

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 <u>EMPLOYEE BENEFITS PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES</u>	1b Three-digit plan number (PN) ► <u>333</u> 1c Effective date of plan <u>11/01/1945</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>UNITED WAY OF GREATER TOLEDO</u> <u>424 JACKSON ST</u> <u>TOLEDO, OH 43604</u>	2b Employer Identification Number (EIN) <u>34-4427947</u> 2c Sponsor's telephone number <u>419-254-4639</u> 2d Business code (see instructions) <u>813000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2012</u>	<u>KATHLEEN DOTY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") UNITED WAY OF GREATER TOLEDO 424 JACKSON ST TOLEDO, OH 43604	3b Administrator's EIN 34-4427947 3c Administrator's telephone number 419-254-4639
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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	1654
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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	336
b Retired or separated participants receiving benefits.....	6b	373
c Other retired or separated participants entitled to future benefits.....	6c	864
d Subtotal. Add lines 6a , 6b , and 6c	6d	1573
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	28
f Total. Add lines 6d and 6e	6f	1601
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	10

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

1A 1G

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

9a Plan funding arrangement (check all that apply)	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)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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>EMPLOYEE BENEFITS PLAN OF UNITED WAY OF GREATER TOLEDO 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 TOLEDO</u>	D Employer Identification Number (EIN) <u>34-4427947</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA LIFE INS. CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>13-1614399</u>	<u>88668</u>	<u>710000K</u>	<u>1601</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>0</u>	<u>2219</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JAMES FERGUSON 28411 NORTHWESTERN HWY STE 1100
SOUTHFIELD, MI 48034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>0</u>	<u>881</u>	<u>COMPENSATION</u>	<u>3</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ROLA K. ISMAIL 28411 NORTHWESTERN HWY STE 1100
SOUTHFIELD, MI 48034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>0</u>	<u>421</u>	<u>COMPENSATION</u>	<u>3</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SARAH BIBBEE

28411 NORTHWESTERN HWY STE 1100
SOUTHFIELD, MI 48034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	318	COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CHRISTOPHER SCHUPPE

28411 NORTHWESTERN HWY STE 1100
SOUTHFIELD, MI 48034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	318	COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOHN P. SCHILLER

28411 NORTHWESTERN HWY STE 1100
SOUTHFIELD, MI 48034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	281	COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1698595
5 Current value of plan's interest under this contract in separate accounts at year end	5	30775228

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	1410820
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c Additions: (1) Contributions deposited during the year	7c(1)	1815408	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	30662	
(4) Transferred from separate account	7c(4)	300000	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	2146070
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d Total of balance and additions (add b and c(6))	7d	3556890
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1545567	
(2) Administration charge made by carrier	7e(2)	34924	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	277804	

▶ **ADJUSTMENT TO THE FUND**

(5) Total deductions	7e(5)	1858295
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f Balance at the end of the current year (subtract e(5) from d)	7f	1698595
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 EMPLOYEE BENEFITS PLAN OF UNITED WAY OF GREATER TOLEDO 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 TOLEDO	D Employer Identification Number (EIN) 34-4427947

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 01 Day 01 Year 2011		
2 Assets:		
a Market value	2a	33254312
b Actuarial value	2b	30122021
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 383	14304740
b For terminated vested participants	3b 864	16517673
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	7952549
(3) Total active	3c(3) 336	7952549
d Total	3d 1583	38774962
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.29 %
6 Target normal cost	6	221119

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	09/04/2012
Signature of actuary	Date
MARK T. KOEHNE, E.A., M.A.A.A.	11-03766
Type or print name of actuary	Most recent enrollment number
MUTUAL OF AMERICA	212-224-1482
Firm name	Telephone number (including area code)
320 PARK AVENUE NEW YORK, NY 10022-6839	
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)	0	0
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)	0	0
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)		0
b	Interest on (a) using prior year's effective rate of <u>6.60</u> % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	77.68 %
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
			Totals ►	18(b)	0
				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 0
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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 0
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 1

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	0	0	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If 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	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>EMPLOYEE BENEFITS PLAN OF UNITED WAY OF GREATER TOLEDO 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 TOLEDO</u>	D Employer Identification Number (EIN) <u>34-4427947</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

<u>FIDELITY MANAGEMENT & RESEARCH CO.</u>	<u>82 DEVONSHIRE ST</u> <u>BOSTON, MA 02109</u>
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(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

<u>THE VANGUARD GROUP</u>	<u>PO BOX 2600</u> <u>VALLEY FORGE, PA 18482</u>
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<u>DEUTSCHE ASSET MANAGEMENT</u>	<u>222 SOUTH RIVERSIDE PLAZA</u> <u>CHICAGO, IL 60606</u>
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

MUTUAL OF AMERICA LIFE INSURANCE CO

320 PARK AVENUE
NEW YORK, NY 10022

(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?
12 15	NONE	103853	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>EMPLOYEE BENEFITS PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UNITED WAY OF GREATER TOLEDO</u>	D Employer Identification Number (EIN) <u>34-4427947</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NO. 1

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INS. CO.

c EIN-PN <u>13-1614399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30775228</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 EMPLOYEE BENEFITS PLAN OF UNITED WAY OF GREATER TOLEDO 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 TOLEDO	D Employer Identification Number (EIN) 34-4427947

