 to 10/31/2002	3,916.67
11/1/2002 to 10/31/2003	4,416.67
11/1/2003 to 9/3/2006	4,583.34
9/4/2006 and beyond	5,166.67

Plan Name: The Musical Arts Association Retirement Plan
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 Valuation Date: November 1, 2014

SCHEDULE SB ATTACHMENTS

Reduced pro rata for less than 30 years of benefit service at retirement (service is computed to nearest 1/12 year).

For Hall & Staff employees, there is a maximum benefit of 40% of final 5-year average total pay with respect to all Plan benefits.

Orchestra retirees from August 30, 2004 to September 3, 2006 receive a benefit based on \$5,166.67 commencing September 4, 2006.

All benefit accruals for Orchestra members ceased as of August 1, 2009.

All benefit accruals for Hall and Staff members ceased as of March 31, 2009.

Early Retirement Benefit

Eligibility: Eligible after age 55 with 10 years of service.

Benefit: The same benefit is payable as for normal retirement except based on service at early retirement date.

Benefit payments begin at age 65, or alternatively, at actual retirement reduced by 0.6% for each of the first 60 months of early commencement and by 0.4% for each month of early commencement in excess of 60 months (but not exceeding 120).

Rule of 90 Retirement

Eligibility: Eligible after age 55 with age plus benefit service equal to at least 90.

Benefit: The same benefit is payable as for Early Retirement above except there is no reduction in the applicable benefit level for benefit service less than 30 years and there is no actuarial reduction for early commencement of benefit payments.

Hall & Staff employees' benefits are, however, subject to the 40% of pay limitation described above.

For Orchestra members retiring after August 1, 2009 and meeting the Rule of 90 provisions by August 30, 2009 and not opting for AFM benefits, the annual benefit is based on a \$5,416.67 level.

Vested Benefits Upon Termination of Service

Vesting: Eligible upon termination at any age with 5 years of service.

Plan Name: The Musical Arts Association Retirement Plan
 EIN / PN: 34-0714468 / 001
 Plan Sponsor: The Musical Arts Association
 Valuation Date: November 1, 2014

SCHEDULE SB ATTACHMENTS

Termination Benefit: The same benefit is payable as for Early Retirement but payments may not begin before age 65 unless the employee had at least 10 years of service at termination, in which case reduced benefits may begin as early as age 55.

Death Benefits for Participants

Eligibility: Eligible upon the death of a participant after 5 years of service.

Benefit: The spouse of an eligible employee who dies after completing 5 years of service will receive a monthly income for life equal to the monthly benefit they would have received had the employee retired on the day immediately preceding their death with benefits payable on a 100% Joint and Survivor basis.

If death occurs prior to age 55, benefits to the spouse will commence with the month following the date that the employee would have reached age 55.

Form of Benefit Payments

An Employee eligible for normal or early retirement may elect, subject to certain restrictions, to receive his benefits on a Life Only, 100% Joint and Survivor, 75% Joint and Survivor, 50% Joint and Survivor, or 10 Year Certain and Continuous basis. Unless otherwise elected, any benefit payable under the Plan shall be paid on a 50% Joint and Survivor basis, if the Employee has been married to his current spouse for at least one year, or on a Life Only basis otherwise with the further proviso that, except for the 50% Joint and Survivor option, all benefit payments shall be actuarially equivalent to a benefit payable on a Life Only basis.

There is no reduction for the 50% Joint and Survivor option if the beneficiary is the Employee's spouse and they have been married for at least one year at date of retirement.

For deferred vested retirements, the 50% Joint and Survivor optional form of payment is actuarially reduced.

Funding

The portion of the benefit previously purchased under the Group Annuity Contract shall be paid by that contract and the remainder of the benefits shall be paid from the Trust.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: The Musical Arts Association Retirement Plan
 EIN / PN: 34-0714468 / 001
 Plan Sponsor: The Musical Arts Association
 Valuation Date: November 1, 2014

WillisTowersWatson 

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	The Musical Arts Association
EIN/PN	34-0714468/001
Plan Name	The Musical Arts Association Retirement Plan
Valuation Date	November 1, 2014
Enrolled Actuary	Matthew Kaiser
Enrollment Number	14-05784

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	The Musical Arts Association Retirement Plan
EIN / PN:	34-0714468 / 001
Plan Sponsor:	The Musical Arts Association
Valuation Date:	November 1, 2014

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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 11/01/2014 and ending 10/31/2015

► **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 The Musical Arts Association Retirement Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The Musical Arts Association	D Employer Identification Number (EIN) 34-0714468	
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>11</u> Day <u>01</u> Year <u>2014</u>				
2 Assets:				
a Market value.....	2a	44,989,524		
b Actuarial value.....	2b	43,433,991		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment.....	113	27,920,191	27,920,191	
b For terminated vested participants.....	88	5,847,534	5,847,534	
c For active participants.....	144	19,736,631	20,344,409	
d Total.....	345	53,504,356	54,112,134	
4 If the plan is in at-risk status, 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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate.....	5	6.52%		
6 Target normal cost.....	6	230,567		

