

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan THE DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER STARK CO. AND AFFILIATED AGENCIES	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>333</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1977</td> </tr> </table>	1b Three-digit plan number (PN) ►	333	1c Effective date of plan 01/01/1977	
1b Three-digit plan number (PN) ►	333				
1c Effective date of plan 01/01/1977					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) UNITED WAY OF GREATER STARK COUNTY, INC. 4825 HIGBEE AVENUE NW CANTON, OH 44718	<table border="1"> <tr> <td>2b Employer Identification Number (EIN) 34-6515301</td> </tr> <tr> <td>2c Sponsor's telephone number 330-455-0378</td> </tr> <tr> <td>2d Business code (see instructions) 624100</td> </tr> </table>	2b Employer Identification Number (EIN) 34-6515301	2c Sponsor's telephone number 330-455-0378	2d Business code (see instructions) 624100	
2b Employer Identification Number (EIN) 34-6515301					
2c Sponsor's telephone number 330-455-0378					
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.	10/12/2012	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

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

Form 5500 (2011)
v.012611

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	163
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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	70
b Retired or separated participants receiving benefits.....	6b	7
c Other retired or separated participants entitled to future benefits.....	6c	63
d Subtotal. Add lines 6a , 6b , and 6c	6d	140
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	140
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 1I

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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **0** **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan <u>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>2011</u>	
2 Assets:	
a Market value	2a <u>2558641</u>
b Actuarial value	2b <u>2558641</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a (1) Number of participants <u>7</u> (2) Funding Target <u>185804</u>
b For terminated vested participants	3b <u>83</u> <u>744492</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>1939126</u>
(3) Total active	3c(3) <u>73</u> <u>1939126</u>
d Total	3d <u>163</u> <u>2869422</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.90</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>10/09/2012</u>
Signature of actuary		Date
<u>SCOTT C. OTERMAT, FSA</u>		<u>11-01305</u>
Type or print name of actuary		Most recent enrollment number
<u>SCOTT C OTERMAT & ASSOCIATES</u>		<u>419-332-0853</u>
Firm name		Telephone number (including area code)
<u>1786 CR 128</u> <u>FREMONT, OH 43420-8723</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	330177	54194
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	46163	
9	Amount remaining (line 7 minus line 8)	284014	54194
10	Interest on line 9 using prior year's actual return of <u>13.60</u> %	38626	7370
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		4991
b	Interest on (a) using prior year's effective rate of <u>6.68</u> % except as otherwise provided (see instructions)		333
c	Total available at beginning of current plan year to add to prefunding balance		5324
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	121101	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	201539	61564

Part III		Funding percentages	
14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
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	84.39 %
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
02/28/2011	1251	0	04/20/2011	2151	0
03/07/2011	1223	0	05/23/2011	2682	0
03/18/2011	209	0	06/20/2011	1547	0
04/05/2011	1547	0	06/23/2011	2150	0
04/11/2011	1525	0	06/24/2011	2028	0
04/15/2011	2028	0	07/18/2011	1525	0
			Totals ▶	18(b)	40002
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 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 37321
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part II	Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance	
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		
b	Interest on (a) using prior year's effective rate of _____% except as otherwise provided (see instructions)		
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	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 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
08/05/2011	2682	0	12/02/2011	1547	0
09/20/2011	2151	0	12/05/2011	2151	0
10/03/2011	2028	0	12/05/2011	1525	0
10/05/2011	1547	0	12/22/2011	270	0
10/12/2011	1525	0	12/23/2011	2028	0
11/09/2011	2682	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 contributions from prior years.	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c
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: 2.94%	2nd segment: 5.82%	3rd segment: 6.46 %	☐ 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	573884	92867	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	92867	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	61583	0	61583
36 Additional cash requirement (line 34 minus line 35)	36	31284	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	37321	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6037	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	6037	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

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

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	18985	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	15393	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REHMANN RETIERMENT BUILDERS

6161 OAK TREE BLVD, SUITE 340
CLEVELAND, OH 44131

(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	10825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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)

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	2000	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.	

