

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: ☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ a single-employer plan; ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan THE DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER STARK CO. AND AFFILIATED AGENCIES	1b	Three-digit plan number (PN) ▶ 333
		1c	Effective date of plan 01/01/1977
		2b	Employer Identification Number (EIN) 34-6515301
		2c	Sponsor's telephone number 330-455-0378
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) UNITED WAY OF GREATER STARK COUNTY, INC. 4825 HIGBEE AVENUE NW CANTON, OH 44718	2d	Business code (see instructions) 624100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	HOLLY BROWNEWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") UNITED WAY OF GREATER STARK COUNTY, INC. 4825 HIGBEE AVENUE NW CANTON, OH 44718	3b Administrator's EIN 34-6515301 3c Administrator's telephone number 330-455-0378
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	225
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	90
b Retired or separated participants receiving benefits.....	6b	5
c Other retired or separated participants entitled to future benefits.....	6c	122
d Subtotal. Add lines 6a , 6b , and 6c	6d	217
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	217
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER STARK CO. AND AFFILIATED AGENCIES</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UNITED WAY OF GREATER STARK COUNTY, INC.</u>	D Employer Identification Number (EIN) <u>34-6515301</u>
E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>3495442</u>
b	Actuarial value 2b <u>3495442</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>3</u> <u>40857</u>
b	For terminated vested participants 3b <u>120</u> <u>1414022</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>6978</u>
(2)	Vested benefits 3c(2) <u>2373609</u>
(3)	Total active 3c(3) <u>103</u> <u>2380587</u>
d	Total 3d <u>226</u> <u>3835466</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.50</u> %
6	Target normal cost 6 <u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/16/2010</u>
Signature of actuary <u>SCOTT C. OTERMAT, FSA</u>	Date <u>08-01305</u>
Type or print name of actuary <u>SCOTT C OTERMAT & ASSOCIATES</u>	Most recent enrollment number <u>419-332-0853</u>
Firm name <u>1786 CR 128</u> <u>FREMONT, OH 43420-8723</u>	Telephone number (including area code)
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) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	396098	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	396098	0
10	Interest on item 9 using prior year's actual return of <u>-15.88</u> %	-62900	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		44820
b	Interest on (a) using prior year's effective rate of <u>6.44</u> %		2886
c	Total available at beginning of current plan year to add to prefunding balance		47706
d	Portion of (c) to be added to prefunding balance.....		47706
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	333198	47706

Part III Funding percentages			
14	Funding target attainment percentage.....	14	81.20 %
15	Adjusted funding target attainment percentage.....	15	81.20 %
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	105.31 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/03/2009	845	0	06/29/2009	2036	0
03/17/2009	1951	0	07/22/2009	1079	0
04/13/2009	2036	0	08/10/2009	3729	0
04/16/2009	3729	0	09/11/2009	4154	0
04/20/2009	1079	0	09/16/2009	1079	0
06/08/2009	1693	0	09/22/2009	2036	0
Totals ►			18(b)	42055	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 40407
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

Part III Funding percentages		
14 Funding target attainment percentage.....	14	%
15 Adjusted funding target attainment percentage.....	15	%
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	%
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
10/09/2009	1166	0	12/22/2009	3729	0
10/14/2009	2544	0	12/28/2009	504	0
10/23/2009	3729	0			
12/07/2009	2036	0			
12/15/2009	1822	0			
12/18/2009	1079	0			
			Totals ►	18(b)	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	
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	
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	490800	82956
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	82956
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	42549	0
36 Additional cash requirement (item 34 minus item 35).....	36	40407
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	40407
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE 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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan THE DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER STARK CO. AND AFFILIATED AGENCIES	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED WAY OF GREATER STARK COUNTY, INC.	D Employer Identification Number (EIN) 34-6515301

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

KEY BANK

34-6881356

(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?
21	N/A	16827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRUGLIAK, WILKINS, GRIFFITHS & CO.

P.O. BOX 36963
CANTON, OH 44735-6963

(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?
29	N/A	23552	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAWSON RETIREMENT PLAN SERVICES

34-1859251

(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	N/A	9475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED WAY OF GREATER STARK CO

34-6515301

(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?
14	PARTICIPATING EMPLOYER	7826	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HALL KISLTER & CO.

34-0715770

(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	N/A	4500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>THE DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER STARK CO. AND AFFILIATED AGENCIES</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UNITED WAY OF GREATER STARK COUNTY, INC.</u>	D Employer Identification Number (EIN) <u>34-6515301</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: <u>EMPLOYEE BENEFIT CONVERTIBLE FD</u>		
b Name of sponsor of entity listed in (a): <u>KEYTRUST</u>		
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>180541</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>E B MONEY MARKET FD</u>		
b Name of sponsor of entity listed in (a): <u>KEYTRUST</u>		
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>527301</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>KEY TRUST EB MAGIC FUND</u>		
b Name of sponsor of entity listed in (a): <u>KEYTRUST</u>		
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>466812</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMPLOYEE BENEFIT VALUE EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>KEYTRUST</u>		
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>23461</u>
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)**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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan THE DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER STARK CO. AND AFFILIATED AGENCIES	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED WAY OF GREATER STARK COUNTY, INC.	D Employer Identification Number (EIN) 34-6515301	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	14933	9344
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)	151073	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	650049	632220
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1439259	1672985
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	1198115	774280
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	99592	199540
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3553021	3288369

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3553021	3288369
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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)	42055	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		42055
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	1141	
(C) Corporate debt instruments	2b(1)(C)	29004	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	1079	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		31224
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	40939	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		40939
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	433193	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	427811	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		5382

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	319011	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		319011
(6) Net investment gain (loss) from common/collective trusts	2b(6)		74599
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		39779
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		552989

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	744212	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		744212
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	37527	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	16827	
(4) Other	2i(4)	19075	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		73429
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		817641

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-264652
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HALL KISLTER & CO.