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	416549	138757
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	31302291	30775229
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1410820	1698595
(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	33129660	32612581

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	33129660	32612581
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1537616	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1537616

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	30662	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		30662

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-227063
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1341215

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1545566	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1545566
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	312728	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		312728
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1858294

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-517079
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SPILMAN, HILLS & HEIDEBRINK, LTD

(2) EIN: 34-1833111

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		500000
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:

- 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.
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan EMPLOYEE BENEFITS PLAN OF UNITED WAY OF GREATER TOLEDO 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 TOLEDO		D Employer Identification Number (EIN) 34-4427947
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
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): 13-1614399		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 10
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)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
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		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2011 v.012611		

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: 60% Investment-Grade Debt: 34% High-Yield Debt: 2% Real Estate: _____% Other: 4%

- 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): _____

**EMPLOYEE BENEFITS PLAN
OF UNITED WAY OF GREATER TOLEDO AND
AFFILIATED AGENCIES
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010**

See Independent Auditors' Report

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Independent Auditors' Report

Plan Administrator
Employee Benefits Plan of United Way of
Greater Toledo and Affiliated Agencies
Toledo, Ohio

We were engaged to audit the financial statements of the Employee Benefits Plan of United Way of Greater Toledo and Affiliated Agencies (the Plan) as of December 31, 2011 and 2010, and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2011, as listed in the table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the 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 investment information summarized in Note 4, which was certified by Mutual of America Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Spilman, Hills & Heidebrink, Ltd.

October 11, 2012

EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
Mutual of America Group Annuity Contract (Note 4)		
Separate accounts	\$ 30,775,229	\$ 31,302,291
General account	<u>1,698,595</u>	<u>1,410,820</u>
	32,473,824	32,713,111
Employers' Contributions Receivable	<u>138,757</u>	<u>654,165</u>
Assets Available for Benefits	<u><u>\$ 32,612,581</u></u>	<u><u>\$ 33,367,276</u></u>

*See Independent Auditors' Report
and Accompanying Notes*

EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
Additions to Assets Attributed to		
Investment income (loss) (Note 4)		
Separate accounts	\$ (227,063)	\$ 4,334,006
General account	<u>30,662</u>	<u>34,431</u>
Total Investment Income (Loss)	(196,401)	4,368,437
Employers' contributions	<u>1,300,000</u>	<u>1,300,000</u>
Total Additions	1,103,599	5,668,437
Deductions from Assets Attributed to		
Benefit payments	1,545,566	1,417,875
Administrative expenses	<u>312,728</u>	<u>275,654</u>
Total Deductions	<u>1,858,294</u>	<u>1,693,529</u>
Change in Assets Available for Benefits	(754,695)	3,974,908
Assets Available for Benefits at Beginning of Year	<u>33,367,276</u>	<u>29,392,368</u>
Assets Available for Benefits at End of Year	<u><u>\$ 32,612,581</u></u>	<u><u>\$ 33,367,276</u></u>

*See Independent Auditors' Report
and Accompanying Notes*

EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

NOTE 1 - DESCRIPTION OF THE PLAN

The information below is intended as a general description of the operating guidelines of the Employee Benefits Plan of United Way of Greater Toledo and Affiliated Agencies (the Plan). Reference should be made to the Plan document for more complete information.

General - The Plan is a defined benefit plan for the United Way of Greater Toledo (plan administrator) and thirty-two of its affiliated nonprofit agencies (collectively, the Plan Sponsor).

In September 2003, the Board of Trustees (the Board) of the United Way of Greater Toledo approved an amendment to the Plan which provided that benefit accrual service ceased to accrue for any participant as of December 31, 2003, and that final average earnings will not include any compensation earned by any participant after that date. The frozen Plan and corresponding trust will remain in existence as long as necessary to pay accumulated Plan benefits.

Benefits - The Plan covers substantially all employees of the Plan Sponsor hired before December 31, 2003, who were 21 years of age or older and had completed one year of continuous employment by that date. The Plan provides retirement benefits based on participants' final average earnings, as defined in the Plan document, and years of benefit accrual service. Prior to March 1, 1996, annuity contracts were purchased upon retirement for participants qualified to receive benefits under the Plan. These annuity contracts and related benefit obligations are excluded from the assets of the Plan and its accumulated Plan benefits. After March 1, 1996, the Plan was amended to provide that monthly benefits payable under the Plan be provided from the funds held by the Plan, as opposed to being paid through the purchase of annuity contracts.

Vesting - All participants in the Plan are fully vested as of December 31, 2008.

Contributions - Contributions are not less than amounts which are required to be contributed on the basis of accepted actuarial procedures to fund past service costs. In 2010, the Board approved a funding policy that requires contributions to the Plan each year in the amount of the greater of \$1,300,000 or the minimum required contribution, beginning with the 2010 Plan year. Contributions of \$1,300,000 in both 2011 and 2010 exceeded minimum required contributions.

Termination of the Plan - In the event of termination of the Plan, the assets of the Plan would be set aside and used to purchase annuities for participants in the order stated in the Plan. Whether a particular participant's accumulated Plan benefits would be paid depends on both the priority of those benefits, and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's benefit guarantee, while other benefits may not be provided for at all.

It is the Board's intention to terminate the Plan when it becomes fully funded.