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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning	01/01/2011	and ending	12/31/2011
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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 or DFE 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	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)
--------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: E B MONEY MARKET FD	
--	--

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

c EIN-PN 34-6514544-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2218185
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

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

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

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

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

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

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

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

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

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

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

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

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

b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.	Schedule D (Form 5500) 2011 v.012611
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**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
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</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) ►	<u>333</u>
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) <u>34-6515301</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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)		<u>1118555</u>
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	<u>27939</u>	<u>450</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		<u>2218185</u>
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	<u>479004</u>	<u>0</u>
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	<u>1339592</u>	<u>0</u>
(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)	<u>514184</u>	<u>0</u>
(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)	<u>220866</u>	<u>0</u>
(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	2581585	3337190

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		1118555
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	1118555

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2581585	2218635
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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)	40002	
(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)		40002
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)	0	
(C) Corporate debt instruments	2b(1)(C)	9108	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9108
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	12014	
(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)		12014
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1894653	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1848169	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		46484

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8667
(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)		9453
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		125728

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	424716	
(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)		424716
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)	34310	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	15354	
(4) Other	2i(4)	14298	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		63962
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		488678

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-362950
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.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☒ Yes ☐ No Amount:

0

- 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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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.....	<u>1</u>	<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.....	<u>3</u>	<u>22</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)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	<u>6a</u>		
b Enter the amount contributed by the employer to the plan for this plan year	<u>6b</u>		
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).....	<u>6c</u>		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AUDITED FINANCIAL STATEMENTS

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

December 31, 2011 and 2010



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 Greater
Stark County, Inc. and Affiliated Agencies
Canton, Ohio

We were engaged to audit the financial statements of the Defined Benefit Pension Plan for the Employees of United Way of Greater Stark County, Inc. and Affiliated Agencies as of December 31, 2011 and 2010, and for the years then ended and the supplemental schedule as of and for the year ended December 31, 2011, as listed in the accompanying index. 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 K, 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 schedule. 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, 2011 and 2010, that the information provided to the Plan Administrator by the trustee is complete and accurate.

As described in Note A to the financial statements, the respective board of directors at the United Way and affiliated agencies, collectively the plan sponsors, voted on May 25, 2011, to terminate the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which the accumulated benefit information are stated, from the ongoing plan basis to the liquidation basis for periods after December 31, 2010.

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 schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, 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 4, 2012

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

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

December 31, 2011 (liquidation basis) and 2010

	<u>2011</u>	<u>2010</u>
<u>ASSETS</u>		
Cash equivalents	\$ 2,218,185	\$ -
Investments - at fair value:		
Corporate obligations	-	479,004
Corporate stocks	-	1,339,592
Investment funds	-	220,866
Common/collective trusts	-	514,184
	<u>-</u>	<u>2,553,646</u>
Receivables:		
Contributions	1,118,555	-
Other receivables	-	20,980
Accrued interest and dividends	450	6,959
	<u>1,119,005</u>	<u>27,939</u>
TOTAL ASSETS	<u>3,337,190</u>	<u>2,581,585</u>
<u>LIABILITIES</u>		
Termination liability	1,118,555	-
Accrued expenses	<u>5,183</u>	<u>5,876</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,213,452</u>	<u>\$ 2,575,709</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 GREATER STARK COUNTY, INC. AND AFFILIATED AGENCIES

For the years ended December 31, 2011 (liquidation basis) and 2010

	<u>2011</u>	<u>2010</u>
<u>ADDITIONS TO NET ASSETS</u>		
Employer contributions	\$ 40,002	\$ 38,651
Investment income:		
Net appreciation in fair value		
of investments, including realized gains	64,604	304,207
Interest and dividends from investments	21,122	57,452
Total investment income	<u>85,726</u>	<u>361,659</u>
 TOTAL ADDITIONS TO NET ASSETS	 125,728	 400,310
 <u>DEDUCTIONS FROM NET ASSETS</u>		
Benefits paid directly to participants	424,716	1,054,420
Administrative expenses	63,269	52,524
TOTAL DEDUCTIONS FROM NET ASSETS	<u>487,985</u>	<u>1,106,944</u>
 NET (DECREASE)	 (362,257)	 (706,634)
 <u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	<u>2,575,709</u>	<u>3,282,343</u>
 End of year	 <u>\$ 2,213,452</u>	 <u>\$ 2,575,709</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 GREATER STARK COUNTY, INC. AND AFFILIATED AGENCIES

December 31, 2011 (liquidation basis) and 2010

NOTE A - DESCRIPTION OF THE PLAN

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

Plan Termination

In May 2011 the plan sponsor voted to terminate the Plan effective October 31, 2011. In August 2011, a favorable determination letter application was filed with the Internal Revenue Service (IRS) with respect to the termination of the Plan. As a result of the termination, an estimated unfunded termination liability of \$1,118,555 was recorded and a matching contribution receivable was created. (See Note M.)