(2) EIN: 34-0715770

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		450000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>THE DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER STARK CO. AND AFFILIATED AGENCIES</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED WAY OF GREATER STARK COUNTY, INC.</u>	D Employer Identification Number (EIN) <u>34-6515301</u>

Part I	Distributions
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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>34-6515301</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>9</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	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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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(es). 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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

AUDITED FINANCIAL STATEMENTS

DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF
UNITED WAY OF CENTRAL STARK COUNTY, INC.
AND AFFILIATED AGENCIES

December 31, 2009 and 2008

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HALL, KISTLER & COMPANY LLP
CONSULTANTS AND CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITOR'S REPORT

The Plan Administrator
Defined Benefit Pension Plan for the
Employees of United Way of Central
Stark County, Inc. and Affiliated Agencies
Canton, Ohio

We were engaged to audit the financial statements and supplemental schedules of the Defined Benefit Pension Plan for the Employees of United Way of Central Stark County, Inc. and Affiliated Agencies as of December 31, 2009 and 2008, and for the years then ended. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note L, which was certified by Key Trust Company of Ohio, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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

Certified Public Accountants

Canton, Ohio
October 7, 2010

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF
UNITED WAY OF CENTRAL STARK COUNTY, INC. AND AFFILIATED AGENCIES

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<u>ASSETS</u>		
Investments - at fair value:		
U.S. Treasury notes	\$ -	\$ 151,073
Corporate obligations	632,220	650,049
Corporate stocks	1,672,985	1,439,259
Investment funds	199,540	99,592
Common/collective trusts	774,280	1,198,115
	<u>3,279,025</u>	<u>3,538,088</u>
Receivables:		
Accrued interest and dividends	9,344	14,933
	<u>9,344</u>	<u>14,933</u>
TOTAL ASSETS	<u>3,288,369</u>	<u>3,553,021</u>
<u>LIABILITIES</u>		
Accrued expenses	<u>6,026</u>	<u>6,974</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 3,282,343</u>	<u>\$ 3,546,047</u>

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF
UNITED WAY OF CENTRAL STARK COUNTY, INC. AND AFFILIATED AGENCIES

For the years ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<u>ADDITIONS (DEDUCTIONS) TO NET ASSETS</u>		
Employer contributions	\$ 42,055	\$ 46,611
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments, including realized gains (losses)	438,771	(872,532)
Interest and dividends from investments	72,163	103,461
Total investment income (loss)	<u>510,934</u>	<u>(769,071)</u>
 TOTAL ADDITIONS (DEDUCTIONS) TO NET ASSETS	 552,989	 (722,460)
 <u>DEDUCTIONS FROM NET ASSETS</u>		
Benefits paid directly to participants	744,212	840,261
Administrative expenses	72,481	70,823
TOTAL DEDUCTIONS FROM NET ASSETS	<u>816,693</u>	<u>911,084</u>
 NET INCREASE (DECREASE)	 (263,704)	 (1,633,544)
 <u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	<u>3,546,047</u>	<u>5,179,591</u>
End of year	<u>\$ 3,282,343</u>	<u>\$ 3,546,047</u>

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

NOTES TO FINANCIAL STATEMENTS

DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF UNITED WAY OF CENTRAL STARK COUNTY, INC. AND AFFILIATED AGENCIES

December 31, 2009 and 2008

NOTE A - DESCRIPTION OF THE PLAN

Effective December 31, 2005 the board has elected to freeze participation within the plan. This amendment will freeze the accrual of benefits for active participants, stop all new employees from participation and stop further credit for the purpose of determining benefit accruals under the plan as of the effective date.

The following description of the Defined Benefit Pension Plan for the Employees of United Way of Central Stark County, Inc. and Affiliated Agencies (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The plan is a defined benefit plan covering substantially all employees of the former United Way of Central Stark County, Inc. and Affiliated Agencies (the Agency) ages 21 or over who have one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits

Employees become vested after five years of service (cliff-vesting) and are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.25% of the participant's final average earnings multiplied by his/her years of benefit accrual service and .50% of the excess, if any, of the participant's final average earnings over the Social Security average monthly wage multiplied by the participant's years of benefit accrual service not to exceed 35 such years. The Plan permits early retirement at ages 55 to 64. Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits from various optional forms of annuities payable monthly after retirement.

Death Benefits

If a participant dies before their normal retirement age and has satisfied the vesting requirements or dies after attaining their early retirement age, the participant's beneficiary shall be eligible to receive a survivor benefit.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Exchange-traded securities are priced using nationally recognized vendor services. Corporate obligations are valued based on yields currently available on comparable securities of issues with similar credit ratings. Shares of investment funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last three years of credited service.

The accumulated plan benefits for active employees are based on their average compensation during the three years ending on the date as of which the benefit information is presented (the *valuation date*). Benefits payable under all circumstances-retirement, death, and termination of employment-are included to the extent they are deemed attributable to employee service rendered to the valuation date.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits is determined by an actuary from the Dawson Retirement Plan Services, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death or retirement) between the valuation date and expected date of payment. The significant actuarial method and assumptions used in the valuations as of December 31, 2009 were (a) collective aggregate actuarial cost method, (b) life expectancy of participants, (c) retirement age assumptions (the assumed average retirement age was 65), and (d) investment return. The 2009 valuation included assumed average rates of return of 7.5%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Plan has evaluated subsequent events through October 7, 2010 the date which the financial statements were available to be issued.