See Independent Auditors' Report

EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Party-In-Interest Transactions - The group annuity contract that holds the Plan's investments is offered by Mutual of America Life Insurance Company (Mutual of America), the trustee of the Plan. Therefore, those investments, with a fair value of \$32,473,824 at December 31, 2011 and \$32,713,111 at December 31, 2010, qualify as party-in-interest investments which are exempt from the prohibited transaction rules.

The Plan pays certain administrative expenses including fund fees, contract fees and retirement set-up charges to the trustee and investment managers, as well as actuary and audit fees and PBGC premiums. These expenses were \$312,728 in 2011 and \$275,654 in 2010.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accounts of the Plan are maintained on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The Plan utilizes fair value measurements to record fair value adjustments to its investments and to determine fair value disclosures. The separate accounts and general account are recorded at fair value on a recurring basis. There were no other assets measured at fair value at December 31, 2011 and 2010.

The Plan classifies its investments at fair value in three levels based on the markets in which the investments are traded and the reliability of the assumptions used to determine fair value. Level 1 refers to securities valued using quoted prices in active markets for identical assets. Level 2 refers to securities not traded in an active market but for which observable market inputs are readily available. Level 3 refers to securities valued based on significant unobservable inputs. See Note 5 for information regarding fair value of the Plan's investments.

Investment income is recorded as earned and includes the Plan's gains and losses on investments bought, sold and held during the year as well as dividends and capital gains distributions.

Contributions - Contributions are recorded in the Plan year to which they apply.

Benefit Payments - Benefit payments to participants are recorded when paid and include benefit payment administrative charges of \$23,675 in 2011 and \$21,960 in 2010.

See Independent Auditors' Report

EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
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NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Tax Status - The Internal Revenue Service issued a determination letter dated June 15, 2009, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the IRC) and that the trust established hereunder was, therefore, not subject to federal income tax under the IRC. The Plan has been amended since the date of the letter; however, the Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and that the Plan is qualified and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate income tax positions taken by the Plan and recognize a liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

Risks and Uncertainties - The Plan's investment in a group annuity contract ultimately consists of 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 and the level of uncertainty related to changes in the values of these securities, it is at least reasonably possible that changes in value will occur in the near term and that these changes could materially affect the amounts reported in the Plan's financial statements.

Subsequent Events - The plan administrator has evaluated subsequent events for recognition or disclosure in the financial statements through October 11, 2012, the date of the financial statements were available to be issued.

Estimates and Assumptions - The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect the recorded amounts of assets, liabilities and changes therein, the disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results could differ from those estimates.

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

See Independent Auditors' Report

EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by participants prior to the date the Plan was frozen. Accumulated plan benefits include benefits expected to be paid to retired or terminated participants or their beneficiaries and present participants or their beneficiaries. Benefits for retired or terminated participants or their beneficiaries are based on those participants' average annual earnings during the five consecutive calendar years out of the last ten completed years of service, which produce the highest average earnings. Due to the Plan's frozen status, final average earnings will not include any compensation after December 31, 2003, and benefit accrual service ceased to accrue as of that date. Benefits payable under all circumstances, retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to service rendered prior to the Plan being frozen.

The Plan's actuary has estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. A portion of the actuarial present value of accumulated plan benefits will be paid using assets contributed to a prior defined contribution plan.

Assets of that prior plan, which are not included in the assets available for benefits of the Plan, are used to pay a portion of the benefits of participants who had earned credited service under that plan. The changes in the present value of accumulated plan benefits, therefore, include benefits paid by the prior plan. Benefits paid by the prior plan were \$29,501 in 2011 and \$30,017 in 2010. Assets available for benefits of the prior plan amounted to \$96,687 at December 31, 2011 and \$124,650 at December 31, 2010.

The actuarial present value of accumulated plan benefits is as follows as of the valuation date of January 1, 2011 (most recent information available):

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits

Retired participants	\$ 12,463,570
Other inactive participants	13,291,230
Active participants	<u>6,436,341</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 32,191,141</u>

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EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
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FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

Changes in the actuarial present value of accumulated plan benefits are as follows for the valuation year ended January 1, 2011 (most recent information available):

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Period	\$ 29,290,700
Change attributable to	
Changes in actuarial assumptions	1,619,545
Benefits accumulated and miscellaneous	316,663
Decrease in the discount period	2,412,125
Benefit payments	<u>(1,447,892)</u>
Net Change	<u>2,900,441</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Period	<u>\$ 32,191,141</u>

The significant actuarial assumptions used in calculating accumulated plan benefits are as follows:

Valuation interest rate	8%
Retirement age	Normal retirement age (65), or immediate, if past the normal retirement age
Participant withdrawal rates	None
Mortality basis	IRS 2011 Static mortality table for males and females

The mortality tables used in completing the actuarial valuation were changed to the 2011 tables mentioned above from the corresponding 2010 tables. The valuation interest rate was changed from 8.5% in 2010 to 8% in 2011 and the participant withdrawal rates were removed. All other actuarial methods and assumptions used in 2011 were consistent with 2010. These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
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NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

NOTE 4 - INVESTMENTS

Investments are managed according to an investment policy established by the Pension Committee of the plan administrator. The following investment information, included in the accompanying financial statements and the information included in the supplemental schedules, was obtained or derived from data certified by Mutual of America to be complete and accurate in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. This investment information has not been audited by independent auditors.