Plan Election

Effective December 31, 2005 the board elected to freeze participation within the Plan. The 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.

General

The Plan is a defined benefit plan covering substantially all employees of United Way of Greater 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.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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.

Basis of Accounting

As a result of the termination, the plan changed its basis of accounting from the accrual basis to the liquidation basis. There were no material changes to the financial statements as a result of this change in accounting.

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.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

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.

The actuarial present value of accumulated plan benefits is determined by an actuary from Rehmann Financial 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, 2010 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 2011 valuation included assumed average rates of return of 7.5%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. As a result of the termination, different actuarial assumptions and other factors will be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTE C - FUNDING POLICY

The Agency'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 Agency holds accumulated contributions (including investment earnings) for present employees at December 31, 2011 and 2010 of \$- and \$22,943, respectively. The Agency's contributions for 2011 and 2010 exceeded the minimum funding requirements of ERISA.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - FUNDING POLICY (CONTINUED)

The Agency 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. (See Note A.)

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

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.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE D - PLAN TERMINATION (CONTINUED)

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. 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.

In March 2011, the Agency voted to terminate the Plan. See Note A and M.

NOTE E - FAIR VALUE MEASUREMENTS

The Plan's investments as of December 31, 2010 are reported at fair value in the accompanying statement of net assets available for benefit. As a result of the termination, the Plan converted its investments to cash and as such the Plan had no investments as of December 31, 2011.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

	Fair Value	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)
December 31, 2010:				
Registered investment companies	\$ 2,039,462	\$ 2,039,462	\$ -	\$ -
Common/collective trusts	514,184	-	514,184	-
	<u>\$ 2,553,646</u>	<u>\$ 2,039,462</u>	<u>\$ 514,184</u>	<u>\$ -</u>

FASB ASC 820, Fair Value Measurements 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, 2010.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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>2011</u>	<u>2010</u>
Investments at fair value as determined by quoted market price:		
Corporate obligations	\$ -	\$ 479,004
Corporate stocks	-	1,339,592
Investment funds	-	220,866
Common/collective trusts:		
Money market funds	-	48,653
Keybank EB magic fund	-	453,849
EB Convertible Securities	-	619
Other trusts	-	11,063
	<u>\$ -</u>	<u>\$ 2,553,646</u>

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the respective years) appreciated in value as follows:

	<u>2011</u>	<u>2010</u>
Appreciation of investments:		
Corporate stocks/obligations	\$ 55,151	\$ 278,387
Investment funds	<u>9,453</u>	<u>25,820</u>
Net appreciation in fair value of investments	<u>\$ 64,604</u>	<u>\$ 304,207</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE G - ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits as of the beginning of the 2011 Plan year is presented as follows:

Vested benefits:	
Terminated participants	\$ 546,884
Retired participants	157,398
Active participants	<u>1,484,961</u>
	2,189,243
Non-vested benefits	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 2,189,243</u></u>

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

Present value, January 1, 2010	\$ 2,828,593
Increase (decrease) during the year attributable to:	
Benefits accumulated	264,233
Changes in assumptions	-
Increase for interest due to the decrease in the discount period	171,817
Benefits paid	<u>(1,075,400)</u>
	<u>(639,350)</u>
Present value, January 1, 2011	<u><u>\$ 2,189,243</u></u>

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Form 5500 for 2011 and 2010 was prepared on a modified cash basis. The following adjustments are necessary to reconcile to the accompanying financial statements:

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500
(CONTINUED)

	<u>2011</u>	<u>2010</u>
Statement of net assets available for benefits:		
Accrued expenses	\$ (5,183)	\$ (5,876)
Net effect of adjustments	(5,183)	(5,876)
Net assets available for benefits, per 5500	<u>2,218,635</u>	<u>2,581,585</u>
Net assets available for benefits, per accompanying financial statements	<u>\$ 2,213,452</u>	<u>\$ 2,575,709</u>
	<u>2011</u>	<u>2010</u>
Statement of changes in net assets available for benefits:		
Administrative expenses, per 5500	\$ 63,962	\$ 52,674
Add – accrued administrative expenses, end of year	5,183	5,876
Less – accrued administrative expenses, beginning of year	<u>(5,876)</u>	<u>(6,026)</u>
Administrative expenses, per accompanying financial statements	<u>\$ 63,269</u>	<u>\$ 52,524</u>

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. (See Note M.)