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	Matthew C. Kaiser / MCK Signature of actuary	July 27, 2016 Date
	Matthew C Kaiser Type or print name of actuary	1405784 Most recent enrollment number
	Towers Watson Delaware Inc. Firm name	216-937-4000 Telephone number (including area code)
	1001 Lakeside Avenue, Suite 1500 Cleveland OH 44114 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) 2014
v. 140124

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 (line 13 from prior year).....	3,550,303	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	3,550,303	0
10	Interest on line 9 using prior year's actual return of <u>8.55</u> %	303,551	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		5,422
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.7</u> %		364
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		5,786
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	3,853,854	0

14	Funding target attainment percentage	14	73.14 %
15	Adjusted funding target attainment percentage	15	73.14 %
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	74.19 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
02/13/2015	564,811					
05/15/2015	564,811					
08/14/2015	564,157					
11/13/2015	564,593					
07/15/2016	382,159					
			Totals ►	18(b)	2,640,531	18(c) 0

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,509,582

C If line 20a is "Yes," see instructions and complete the following table as applicable:

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.99%2nd segment:
6.32%3rd segment:
6.99%☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

66

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 subject to 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 contributions for all prior years**28****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29****30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

230,567

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

14,531,997

2,278,735

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 (lines 31a - 31b + 32a + 32b - 33)**34**

2,509,302

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

36 Additional cash requirement (line 34 minus line 35)**36**

2,509,302

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

2,509,582

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

280

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☒ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☒ 2008 ☐ 2009 ☒ 2010 ☐ 2011**42** Amount of acceleration adjustment**42**

0

43 Excess installment acceleration amount to be carried over to future plan years**43**

0

The Musical Arts Association Retirement Plan

Employer No. 34-0714468

Plan No. 001

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

October 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lesser or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Mutual funds:			
	GMO US Quality Equity III Fund	414,623 units	\$ 9,280,013	\$ 8,860,496
	Longleaf Partners Small Cap Fund	122,140 units	3,667,767	3,504,197
	BBH Core Select Fund	123,661 units	2,331,271	2,818,236
	Longleaf Partners Fund	100,670 units	3,325,714	2,644,594
	PIMCO Short-Term Fund	256,963 units	2,528,572	2,510,533
	Dodge & Cox International Stock Fund	38,496 units	1,468,960	1,535,617
	GMO Emerging Domestic Opportunities Fund	69,899 units	1,624,772	1,534,981
			<u>24,227,069</u>	<u>23,408,654</u>
	Common collective trust funds:			
*	KeyTrust Employee Benefit Equity Index Fund	24,586 units	1,778,773	4,680,538
	Sanderson International Value Group Trust	103,425 units	1,151,648	2,835,928
			<u>2,930,421</u>	<u>7,516,466</u>
	Limited partnerships:			
	Thirteen Partners Offshore, Ltd.	2,110 units	2,367,124	3,385,571
	Newport Asia Institutional Fund, LP	1,750,000 units	1,750,000	2,522,704
	Fortress Partners Offshore, Ltd.	632,356 units	538,150	452,143
	Fortress Value Recovery Fund, LLC	862 units	497,763	34,326
			<u>5,153,037</u>	<u>6,394,744</u>
	Hedge funds:			
	Canyon Value Realization Fund (Cayman), Ltd.	1,217 units	2,172,977	2,262,449
	DW Catalyst Offshore Fund, Ltd.	12,383 units	2,020,936	2,187,338
	Coatue Offshore Fund, Ltd.	6,310 units	1,048,594	1,118,763
			<u>5,242,507</u>	<u>5,568,550</u>
	Interest-bearing cash:			
*	KeyTrust Employee Benefit Money Market Fund	83,659 units	83,659	83,659
	Federated Prime Cash Obligations Fund	56,430 units	56,430	56,430
			<u>140,089</u>	<u>140,089</u>
			<u>\$ 37,693,123</u>	<u>\$ 43,028,503</u>

* Represents a party-in-interest

The Musical Arts Association Retirement Plan

Employer No. 34-0714468

Plan No. 001

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Year Ended October 31, 2015

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain/ (Loss)

Category (iii) - Series of transactions in excess of 5 percent of beginning plan net assets:

*	KeyTrust	Employee Benefit Money Market Fund				
	Purchases	\$ 2,689,827	\$ -	\$ 2,689,827	\$ 2,689,827	\$ -
	Sales	-	3,060,618	3,060,618	3,060,618	-

* Represents a party-in-interest

There were no category (i), (ii), or (iv) transactions during the year ended October 31, 2015.