The fair value of the Plan's investments is as follows as of December 31:

	<u>2011</u>	<u>2010</u>
Mutual of America Group Annuity Contract		
Separate Accounts		
Managed by Mutual of America		
All American Fund	\$ 5,247,151	\$ 5,242,675
Mid-Term Bond Fund	5,214,087	3,910,958
Pension Bond Fund	5,359,326	4,334,433
Mid Cap Value Fund	2,564,312	2,623,867
Small Cap Value Fund	1,955,404	2,007,929
Small Cap Growth Fund	1,641,590	1,682,552
Managed by DWS Scudder		
Pension Bond Fund	1,374,808	3,262,803
Pension Capital Growth Fund	2,498,354	2,619,124
Managed by Vanguard		
International Fund	2,849,751	3,300,720
Managed by Fidelity		
VIP Mid Cap Fund	<u>2,070,446</u>	<u>2,317,230</u>
	30,775,229	31,302,291
General Account - Mutual of America Interest		
Accumulation Account	<u>1,698,595</u>	<u>1,410,820</u>
Total Investments	<u>\$ 32,473,824</u>	<u>\$ 32,713,111</u>

See Independent Auditors' Report

EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

NOTE 4 - INVESTMENTS (Continued)

Investment income (loss) from the group annuity contract consisted of the following for the years ended December 31:

	<u>2011</u>	<u>2010</u>
Mutual of America Group Annuity Contract		
Separate Accounts		
Managed by Mutual of America		
All American Fund	\$ 4,476	\$ 817,399
Mid-Term Bond Fund	303,129	244,322
Pension Bond Fund	354,893	266,376
Mid Cap Value Fund	(59,555)	432,165
Small Cap Value Fund	(52,525)	473,907
Small Cap Growth Fund	(40,962)	471,477
Managed by DWS Scudder		
Pension Bond Fund	82,005	193,889
Pension Capital Growth Fund	(120,770)	387,183
Managed by Vanguard		
International Fund	(450,969)	463,316
Managed by Fidelity		
VIP Mid Cap Fund	<u>(246,785)</u>	<u>583,972</u>
	(227,063)	4,334,006
General Account	<u>30,662</u>	<u>34,431</u>
Total Investment Income (Loss)	<u>\$ (196,401)</u>	<u>\$ 4,368,437</u>

NOTE 5 - FAIR VALUE MEASUREMENTS

The Plan has classified its investments in separate accounts as Level 2 in the fair hierarchy since the estimated fair values of the participation units owned by the Plan in separate accounts are based on quoted redemption values, as determined by Mutual of America. These redemption values are based on the fair values of the underlying net assets and are not quoted in an active market.

The Plan has classified its investments in the general account, which earns interest at the annual rate of 2% as of December 31, 2011, as Level 3 since Mutual of America's general account is managed on an aggregate basis to support its insurance and annuity obligations. No portion of its general account is attributable to a particular plan nor do plans have any undivided ownership interest in the general account assets. Specific underlying assets are not assigned and there is no market for these investments. The valuation of the general account considered the credit-worthiness of Mutual of America and there are no reserves for credit risk as of December 31, 2011 or 2010.

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EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
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NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

The tables below present, by level within the fair value hierarchy, the recorded amounts of the Plan's investments measured at fair value on a recurring basis.

December 31, 2011				
	Fair Value	Level 1	Level 2	Level 3
Mutual of America				
Group Annuity				
Contract				
Separate accounts				
Small Cap	\$ 3,596,994	\$ -	\$ 3,596,994	\$ -
Mid Cap	4,634,758	-	4,634,758	-
Large Cap	7,745,505	-	7,745,505	-
International	2,849,751	-	2,849,751	-
Bond	11,948,221	-	11,948,221	-
General account	<u>1,698,595</u>	<u>-</u>	<u>-</u>	<u>1,698,595</u>
Total Investments at				
Fair Value	<u>\$ 32,473,824</u>	<u>\$ -</u>	<u>\$ 30,775,229</u>	<u>\$ 1,698,595</u>

December 31, 2010				
	Fair Value	Level 1	Level 2	Level 3
Mutual of America				
Group Annuity				
Contract				
Separate accounts				
Small Cap	\$ 3,690,481	\$ -	\$ 3,690,481	\$ -
Mid Cap	4,941,097	-	4,941,097	-
Large Cap	7,861,799	-	7,861,799	-
International	3,300,720	-	3,300,720	-
Bond	11,508,194	-	11,508,194	-
General account	<u>1,410,820</u>	<u>-</u>	<u>-</u>	<u>1,410,820</u>
Total Investments at				
Fair Value	<u>\$ 32,713,111</u>	<u>\$ -</u>	<u>\$ 31,302,291</u>	<u>\$ 1,410,820</u>

See Independent Auditors' Report

EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
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FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

The table below provides a summary of changes in the general account, the Plan's Level 3 investment, for the years ended December 31:

	<u>2011</u>	<u>2010</u>
Balance at January 1	\$ 1,410,820	\$ 1,059,083
Purchases	2,115,407	2,010,835
Sales	(1,858,294)	(1,693,529)
Interest credited	<u>30,662</u>	<u>34,431</u>
Balance at December 31	<u>\$ 1,698,595</u>	<u>\$ 1,410,820</u>

The following is a description of the investment strategies for pooled separate accounts at December 31, 2011 and 2010:

Small Cap: These accounts seek capital appreciation that exceeds the Russell 2000 Index by investing in growth and value stock of companies with small capitalizations.