NOTE C - FUNDING POLICY

The Company's funding policy is to make annual contributions to the Plan in amounts that are estimated to remain a constant percentage of employees' compensation each year, such that, all employees' benefits will be fully provided for by the time they retire. Employee contributions are no longer permitted; however, the Plan holds accumulated contributions (including investment earnings) for present employees at December 31, 2009 and 2008 of \$63,455 and \$57,580, respectively. The Company's contributions for 2009 and 2008 exceeded the minimum funding requirements of ERISA.

The Company 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. The Company does not anticipate, nor has it done so as of the date of the audit report, terminating the plan during the year ended December 31, 2010.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - FUNDING POLICY (CONTINUED)

The plan was frozen effective December 31, 2005, see Note A. Participating entities in the plan will continue to fund the plan only to cover the administrative costs that the plan will incur.

NOTE D - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. To the extent that any funds of this Plan have been allocated to participants, the funds of this Plan, which are then allocated to individual participants, former participants, retired participants or beneficiaries, shall remain allocated to such persons. If the funds are insufficient to satisfy in full all of the benefits under the Plan, the unallocated funds of this Plan shall be allocated, to the extent that they shall be sufficient for the purpose of paying benefits to participants and beneficiaries in the following order of precedence:

- (a) to participant contributions, if any, under any prior Plan,
- (b) to provide retirement benefits to those retired participants and beneficiaries:
 - (1) in the case of benefits in payment on a date three years prior to the termination of the Plan, based on the provisions of the Plan, as in effect during the five years ending on the Plan termination date, under which the benefit would be least,
 - (2) in the case of benefits which would have been in payment on a date three years before the termination of the Plan, had the participant retired and had their benefits commenced then based on the provisions of the Plan, as in effect during the five years ending on the Plan termination date under which the benefits would be least,
- (c) to provide all other benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) up to the single maximum insurance dollar limitation, regardless of the number of plans in which the participant participated,
- (d) to provide all other vested benefits under the Plan not guaranteed by the PBGC,
- (e) to provide all other benefits under the Plan.

If the funds are insufficient to satisfy in full the benefits within any of the above classes, such assets shall be allocated on a pro-rata basis within the class which is first not satisfied. Amendments to the Plan made within three years before the date of termination shall be ignored if said assets are insufficient.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE D - PLAN TERMINATION (CONTINUED)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. 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 E - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
December 31, 2009:				
Registered investment companies	\$ 2,504,745	\$ 2,504,745	\$ -	\$ -
Common/collective trusts	774,280	-	774,280	-
	<u>\$ 3,279,025</u>	<u>\$ 2,504,745</u>	<u>\$ 774,280</u>	<u>\$ -</u>
December 31, 2008:				
Registered investment companies	\$ 2,339,973	\$ 2,339,973	\$ -	\$ -
Common/collective trusts	1,198,115	-	1,198,115	-
	<u>\$ 3,538,088</u>	<u>\$ 2,339,973</u>	<u>\$ 1,198,115</u>	<u>\$ -</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

FASB ASC 820, Fair Value Measurements (formally SFAS No. 157) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stock, corporate bonds, and U.S. Government securities are based on quoted market prices.

Level 2 Fair Value Measurements

The fair value of common or collective trusts for which quoted market price are not available are valued based on established written procedures for valuing a unit on a daily basis.

Level 3 Fair Value Measurements

The plan had no investments in level three assets at December 31, 2009 and 2008.

NOTE F - INVESTMENTS

The following table presents the investments in the plan. Investments that represent 5% or more of the Plan's net assets are separately identified.

	<u>2009</u>	<u>2008</u>
Investments at fair value as determined by quoted market price:		
U.S. Treasury notes	\$ -	\$ 151,073
Corporate obligations	632,220	650,049
Corporate stocks	1,672,985	1,439,259
Investment funds	199,540	99,592

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE F - INVESTMENTS (CONTINUED)

	<u>2009</u>	<u>2008</u>
Common/collective trusts:		
Money market funds	34,592	527,301
Keybank EB magic fund	478,678	466,812
EB Convertible Securities	229,569	180,541
Other trusts	31,441	23,461
	<u>\$ 3,279,025</u>	<u>\$ 3,538,088</u>

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the respective years) appreciated (depreciated) in value as follows:

	<u>2009</u>	<u>2008</u>
Appreciation (depreciation) of investments:		
Corporate stocks/obligations	\$ 400,064	\$ (818,433)
Investment funds	39,779	(51,023)
U.S. Treasury notes	(1,072)	(3,076)
Net appreciation (depreciation) in fair value of investments	<u>\$ 438,771</u>	<u>\$ (872,532)</u>

NOTE G - ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits as of the beginning of the 2009 Plan year is presented as follows:

Vested benefits:	
Terminated participants	\$ 1,142,659
Retired participants	36,290
Active participants	<u>1,922,582</u>
	3,101,531
Nonvested benefits	<u>5,149</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 3,106,680</u>

Changes in the actuarial present value of accumulated plan benefits during the Plan year are as follows:

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE G - ACCUMULATED PLAN BENEFITS (CONTINUED)

Present value, January 1, 2008	\$ 3,377,503
Increase (decrease) during the year attributable to:	
Benefits accumulated	307,611
Changes in assumptions	-
Increase for interest due to the decrease in the discount period	223,250
Benefits paid	(801,684)
	<u>(270,823)</u>
Present value, January 1, 2009	<u>\$ 3,106,680</u>

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Form 5500 for 2009 and 2008 was prepared on a modified cash basis. The following adjustments are necessary to reconcile to the accompanying financial statements:

	<u>2009</u>	<u>2008</u>
Statement of net assets available for benefits:		
Accrued expenses	\$ (6,026)	\$ (6,974)
Net effect of adjustments	(6,026)	(6,974)
Net assets available for benefits, per 5500	<u>3,288,369</u>	<u>3,553,021</u>
Net assets available for benefits, per accompanying financial statements	<u>\$ 3,282,343</u>	<u>\$ 3,546,047</u>
	<u>2009</u>	<u>2008</u>
Statement of changes in net assets available for benefits:		
Administrative expenses, per 5500	\$ 66,966	\$ 64,339
Add – accrued administrative expenses, end of year	6,026	6,974
Less – accrued administrative expenses, beginning of year	(6,974)	(7,296)
Plus – payments for administrative services	6,463	6,806
Administrative expenses, per accompanying financial statements	<u>\$ 72,481</u>	<u>\$ 70,823</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE I - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated December 19, 2003, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE J - RELATED PARTIES

Several employers of the Plan (affiliated agencies) received funding from the United Way of Greater Stark County, Inc. during 2009 and 2008, including the Community Services of Stark County, Trillium Family Services, Inc., and Canton Urban League, Inc. Meals on Wheels does not request funds from the United Way of Greater Stark County, Inc. but does receive designated funds from United Way contributors.

NOTE K - PLAN AMENDMENTS

The Plan was amended during 2009 to permit the immediate distribution of participant contributions (employee after-tax contributions which were required prior to 1988) and any interest thereon subject to legally required spousal consent. The amendment also allows for an amendment of the plan by an individual designated by the pension committee. Additional amendments were executed to comply with the Pension Protection Act of 2006, the Heroes Earnings Assistance and Relief Tax Act of 2008 and the Worker, Retiree, and Employer Recovery Act of 2008.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE L - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by the trustee.

	<u>2009</u>	<u>2008</u>
Investments at fair value	\$ 3,279,025	\$ 3,538,088
Accrued interest	9,344	14,933
Investment income received	72,163	103,461
Net appreciation (depreciation) in fair value	438,771	(872,532)

NOTE M - RISK AND UNCERTAINTY

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 participant's account balances and the amount reported in the statements of net assets available for benefits.

SUPPLEMENTAL SCHEDULES

**DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF
UNITED WAY OF CENTRAL STARK COUNTY, INC. AND AFFILIATED AGENCIES
AS OF DECEMBER 31, 2009**

**EMPLOYER ID # 34-6515301 PLAN #333
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS HELD
AT END OF YEAR**

(a)	(b) Identity of Issue Borrower, Lessor or similar party	(c) Description of investment including maturity date, rate of interest collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>CORPORATE OBLIGATIONS</u>				
	ABBOTT LABORATORIES	100,000.00	\$ 103,246.00	\$ 109,295.00
	CATERPILLAR FINANCIAL SERVICES	50,000.00	50,115.50	52,064.00
	GOLDMAN SACHS GROUP INC.	100,000.00	99,461.00	107,566.00
	HEWLETT-PACKARD CO	100,000.00	101,244.00	106,016.00
	HONEYWELL INTERNATIONAL	50,000.00	50,387.50	52,492.00
	MERRILL LYNCH	50,000.00	50,450.00	51,400.00
	MICROSOFT CORP	50,000.00	50,755.00	50,535.50
	WAL MART STORES INC.	50,000.00	51,451.50	50,917.50
	WELLS FARGO & CO	50,000.00	50,088.00	51,934.00
			607,198.50	632,220.00
<u>CORPORATE STOCKS</u>				
	XL CAPITAL LTD	1,000.00	16,430.00	18,330.00
	ABBOT LABS	600.00	21,912.73	32,394.00
	ALCOA INC.	700.00	20,205.00	11,284.00
	AMAZON COM, INC.	100.00	7,637.00	13,452.00
	AMERICAN EXPRESS CO	100.00	3,558.29	4,052.00
	AMGEN INC	600.00	37,716.00	33,942.00
	APPLE INC.	100.00	13,371.00	21,073.20
	BP PLC	200.00	8,930.00	11,594.00
	BANK OF NEW YORK MELLON CORP	1,400.00	48,895.75	39,158.00
	BOEING CO	500.00	12,025.00	27,065.00

**DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF
UNITED WAY OF CENTRAL STARK COUNTY, INC. AND AFFILIATED AGENCIES
AS OF DECEMBER 31, 2009**

**EMPLOYER ID # 34-6515301 PLAN #333
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS HELD
AT END OF YEAR**

(a)	(b) Identity of Issue Borrower, Lessor or similar party	(c) Description of investment including maturity date, rate of interest collateral, par, or maturity value	(d) Cost	(e) Current Value
	BRISTOL-MYERS SQUIBB CO	700.00	39,315.53	17,675.00
	CATERPILLAR INC DEL	800.00	10,595.00	45,592.00
	CHEVRON TEXACO CORP	200.00	3,959.42	15,398.00
	CHUBB CORP	200.00	7,321.00	9,836.00
	CISCO SYS INC	400.00	24,018.75	9,576.00
	DEERE & CO	1,400.00	17,231.67	75,726.00
	DIEBOLD INC	1,125.00	18,755.36	32,006.25
	WALT DISNEY	500.00	14,226.68	16,125.00
	DIRECT TV	700.00	4,640.00	6,670.00
	DU PONT E I DE NEMOURS & CO	700.00	31,527.02	23,569.00
	EMERSON ELEC CO	1,800.00	28,676.25	76,680.00
	EXXON MOBIL CORP	1,000.00	16,636.37	68,190.00
	FPL GROUP INC	600.00	16,704.00	31,692.00
	FORD MOTOR CO	1,400.00	21,420.00	14,000.00
	GENERAL ELEC CO	400.00	3,448.33	6,052.00
	GENZYME CORP GENL DIVISION	200.00	11,244.00	9,802.00
	HALLIBURTON CO	800.00	16,090.00	24,072.00
	HOME DEPOT INC	1,500.00	53,206.30	43,395.00
	INTEL CORP	1,200.00	47,437.50	24,480.00
	INTERNATIONAL BUSINESS MACHS	500.00	29,388.75	65,450.00
	KIMBERLY CLARK CORP	500.00	33,312.48	31,855.00
	MCCDONALDS CORP	1,400.00	25,228.00	87,416.00
	MERK & CO INC	200.00	3,793.92	7,308.00
	MICROSOFT CORP	3,000.00	119,741.25	91,440.00

**DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF
UNITED WAY OF CENTRAL STARK COUNTY, INC. AND AFFILIATED AGENCIES
AS OF DECEMBER 31, 2009**

**EMPLOYER ID # 34-6515301 PLAN #333
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS HELD
AT END OF YEAR**

(a)	(b) Identity of Issue Borrower, Leesor or similar party	(c) Description of investment including maturity date, rate of interest collateral, par, or maturity value	(d) Cost	(e) Current Value
	NOKIA CORP	500.00	10,805.00	6,425.00
	NORTHROP GRUMMAN CORP	600.00	30,702.00	33,510.00
	ORACLE CORP	3,000.00	40,194.75	73,590.00
	PEPSICO INC	800.00	34,936.00	48,640.00
	PFIZER INC	2,991.00	26,696.37	54,406.29
	PRAXAIR INC	200.00	4,742.27	16,062.00
	SARA LEE CORP	600.00	11,398.28	7,308.00
	SCHLUMBERGER LTD	1,400.00	16,671.22	91,126.00
	SHERWIN WILLIAMS CO	800.00	13,890.00	49,320.00
	SPRINT NEXTEL CORP	700.00	16,715.45	2,562.00
	TAIWAN SEMICONDUCTOR MFG CO	3,030.00	34,557.73	34,663.20
	TARGET CORP	800.00	25,320.00	38,696.00
	TEVA PHARMACEUTICAL INDS LTD	300.00	13,653.99	16,854.00
	TIMKEN CO	300.00	7,211.25	7,113.00
	US BANCORP	1,800.00	51,156.00	40,518.00
	UNION PAC CORP	800.00	18,315.00	51,120.00

**DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF
UNITED WAY OF CENTRAL STARK COUNTY, INC. AND AFFILIATED AGENCIES
AS OF DECEMBER 31, 2009**

**EMPLOYER ID # 34-6515301 PLAN #333
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS HELD
AT END OF YEAR**

(a)	(b) Identity of Issue Borrower, Lesor or similar party	(c) Description of investment including maturity date, rate of interest collateral, par, or maturity value	(d) Cost	(e) Current Value
	VERIZON COMMUNICATIONS	1,000.00	35,962.03	33,130.00
	WELLS FARGO CO	800.00	32,627.65	21,592.00
			1,214,153.34	1,672,984.94
	INVESTMENT FUNDS			
	VICTORY SPECIAL VALUE FUND	998.57	14,000.00	13,530.68
	T ROWE PRICE EMERGING MKTS	1,348.42	29,879.24	40,574.08
	ISHARES S&P GSCI COMMODITY INDEX	1,200.00	32,328.00	38,184.00
	ISHARES MSCI EAFE INDEX FUND	1,200.00	79,118.76	66,336.00
	ISHARES NASDAQ BIOTECH INDEX	500.00	40,020.00	40,915.00
			195,346.00	199,539.76
	COMMON/COLLECTIVE TRUSTS			
	MONEY MARKET FUNDS			
	KEYBANK EB MAGIC FUND CTF	21,080.35	34,592.38	34,592.38
	EB LARGE CAP VALUE FUND	381.00	386,633.41	478,677.90
	EB CONVERTIBLE SECURITIES FUND	2,609.81	16,427.40	28,714.76
	EB VALUE EQUITY FUND CTF	31.00	80,805.63	229,568.80
			1,885.02	2,726.44
			520,343.84	774,280.28
	Total Investments		\$ 2,537,041.68	\$ 3,279,024.98

* - Denotes party in interest



DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF
UNITED WAY OF CENTRAL STARK COUNTY, INC. AND AFFILIATED AGENCIES
AS OF DECEMBER 31, 2009

EMPLOYER ID # 34-6515301 PLAN #333
SCHEDULE H, SCHEDULE OF REPORTABLE 5%
TRANSACTION, LINE 4j

01-021

RPT# 1772

5% REPORT BY ASSET-AGGREGATE TRANSACTIONS

01/01/09 THROUGH 12/31/09

ACCOUNT
20-20-217-0231260

UNITED WAY D/B P/P VALUATION 3,495,442.07 THRESHOLD PAGE 126 174,772.10

BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET	
									GAIN/LOSS	NET
E B MONEY MARKET FUND	SAL	01/31/09	11,536.540	11,536.54	.00	.00	11,536.54	11,536.54		.00
	SAL	02/28/09	169,329.660	169,329.66	.00	.00	169,329.66	169,329.66		.00
	PUR	03/31/09	171,142.480	171,142.48	.00	.00	171,142.48	171,142.48		.00
	PUR	04/30/09	1,810.920	1,810.92	.00	.00	1,810.92	1,810.92		.00
	SAL	05/31/09	291,423.490	291,423.49	.00	.00	291,423.49	291,423.49		.00
	SAL	06/30/09	71,386.510	71,386.51	.00	.00	71,386.51	71,386.51		.00
	SAL	07/31/09	40,574.230	40,574.23	.00	.00	40,574.23	40,574.23		.00
	SAL	08/31/09	15,683.510	15,683.51	.00	.00	15,683.51	15,683.51		.00
	PUR	09/30/09	57,803.420	57,803.42	.00	.00	57,803.42	57,803.42		.00
	PUR	10/31/09	5,929.210	5,929.21	.00	.00	5,929.21	5,929.21		.00
	PUR	11/30/09	2,256.470	2,256.47	.00	.00	2,256.47	2,256.47		.00
	SAL	12/31/09	132,970.970	132,970.97	.00	.00	132,970.97	132,970.97		.00
	5 PURCHASES FOR		238,942.50	7 SALES FOR						
					732,904.91	ISSUE AGGREGATE TOTAL				