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE J - RELATED PARTIES

Several employers of the Plan (affiliated agencies) received funding from the United Way of Greater Stark County, Inc. during 2011 and 2010, including the Community Services of Stark County, Trillium Family Services, Inc., and Canton Urban League, Inc. Meals on Wheels and Margaret B. Shipley Child Health Clinic does not request funds from the United Way of Greater Stark County, Inc. but does receive designated funds from United Way contributors.

NOTE K - 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>2011</u>	<u>2010</u>
Cash equivalents	\$ 2,218,185	\$ -
Investments at fair value	-	2,553,646
Accrued interest	450	6,959
Investment income received	21,122	57,452
Net appreciation in fair value	64,604	304,207

NOTE L - 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.

NOTE M - SUBSEQUENT EVENTS

On August 31, 2012, a favorable determination letter was received from the Internal Revenue Service with respect to the termination of the Plan.

On October 4, 2012, a contribution of \$1,118,555 was made to the Plan from the agencies to offset the estimated unfunded termination liability.

The Plan has evaluated subsequent events through October 4, 2012 the date which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF
UNITED WAY OF GREATER STARK COUNTY, INC. AND AFFILIATED AGENCIES
AS OF DECEMBER 31, 2011

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

01-017

5% REPORT BY ASSET-AGGREGATE TRANSACTIONS

RPT# 1772

01/01/11 THROUGH 12/31/11

ACCOUNT 20-20-217-0231260 UNITED WAY D/B P/P VALUATION 2,537,661.59 THRESHOLD 105 PAGE 105
126,883.07

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 01/31/11		2,627.220	2,627.22	.00	.00	2,627.22	2,627.22	.00
	PUR 02/28/11		29,561.960	29,561.96	.00	.00	29,561.96	29,561.96	.00
	PUR 03/31/11		85,470.120	85,470.12	.00	.00	85,470.12	85,470.12	.00
	SAL 04/30/11		27,955.890	27,955.89	.00	.00	27,955.89	27,955.89	.00
	SAL 05/31/11		43,428.030	43,428.03	.00	.00	43,428.03	43,428.03	.00
	PUR 06/30/11		1,695,137.250	1,695,137.25	.00	.00	1,695,137.25	1,695,137.25	.00
	PUR 07/31/11		598,492.620	598,492.62	.00	.00	598,492.62	598,492.62	.00
	SAL 08/31/11		51,112.100	51,112.10	.00	.00	51,112.10	51,112.10	.00
	SAL 09/30/11		74,768.180	74,768.18	.00	.00	74,768.18	74,768.18	.00
	SAL 10/31/11		14,838.740	14,838.74	.00	.00	14,838.74	14,838.74	.00
	SAL 11/30/11		24,222.530	24,222.53	.00	.00	24,222.53	24,222.53	.00
	PUR 12/30/11		1,622.630	1,622.63	.00	.00	1,622.63	1,622.63	.00
5 PURCHASES FOR			2,410,284.58	7 SALES FOR	238,952.69	ISSUE AGGREGATE TOTAL	2,649,237.27		
KEYBANK EB MAGIC FUND CTF	SAL 06/07/11		4,250.364	100,019.14	.00	.00	78,339.48	99,018.61	1,000.53
	SAL 07/06/11		11,370.773	268,065.97	.00	.00	209,577.46	264,899.21	3,166.76
	SAL 07/13/11		3,454.175	81,467.41	.00	.00	63,664.73	80,470.19	997.22
0 PURCHASES FOR			.00	3 SALES FOR	449,552.52	ISSUE AGGREGATE TOTAL	449,552.52		
EB DIVERSIFIED STOCK FUND CTF	PUR 06/09/11		6,082.096	99,307.25	.00	.00	99,307.25	99,307.25	.00
	SAL 07/06/11		1,239.648	20,955.13	.00	.00	20,240.73	20,240.73	714.40
	SAL 07/13/11		4,842.448	80,426.28	.00	.00	79,066.52	79,066.52	1,359.76
1 PURCHASES FOR			99,307.25	2 SALES FOR	101,381.41	ISSUE AGGREGATE TOTAL	200,688.66		