Mid Cap: These accounts seek long-term growth of capital which exceeds the Russell Midcap Index by investing in companies that are generally between \$1 billion and \$20 billion in market capitalization.

Large Cap: These accounts seek to maximize long-term growth and provide a return that exceeds the S&P 500 Index by investing mainly in common stocks of large, well-established companies.

International: This account seeks long-term capital appreciation and capital growth by investing in common and preferred stocks of well-established companies outside the U.S.

Bond: These accounts seek to realize a high level of current income while maintaining liquidity and stability of capital through a high quality portfolio of debt securities comprised mainly of corporate bonds, U.S. government agency securities and mortgage and asset backed securities.

General account: This account seeks to preserve capital and provide stability of principal while earning current income.

See Independent Auditors' Report

EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

NOTE 6 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORMS 5500

The following is a reconciliation of assets available for benefits per the financial statements to Forms 5500 at December 31:

	<u>2011</u>	<u>2010</u>
Assets available for benefits per the financial statements	\$ 32,612,581	\$ 33,367,276
Employers' contributions not received by the date the Forms 5500 were prepared	<u>-</u>	<u>(237,616)</u>
Assets available for benefits per Forms 5500	<u>\$ 32,612,581</u>	<u>\$ 33,129,660</u>

The following is a reconciliation of the change in assets available for benefits per the financial statements to Forms 5500 for the years ended December 31:

	<u>2011</u>	<u>2010</u>
Change in assets available for benefits per the financial statements	\$ (754,695)	\$ 3,974,908
Difference in employers' contributions recorded	<u>237,616</u>	<u>(237,616)</u>
Change in assets available for benefits per Forms 5500	<u>\$ (517,079)</u>	<u>\$ 3,737,292</u>

NOTE 7 - SUBSEQUENT EVENT

Effective April 3, 2012, Wilmington Trust Company became the new trustee of the Plan, and Morgan Stanley Smith Barney, LLC became the new custodian of the Plan's assets, replacing Mutual of America Life Insurance Company in these capacities.

SUPPLEMENTAL SCHEDULES

EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NO. 34-4427947
PLAN NO. 333
DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description of Investments	Cost	Fair Value
*	Mutual of America Life Insurance Company	Group Annuity Contract		
		Separate Accounts	\$ 30,775,229	\$ 30,775,229
		General Account	1,698,595	1,698,595
				<u>\$ 32,473,824</u>
*	Party-in-interest investment			

EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NO. 34-4427947
PLAN NO. 333
DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset on Transaction Date	Net Gain (Loss)
Transactions of the Same Issue Exceeding 5% of the Plan Assets						
Mutual of America Life Insurance Company	Group Annuity Contract - General Account	\$ 2,146,069	\$ -	\$ -	\$ 2,146,069	\$ -
		-	1,858,294	1,858,294	1,858,294	-

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
--	--	---

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.

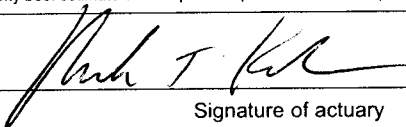
A Name of plan EBP of United Way of Greater Toledo	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF United Way of Greater Toledo, Toledo, OH	D Employer Identification Number (EIN) 34-4427947	
E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>	
2	Assets:	
a	Market value	33,254,312
b	Actuarial value	30,122,021
3	Funding target/participant count breakdown:	
		(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment.....	383 14,304,740
b	For terminated vested participants	864 16,517,673
c	For active participants:	
	(1) Non-vested benefits.....	0
	(2) Vested benefits	7,952,549
	(3) Total active.....	336 7,952,549
d	Total.....	1,583 38,774,962
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	6.29 %
6	Target normal cost	221,119

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary Mark T. Koehne, E.A., M.A.A.A. Type or print name of actuary Mutual of America Firm name 320 Park Avenue New York NY 10022-6839 Address of the firm	09/04/2012 Date 11-03766 Most recent enrollment number (212) 224-1482 Telephone number (including area code)
------------------	--	---

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).....	0	0
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).....	0	0
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)		0
b Interest on (a) using prior year's effective rate of <u>6.60</u> % except as otherwise provided (see instructions).....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	77.68 %
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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals •			18(b)	0	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	0

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: %	2nd segment: %	3rd segment: %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 0
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 1

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	0		0
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		0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a		0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		0
40 Unpaid minimum required contributions for all years	40		0

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

41 If 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		0
43 Excess installment acceleration amount to be carried over to future plan years	43		0

2011 Schedule SB Line 27 – Actuarial Information Based on Pre-PPA Rules

Schedule B Attachments for 2011 Based on Pre-PPA Funding Rules

The Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 was signed into law on June 25, 2010. This law delays the effective date of the funding provisions of the Pension Protection Act of 2006 (PPA) until January 1, 2017 for “Eligible Charity Plans” (ECPs) or until the plan no longer satisfies the requirements to be considered an ECP, if earlier. An ECP is defined as a plan with more than one employer which consists of only 501(c)(3) charitable organizations.