**United Way of Central Stark County & Affiliated Agencies
United Way of Greater Stark County, Inc. DB Pension Plan
Plan Specifications - Pension Protection Act Report
Valuation as of 01/01/2009 for the Plan Year Ending 12/31/2009**

Target Assumptions:

Male Nonannuitant: 2009 Nonannuitant Male
Female Nonannuitant: 2009 Nonannuitant Female
Male Annuitant: 2009 Annuitant Male
Female Annuitant: 2009 Annuitant Female
Male Projection: Projection Scale AA (Male)
Female Projection: Projection Scale AA (Female)
Applicable months from valuation month: 0
Probability of lump sum: 75.00%
Use pre-retirement mortality: No

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	5.32	6.45	6.69
High Quality Bond rates:	6.29	6.29	6.29
Final rates:	5.64	6.40	6.56
Override:	0.00	0.00	0.00

Options:

Use optional combined mortality table for small plans: Yes
Male: 2009 Optional table small plans Male
Female: 2009 Optional table small plans Female
Male weighting: Small plan weights (Male)
Female weighting: Small plan weights (Female)
Use discount rate transition: Yes
Lump sums use proposed regulations: Yes

Actuarial Equivalent Floor

Stability period: plan year
Lookback months: 1
Nonannuitant: 2009 Applicable
Annuitant: 2009 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	4.41	4.57	4.27
Override:	0.00	0.00	0.00

United Way of Greater Stark County, Inc. DB Pension Plan

Plan Specifications Report

Valuation as of 01/01/2009 for the Plan Year Ending 12/31/2009

Employer and Plan Data

Initial effective date	01/01/1977
Plan year begins	01/01/2009
Plan year ends	12/31/2009
Valuation date	01/01/2009

Eligibility Requirements

Waiting period (mos)	12
Minimum age	21
Minimum age (mos)	0

Normal Retirement

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

Benefits

Pension Formula:	Benefit formula
Type of Formula:	Unit benefit integrated
Effective Date:	01/01/1977

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

Maximum Credits

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

Integration level

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

Vesting

Primary	Secondary
<u>Vesting Schedule</u>	<u>Vesting Schedule</u>
5 Year Cliff	Immediate

United Way of Greater Stark County, Inc. DB Pension Plan

Plan Specifications Report

Valuation as of 01/01/2009 for the Plan Year Ending 12/31/2009

Actuarial Assumptions

	<u>Pre-retirement</u>	<u>Post-retirement</u>
<u>Interest</u>	6.00%	6.00%
<u>Mortality & Setbacks</u>		
Male	1983 GATT 0	1983 GATT 0
Female	1983 GATT 0	1983 GATT 0
<u>Salary Scale</u>		<u>Funding Method</u>
Male	0.00%	Aggregate-salary
Female	0.00%	Level percent of compensation
<u>Withdrawal</u>		<u>Form of Annuity</u>
Male	T-5 Only	Life only
Female	T-5 Only	COLA 0.00%

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

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 To 4		5 To 9		10 To 14		15 To 19		20 To 24		25 To 29		30 To 34		35 To 39		40 & Up	
	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	5	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	3	0	8	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	1	0	2	0	3	0	1	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	2	0	8	0	3	0	2	0	1	0	0	0	0	0	0	0	0	0
50 to 54	0	0	2	0	8	0	2	0	5	0	0	0	2	0	0	0	0	0	0	0
55 to 59	0	0	2	0	4	0	5	0	4	0	5	0	1	0	0	0	0	0	0	0
60 to 64	0	0	1	0	5	0	2	0	0	0	2	0	1	0	1	0	0	0	0	0
65 to 69	0	0	2	0	2	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: United Way of Greater Stark County, Inc. DB Pension Plan
Plan sponsor's name: United Way of Central Stark County & Affiliated Agencies

Plan number: 333
EIN: 34-6515301

United Way of Greater Stark County, Inc. & Affiliated Agencies
Defined Benefit Pension Plan

Valuation as of January 1, 2009 for the Plan Year ending December 31, 2009

<u>Type of Base</u>	<u>Effective Date</u>	<u>Initial Amount</u>	<u>Initial Amort</u>	<u>Current Balance</u>	<u>Rem Amort</u>	<u>Payment</u>
Shortfall	1/1/2009	490,800	7	490,800	7	82,956

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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 DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED WAY OF GREATER STARK COUNTY, INC.	D Employer Identification Number (EIN) 34-6515301
E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>	
2 Assets:	
a Market value.....	2a 3,495,442
b Actuarial value.....	2b 3,495,442
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	3a (1) Number of participants 3 (2) Funding Target 40,857
b For terminated vested participants.....	3b 120 1,414,022
c For active participants:	
(1) Non-vested benefits.....	3c(1) 6,978
(2) Vested benefits.....	3c(2) 2,373,609
(3) Total active.....	3c(3) 103 2,380,587
d Total.....	3d 226 3,835,466
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐	
a Funding target disregarding prescribed at-risk assumptions.....	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate.....	5 6.50 %
6 Target normal cost.....	6 0