Schedule SB, line 26 - 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
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	1	2	0	0	0	0	0	0
35 to 39	0	0	6	5	0	0	0	0	0	0
40 to 44	0	0	2	1	0	0	0	0	0	0
45 to 49	0	0	4	4	3	0	0	0	0	0
50 to 54	0	0	5	4	3	1	1	1	0	0
55 to 59	0	0	4	0	2	5	1	0	0	0
60 to 64	0	0	3	2	2	2	2	1	0	0
65 to 69	0	0	2	3	0	0	0	0	0	0
70 & Up	0	0	0	0	1	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 Central Stark County & Affiliated Agencies
United Way of Greater Stark County, Inc. DB Pension Plan
Plan Specifications - Pension Protection Act Report
Valuation as of 01/01/2011 for the Plan Year Ending 12/31/2011**

Target Assumptions:

Male Nonannuitant: 2011 Nonannuitant Male
Female Nonannuitant: 2011 Nonannuitant Female
Male Annuitant: 2011 Annuitant Male
Female Annuitant: 2011 Annuitant 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:	2.94	5.82	6.46
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	2.94	5.82	6.46
Override:	0.00	0.00	0.00

Options:

Use optional combined mortality table for small plans: Yes
Male Optional: 2011 Optional table small plans Male
Female Optional: 2011 Optional table small plans Female
Use discount rate transition: No
Lump sums use: Final regulations

Actuarial Equivalent Floor

Stability period: plan year
Lookback months: 1
Nonannuitant: 2011 Applicable
Annuitant: 2011 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	2.47	5.07	6.10
Override:	0.00	0.00	0.00

DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF
UNITED WAY OF GREATER STARK COUNTY, INC. AND AFFILIATED AGENCIES
AS OF DECEMBER 31, 2011

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

01-017

5% REPORT BY ASSET-AGGREGATE TRANSACTIONS

RPT# 1772

01/01/11 THROUGH 12/31/11

ACCOUNT 20-20-217-0231260 UNITED WAY D/B P/P VALUATION 2,537,661.59 THRESHOLD 105 PAGE 105
126,883.07

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 01/31/11		2,627.220	2,627.22	.00	.00	2,627.22	2,627.22	.00
	PUR 02/28/11		29,561.960	29,561.96	.00	.00	29,561.96	29,561.96	.00
	PUR 03/31/11		85,470.120	85,470.12	.00	.00	85,470.12	85,470.12	.00
	SAL 04/30/11		27,955.890	27,955.89	.00	.00	27,955.89	27,955.89	.00
	SAL 05/31/11		43,428.030	43,428.03	.00	.00	43,428.03	43,428.03	.00
	PUR 06/30/11		1,695,137.250	1,695,137.25	.00	.00	1,695,137.25	1,695,137.25	.00
	PUR 07/31/11		598,492.620	598,492.62	.00	.00	598,492.62	598,492.62	.00
	SAL 08/31/11		51,112.100	51,112.10	.00	.00	51,112.10	51,112.10	.00
	SAL 09/30/11		74,768.180	74,768.18	.00	.00	74,768.18	74,768.18	.00
	SAL 10/31/11		14,838.740	14,838.74	.00	.00	14,838.74	14,838.74	.00
	SAL 11/30/11		24,222.530	24,222.53	.00	.00	24,222.53	24,222.53	.00
	PUR 12/30/11		1,622.630	1,622.63	.00	.00	1,622.63	1,622.63	.00
5 PURCHASES FOR			2,410,284.58	7 SALES FOR	238,952.69	ISSUE AGGREGATE TOTAL	2,649,237.27		
KEYBANK EB MAGIC FUND CTF	SAL 06/07/11		4,250.364	100,019.14	.00	.00	78,339.48	99,018.61	1,000.53
	SAL 07/06/11		11,370.773	268,065.97	.00	.00	209,577.46	264,899.21	3,166.76
	SAL 07/13/11		3,454.175	81,467.41	.00	.00	63,664.73	80,470.19	997.22
0 PURCHASES FOR			.00	3 SALES FOR	449,552.52	ISSUE AGGREGATE TOTAL	449,552.52		
EB DIVERSIFIED STOCK FUND CTF	PUR 06/09/11		6,082.096	99,307.25	.00	.00	99,307.25	99,307.25	.00
	SAL 07/06/11		1,239.648	20,955.13	.00	.00	20,240.73	20,240.73	714.40
	SAL 07/13/11		4,842.448	80,426.28	.00	.00	79,066.52	79,066.52	1,359.76
1 PURCHASES FOR			99,307.25	2 SALES FOR	101,381.41	ISSUE AGGREGATE TOTAL	200,688.66		