Since this plan meets the definition of an ECP, pre-PPA funding rules have been used to determine minimum funding requirements for 2011. 2011 Schedules B is shown as attachments to the 2011 Schedule SB. This Schedules B display the Funding Standard Account under the pre-PPA provisions.

In accordance with the instructions for the 2011 Schedule SB only portions of the Schedule SB have been completed. In particular Part VIII of the Schedule SB, which determines the minimum required contribution under PPA rules, has not been completed. This information can now be found in the Schedule B attachments for 2011.

**2011 SCHEDULE SB (FORM 5500) PART I – STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS**

Plan Sponsor: United Way of Greater Toledo

EIN #: 34-4427947

Plan Name: Employee Benefits Plan of United Way of Greater
Toledo

Plan #: 333

Actuarial Cost Method

Section 430(a) defines the minimum required contribution for a single employer plan as the sum of the plan's target normal cost and the shortfall and waiver amortization charges for the plan year. Under section 430(b), a plan's target normal cost for a plan year is the present value of all benefits expected to accrue or be earned under the plan during the plan year.

The shortfall amortization charge is determined based on the difference between the plan's funding target and the value of plan assets. Under section 430(d) a plan's "funding target" for a plan year is the present value of all benefits accrued or earned under the plan as of the beginning of the plan year.

Section 430(h)(2) specifies the interest rates that must be used in determining a plan's target normal cost and funding target. Under the provision, present value is determined using three interest rates (segment rates), each of which applies to benefit payments expected to be paid during a certain period. The first segment rate applies to benefits reasonably determined to be payable during the 5-year period beginning on the first day of the plan year. The second segment rate applies to benefits reasonably determined to be payable during the 15-year period following the initial 5-year period. The third segment rate applies to benefits reasonably determined to be payable after the end of that 15-year period.

Each segment rate is a single interest rate determined monthly by the Treasury Department on the basis of a corporate bond yield curve. The corporate bond yield curve used for this purpose is to be prescribed monthly by the Treasury Department and is to reflect the average, for the 24-month period ending with the preceding month, of yields on investment grade corporate bonds with varying maturities that are in the top three quality levels available.

In lieu of the segment rates described above, an employer may elect to determine the present value of benefits expected to be paid using interest rates from the full corporate bond yield curve in effect for the month prior to the beginning of the plan year, or any of the four prior months.

Asset Valuation Method

The regulations would provide that plan assets must be valued either at their fair market value on the valuation date or at the "average" value of assets on the valuation date. Under this average value, the value of plan assets is set equal to the average of the fair market value of assets on the valuation date and the adjusted fair market value of assets determined for one or more earlier determination dates. The regulations would provide that the period of time between the valuation date and each of the earlier determination dates must be equal, not more than 12 months per period, and the earliest of these determination dates cannot be earlier than the last day of the 25th month before the valuation date of the plan year. The resulting average must be between 90 and 110 percent of the fair market value of plan assets.

For purposes of determining the minimum required contribution pursuant to the PPA, the Actuarial Value of Assets, under the plan's asset valuation method, is equal to the Average Value of Assets.

**2011 SCHEDULE SB (FORM 5500) PART I – STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS**

Interest Rates	September 2010 Segment Rates: 1st Segment: 3.78% 2nd Segment: 6.31% 3rd Segment: 6.57% Effective Rate: 6.29%
Participant Withdrawal Rates	None.
Compensation Increase	0.0% per year.
Social Security Wage Base Increase*	0.0% per year.
Maximum Benefit and Compensation Increases	The maximum benefit and compensation limits are assumed <i>not</i> to increase in the future.
Marital Status	80% of current participants are married.
Spouse Age	Spouse of male participant is 3 years younger, and spouse of female participant is 3 years older.
Administrative Expenses*	Annual estimated administrative charges.

* These assumptions are not used to determine the Funding Target.

2011 SCHEDULE SB (FORM 5500) PART I
INFORMATION ON USE OF MULTIPLE MORTALITY TABLES

Plan Sponsor:	United Way of Greater Toledo	EIN #:	34-4427947
Plan Name:	Employee Benefits Plan of United Way of Greater Toledo	Plan #:	333

Mortality Rates Before Retirement

IRS 2011 Static Mortality Table for Males and Females.

Mortality Rates After Retirement

IRS 2011 Static Mortality Table for Males and Females.

EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NO. 34-4427947
PLAN NO. 333
DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset on Transaction Date	Net Gain (Loss)
Transactions of the Same Issue Exceeding 5% of the Plan Assets						
Mutual of America Life Insurance Company	Group Annuity Contract - General Account	\$ 2,146,069	\$ -	\$ -	\$ 2,146,069	\$ -
		-	1,858,294	1,858,294	1,858,294	-

EMPLOYEE BENEFITS PLAN OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NO. 34-4427947
PLAN NO. 333
DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description of Investments	Cost	Fair Value
*	Mutual of America Life Insurance Company	Group Annuity Contract		
		Separate Accounts	\$ 30,775,229	\$ 30,775,229
		General Account	1,698,595	1,698,595
				<u>\$ 32,473,824</u>
*	Party-in-interest investment			

2011 Schedule SB, Line 27 - Actuarial Information
Based on Pre-PPA Funding Rules

710000SB11.RF7

**SCHEDULE B
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ Attach to Form 5500 or 5500-EZ if applicable.

▶ See separate instructions.