Statement by Enrolled Actuary

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

SIGN HERE	Scott C. Otermat 	16 Sep 10 Date
	Signature of actuary	08-01305
	Scott C. Otermat, FSA	Most recent enrollment number
	Type or print name of actuary	(419) 332-0853
	Scott C Otermat & Associates	Telephone number (including area code)
	Firm name	
	1786 CR 128	
	Fremont	
	OH 43420-8723	
	Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	396,098	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	396,098	0
10 Interest on item 9 using prior year's actual return of <u>(15.88)%</u>	(62,900)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		44,820
b Interest on (a) using prior year's effective rate of <u>6.44 %</u>		2,886
c Total available at beginning of current plan year to add to prefunding balance		47,706
d Portion of (c) to be added to prefunding balance		47,706
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	333,198	47,706

Part III Funding percentages

14 Funding target attainment percentage	14	81.20 %
15 Adjusted funding target attainment percentage	15	81.20 %
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	105.31 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	42,055	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	40,407

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	490,800	82,956
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	82,956
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	42,549	0
36 Additional cash requirement (item 34 minus item 35)	36	40,407
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	40,407
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Plan Name	THE DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER STARK COUNTY, INC.	EN: 034-6515301
Plan Sponsor's Name	UNITED WAY OF GREATER STARK COUNTY, INC.	PN: 333

[illegible]

**DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF
UNITED WAY OF CENTRAL STARK COUNTY, INC. AND AFFILIATED AGENCIES
AS OF DECEMBER 31, 2009**

**EMPLOYER ID # 34-6515301 PLAN #333
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS HELD
AT END OF YEAR**

(a)	(b)	(c)			(d)	(e)
	Identity of Issue Borrower, Leesor or similar party	Description of investment including maturity date, rate of interest collateral, par, or maturity value			Cost	Current Value
	<u>CORPORATE OBLIGATIONS</u>					
	ABBOTT LABORATORIES	100,000.00	5.150%	11/30/12	\$ 103,246.00	\$ 109,295.00
	CATERPILLAR FINANCIAL SERVICES	50,000.00	4.250%	2/8/13	50,115.50	52,064.00
	GOLDMAN SACHS GROUP INC.	100,000.00	5.700%	9/1/12	99,461.00	107,566.00
	HEWLETT-PACKARD CO	100,000.00	4.500%	3/1/13	101,244.00	106,016.00
	HONEYWELL INTERNATIONAL	50,000.00	4.250%	3/1/13	50,387.50	52,492.00
	MERRILL LYNCH	50,000.00	4.500%	11/4/10	50,450.00	51,400.00
	MICROSOFT CORP	50,000.00	2.950%	6/1/14	50,755.00	50,535.50
	WAL MART STORES INC.	50,000.00	3.200%	5/15/14	51,451.50	50,917.50
	WELLS FARGO & CO	50,000.00	4.375%	1/13/13	50,088.00	51,934.00
					<u>607,198.50</u>	<u>632,220.00</u>
	<u>CORPORATE STOCKS</u>					
	XL CAPITAL LTD	1,000.00			16,430.00	18,330.00
	ABBOT LABS	600.00			21,912.73	32,394.00
	ALCOA INC.	700.00			20,205.00	11,284.00
	AMAZON COM, INC.	100.00			7,637.00	13,452.00
	AMERICAN EXPRESS CO	100.00			3,558.29	4,052.00
	AMGEN INC	600.00			37,716.00	33,942.00
	APPLE INC.	100.00			13,371.00	21,073.20
	BP PLC	200.00			8,930.00	11,594.00
	BANK OF NEW YORK MELLON CORP	1,400.00			48,895.75	39,158.00
	BOEING CO	500.00			12,025.00	27,065.00

**DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF
UNITED WAY OF CENTRAL STARK COUNTY, INC. AND AFFILIATED AGENCIES
AS OF DECEMBER 31, 2009**

**EMPLOYER ID # 34-6515301 PLAN #333
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS HELD
AT END OF YEAR**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor or similar party	Description of investment including maturity date, rate of interest collateral, par, or maturity value	Cost	Current Value
	BRISTOL-MYERS SQUIBB CO	700.00	39,315.53	17,675.00
	CATERPILLAR INC DEL	800.00	10,595.00	45,592.00
	CHEVRON TEXACO CORP	200.00	3,959.42	15,398.00
	CHUBB CORP	200.00	7,321.00	9,836.00
	CISCO SYS INC	400.00	24,018.75	9,576.00
	DEERE & CO	1,400.00	17,231.67	75,726.00
	DIEBOLD INC	1,125.00	18,755.36	32,006.25
	WALT DISNEY	500.00	14,226.68	16,125.00
	DIRECT TV	700.00	4,640.00	6,670.00
	DU PONT E I DE NEMOURS & CO	700.00	31,527.02	23,569.00
	EMERSON ELEC CO	1,800.00	28,676.25	76,680.00
	EXXON MOBIL CORP	1,000.00	16,636.37	68,190.00
	FPL GROUP INC	600.00	16,704.00	31,692.00
	FORD MOTOR CO	1,400.00	21,420.00	14,000.00
	GENERAL ELEC CO	400.00	3,448.33	6,052.00
	GENZYME CORP GENL DIVISION	200.00	11,244.00	9,802.00
	HALLIBURTON CO	800.00	16,090.00	24,072.00
	HOME DEPOT INC	1,500.00	53,206.30	43,395.00
	INTEL CORP	1,200.00	47,437.50	24,480.00
	INTERNATIONAL BUSINESS MACHS	500.00	29,388.75	65,450.00
	KIMBERLY CLARK CORP	500.00	33,312.48	31,855.00
	MCCDONALDS CORP	1,400.00	25,228.00	87,416.00
	MERK & CO INC	200.00	3,793.92	7,308.00
	MICROSOFT CORP	3,000.00	119,741.25	91,440.00

**DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF
UNITED WAY OF CENTRAL STARK COUNTY, INC. AND AFFILIATED AGENCIES
AS OF DECEMBER 31, 2009**