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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan 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 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>01</u> Day <u>01</u> Year <u>2011</u>		
2	Assets:		
	a Market value	2a	2558641
	b Actuarial value	2b	2558641
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	7
	b For terminated vested participants	3b	83
	c For active participants:		
	(1) Non-vested benefits	3c(1)	0
	(2) Vested benefits	3c(2)	1939126
	(3) Total active	3c(3)	73
	d Total	3d	163
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	5.90%
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 Signature of actuary	<u>9 Oct 12</u> Date 1101305
	SCOTT C. OTERMAT, FSA Type or print name of actuary	Most recent enrollment number 419-332-0853
	SCOTT C OTERMAT & ASSOCIATES Firm name	Telephone number (including area code) 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 ☐

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	330177	54194
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	46163	
9 Amount remaining (line 7 minus line 8)	284014	54194
10 Interest on line 9 using prior year's actual return of <u>13.60%</u>	38626	7370
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		4991
b Interest on (a) using prior year's effective rate of <u>6.68%</u> except as otherwise provided (see instructions)		333
c Total available at beginning of current plan year to add to prefunding balance		5324
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	121101	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	201539	61564

Part III Funding percentages

14 Funding target attainment percentage	14	80.00%
15 Adjusted funding target attainment percentage	15	80.00%
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	84.39%
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
02/28/2011	1251	0	10/03/2011	2028	0
03/07/2011	1223	0	10/05/2011	1547	0
03/18/2011	209	0	10/12/2011	1525	0
04/05/2011	1547	0	11/09/2011	2682	0
04/11/2011	1525	0	12/02/2011	1547	0
04/15/2011	2028	0	12/05/2011	2151	0
04/20/2011	2151	0	12/05/2011	1525	0
05/23/2011	2682	0	12/22/2011	270	0
06/20/2011	1547	0	12/23/2011	2028	0
06/23/2011	2150	0			
06/24/2011	2028	0			
07/18/2011	1525	0			
08/05/2011	2682	0			
09/20/2011	2151	0			
Totals ▶			18(b)	40002	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	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	37321

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:			
a Segment rates:	1st segment: 2.94%	2nd segment: 5.82%	3rd segment: 6.46%
			☐ 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	573884	92867	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	92867	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	61583	0	61583
36 Additional cash requirement (line 34 minus line 35)	36	31284	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	37321	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6037	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	6037	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

**United Way of Central Stark County & Affiliated Agencies
United Way of Greater Stark County, Inc. DB Pension Plan
Plan Specifications Report
Valuation as of 01/01/2011 for the Plan Year Ending 12/31/2011**

Employer and Plan Data

Initial effective date	01/01/1977
Plan year begins	01/01/2011
Plan year ends	12/31/2011
Valuation date	01/01/2011

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 Central Stark County & Affiliated Agencies
United Way of Greater Stark County, Inc. DB Pension Plan
Plan Specifications Report
Valuation as of 01/01/2011 for the Plan Year Ending 12/31/2011**

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%

Name of Plan: United Way of Greater Stark Co. & Affiliated Agencies Defined Benefit Plan

▶

Plan number:▶ 333

[illegible]

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

Valuation as of January 1, 2011 for the Plan Year ending December 31, 2011

<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	391,755	5	82,956
Shortfall	1/1/2010	(49,282)	7	(45,101)	6	(8,236)
Shortfall	1/1/2011	227,230	7	227,230	7	36,720
						111,440