Official Use Only

OMB No. 1210-0110

2007 2011

This Form is Open to Public
Inspection (except when
attached to Form 5500-EZ).

For calendar plan year 2007 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 EBP OF UNITED WAY OF GREATER TOLEDO		B Three-digit plan number ... ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ UNITED WAY OF GREATER TOLEDO		D Employer Identification Number 34-4427947
E Type of plan: (1) Multiemployer (2) Single-employer (3) ☒ Multiple-employer		F 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month 01 Day 01 Year 2011

b Assets:

(1) Current value of assets	b(1)	33254312
(2) Actuarial value of assets for funding standard account	b(2)	32791003
c (1) Accrued liability for plans using immediate gain methods	c(1)	32191141
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	c(2)(a)	
(b) Accrued liability under entry age normal method	c(2)(b)	
(c) Normal cost under entry age normal method	c(2)(c)	

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

**SIGN
HERE**

Mark T. Koehne

Signature of actuary

MARK T. KOEHNE, E.A., M.A.A.A.

Type or print name of actuary

MUTUAL OF AMERICA

Firm name

320 PARK AVENUE
NEW YORK

NY

10022-6839

Address of the firm

9/4/12

Date

G 11-03766

Most recent enrollment number
212-224-1482

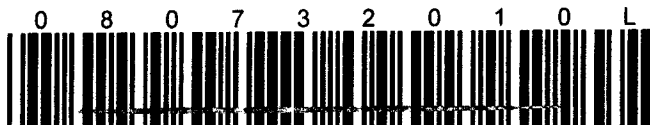
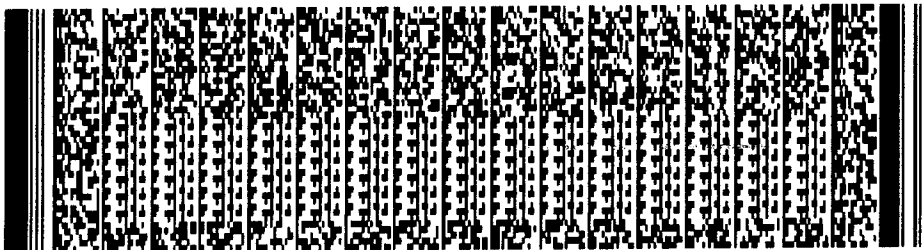
Telephone number (including area code)

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-EZ.

v10.1

Schedule B (Form 5500) 2007



1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . . .	d(1)	0
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	38012431
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	0
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	38012431
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	1818449
(3) Expected plan disbursements for the plan year	d(3)	2039568

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)		2a	32837761
b "RPA '94" current liability:			
	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments	383	13859223	13859223
(2) For terminated vested participants	864	16310238	16310238
(3) For active participants	336	7842970	7842970
(4) Total	1583	38012431	38012431
c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage.			
		2c	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
	1513754				
3 Totals ▶ (b)				1513754	(c)
					0

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)	4a	86.8 %
b If line 4a is less than 100%, 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



5 Actuarial cost method used as the basis for this plan year's funding standard account computation:**a** ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit)**d** ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium**g** ☐ Individual aggregate **h** ☐ Other (specify) ▶**i** Has a change been made in funding method for this plan year? ☐ Yes ☒ No**j** If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No**k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method Month Day Year**6** Checklist of certain actuarial assumptions:**a** Interest rate for "RPA '94" current liability **6a** 6.46 % ☐ N/A**b** Weighted average retirement age **6b** 65 ☐ N/A**c** Rates specified in insurance or annuity contracts ☐ N/A **6c** Pre-retirement Post-retirement ☐ Yes ☒ No ☐ Yes ☒ No ☐ N/A**d** Mortality table code for valuation purposes:(1) Males **d(1)** A A ☐ N/A(2) Females **d(2)** A A ☐ N/A**e** Valuation liability interest rate ☐ N/A **6e** 8.00 % 8.00 % ☐ N/A**f** Expense loading ☐ N/A **6f** 100.0 % 0.0 % ☐ N/A**g** Annual withdrawal rates:(1) Age 25 **g(1)** 0.00 % 0.00 % ☐ N/A(2) Age 40 **g(2)** 0.00 % 0.00 % ☐ N/A(3) Age 55 **g(3)** 0.00 % 0.00 % ☐ N/A**h** Salary scale ☐ N/A **6h** 0.00 % 0.00 % ☐ N/A**i** Estimated investment return on actuarial value of assets for year ending on the valuation date **6i** 8.9 %**j** Estimated investment return on current value of assets for year ending on the valuation date **6j** 15.0 %**7** New amortization bases established in the current plan year:

(1) Type of Base (2) Initial Balance (3) Amortization Charge/Credit

8 Miscellaneous information:**a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year

8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶ _____

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule ☒ Yes ☐ No

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a	Prior year funding deficiency, if any.	9a	0
b	Employer's normal cost for plan year as of valuation date.	9b	221119
c	Amortization charges as of valuation date:		
	(1) All bases except funding waivers. ▶ (\$ 0)	c(1)	0
	(2) Funding waivers. ▶ (\$ 0)	c(2)	0
d	Interest as applicable on lines 9a, 9b, and 9c.	9d	17690
e	Additional interest charge due to late quarterly contributions, if applicable.	9e	0
f	Adjusted additional funding charge from Part II, line 12q, if applicable. ☐ N/A	9f	0
g	Total charges. Add lines 9a through 9f.	9g	238809