**EMPLOYER ID # 34-6515301 PLAN #333
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS HELD
AT END OF YEAR**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor or similar party	Description of investment including maturity date, rate of interest collateral, par, or maturity value	Cost	Current Value
	NOKIA CORP	500.00	10,805.00	6,425.00
	NORTHROP GRUMMAN CORP	600.00	30,702.00	33,510.00
	ORACLE CORP	3,000.00	40,194.75	73,590.00
	PEPSICO INC	800.00	34,936.00	48,640.00
	PFIZER INC	2,991.00	26,696.37	54,406.29
	PRAXAIR INC	200.00	4,742.27	16,062.00
	SARA LEE CORP	600.00	11,398.28	7,308.00
	SCHLUMBERGER LTD	1,400.00	16,671.22	91,126.00
	SHERWIN WILLIAMS CO	800.00	13,890.00	49,320.00
	SPRINT NEXTEL CORP	700.00	16,715.45	2,562.00
	TAIWAN SEMICONDUCTOR MFG CO	3,030.00	34,557.73	34,663.20
	TARGET CORP	800.00	25,320.00	38,696.00
	TEVA PHARMACEUTICAL INDS LTD	300.00	13,653.99	16,854.00
	TIMKEN CO	300.00	7,211.25	7,113.00
	US BANCORP	1,800.00	51,156.00	40,518.00
	UNION PAC CORP	800.00	18,315.00	51,120.00

**DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF
UNITED WAY OF CENTRAL STARK COUNTY, INC. AND AFFILIATED AGENCIES
AS OF DECEMBER 31, 2009**

**EMPLOYER ID # 34-6515301 PLAN #333
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS HELD
AT END OF YEAR**

(a)	(b) Identity of Issue Borrower, Lessor or similar party	(c) Description of investment including maturity date, rate of interest collateral, par, or maturity value	(d) Cost	(e) Current Value
	VERIZON COMMUNICATIONS	1,000.00	35,962.03	33,130.00
	WELLS FARGO CO	800.00	32,627.65	21,592.00
			1,214,153.34	1,672,984.94
	<u>INVESTMENT FUNDS</u>			
	VICTORY SPECIAL VALUE FUND	998.57	14,000.00	13,530.68
	T ROWE PRICE EMERGING MKTS	1,348.42	29,879.24	40,574.08
	ISHARES S&P GSCI COMMODITY INDEX	1,200.00	32,328.00	38,184.00
	ISHARES MSCI EAFE INDEX FUND	1,200.00	79,118.76	66,336.00
	ISHARES NASDAQ BIOTECH INDEX	500.00	40,020.00	40,915.00
			195,346.00	199,539.76
	<u>COMMON/COLLECTIVE TRUSTS</u>			
	MONEY MARKET FUNDS		34,592.38	34,592.38
*	KEYBANK EB MAGIC FUND CTF	21,080.35	386,633.41	478,677.90
	EB LARGE CAP VALUE FUND	381.00	16,427.40	28,714.76
	EB CONVERTIBLE SECURITIES FUND	2,609.81	80,805.63	229,568.80
	EB VALUE EQUITY FUND CTF	31.00	1,885.02	2,726.44
			520,343.84	774,280.28
	Total Investments		\$ 2,537,041.68	\$ 3,279,024.98

* - Denotes party in interest

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UNITED WAY OF CENTRAL STARK COUNTY, INC. AND AFFILIATED AGENCIES
AS OF DECEMBER 31, 2009

EMPLOYER ID # 34-6515301 PLAN #333
SCHEDULE H, SCHEDULE OF REPORTABLE 5%
TRANSACTION, LINE 4j

01-021



RPT# 1772

5% REPORT BY ASSET-AGGREGATE TRANSACTIONS

01/01/09 THROUGH 12/31/09

ACCOUNT
20-20-217-0231260

UNITED WAY D/B P/P

VALUATION

PAGE 126
3,495,442.07 THRESHOLD 174,772.10

BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
E B MONEY MARKET FUND	SAL	01/31/09	11,536.540	11,536.54	.00	.00	11,536.54	11,536.54	.00
	SAL	02/28/09	169,329.660	169,329.66	.00	.00	169,329.66	169,329.66	.00
	PUR	03/31/09	171,142.480	171,142.48	.00	.00	171,142.48	171,142.48	.00
	PUR	04/30/09	1,810.920	1,810.92	.00	.00	1,810.92	1,810.92	.00
	SAL	05/31/09	291,423.490	291,423.49	.00	.00	291,423.49	291,423.49	.00
	SAL	06/30/09	71,386.510	71,386.51	.00	.00	71,386.51	71,386.51	.00
	SAL	07/31/09	40,574.230	40,574.23	.00	.00	40,574.23	40,574.23	.00
	SAL	08/31/09	15,683.510	15,683.51	.00	.00	15,683.51	15,683.51	.00
	PUR	09/30/09	57,803.420	57,803.42	.00	.00	57,803.42	57,803.42	.00
	PUR	10/31/09	5,929.210	5,929.21	.00	.00	5,929.21	5,929.21	.00
	PUR	11/30/09	2,256.470	2,256.47	.00	.00	2,256.47	2,256.47	.00
	SAL	12/31/09	132,970.970	132,970.97	.00	.00	132,970.97	132,970.97	.00
5 PURCHASES FOR			238,942.50	7 SALES FOR	732,904.91	ISSUE AGGREGATE TOTAL		971,847.41	

Attachment to 2009 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name THE DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER STARK COUNTY, INC. **UN:** 04-6515301
Plan Sponsor's Name UNITED WAY OF GREATER STARK COUNTY, INC. **PN:** 333

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

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

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