Credits to funding standard account:

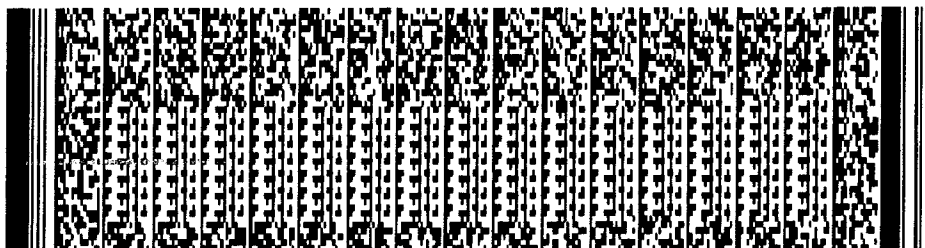
h	Prior year credit balance, if any.	9h	1728919
i	Employer contributions. Total from column (b) of line 3.	9i	1513754
j	Amortization credits as of valuation date. ▶ (\$ 0)	9j	0
k	Interest as applicable to end of plan year on lines 9h, 9i, and 9j.	9k	179677
l	Full funding limitation (FFL) and credits:		
	(1) ERISA FFL (accrued liability FFL). l(1)	1458190	
	(2) "RPA '94" override (90% current liability FFL). l(2)	1448564	
	(3) FFL credit. l(3)		0
m	(1) Waived funding deficiency. m(1)		0
	(2) Other credits. m(2)		0
n	Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2).	9n	3422350
o	Credit balance: If line 9n is greater than line 9g, enter the difference.	9o	3183541
p	Funding deficiency: If line 9g is greater than line 9n, enter the difference.	9p	0

Reconciliation account:

q	Current year's accumulated reconciliation account:		
	(1) Due to additional funding charges as of the beginning of the plan year. q(1)	0	
	(2) Due to additional interest charges as of the beginning of the plan year. q(2)	0	
	(3) Due to waived funding deficiencies:		
	(a) Reconciliation outstanding balance as of valuation date. q(3)(a)	0	
	(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a). q(3)(b)	0	
	(4) Total as of valuation date. ▶ q(4)		0

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable. **10** 0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No



Part II Additional Information for Certain Plans Other Than Multiemployer PlansPlease see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.**12 Additional required funding charge (see instructions):**

- a**
- Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.

If line 12a is at least 90%, go to line 12q and enter -0-.

If line 12a is less than 80%, go to line 12b.

If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0-. Otherwise, go to line 12b.

12a 94.2 %

- b**
- "RPA '94" current liability. Enter line 1d(2)(a)

12b

- c**
- Adjusted value of assets (see instructions)

12c

- d**
- Funded current liability percentage. Divide line 12c by 12b and multiply by 100

12d %

- e**
- Unfunded current liability. Subtract line 12c from line 12b.

12e

- f**
- Liability attributable to any unpredictable contingent event benefit

12f

- g**
- Outstanding balance of unfunded old liability

12g

- h**
- Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative

12h

- i**
- Unfunded new liability amount (_____ % of line 12h)

12i

- j**
- Unfunded old liability amount

12j

- k**
- Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b).

12k

- l**
- Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero.

12l**m Unpredictable contingent event amount:**

- (1)**
- Benefits paid during year attributable to unpredictable contingent event . . .

m(1)

- (2)**
- Unfunded current liability percentage. Subtract the percentage on line 12d from 100%

m(2)

%

- (3)**
- Enter the product of lines 12m(1) and 12m(2)

m(3)

- (4)**
- Amortization of all unpredictable contingent event liabilities

m(4)

- (5)**
- "RPA '94" additional amount (see instructions).

m(5)

- (6)**
- Enter the greatest of lines 12m(3), 12m(4), or 12m(5).

m(6)

- n**
- Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest

12n

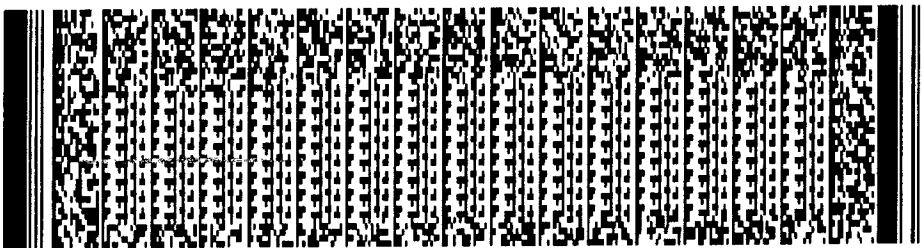
- o**
- Contributions needed to increase current liability percentage to 100% (see instructions)

12o

- p**
- Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o

12p

- q**
- Adjusted additional funding charge. (_____ .0 % of line 12p)

12q 0

ATTACHMENT TO 2011 SCHEDULE B (FORM 5500)

Page 1

Plan Sponsor: United Way of Greater Toledo

EIN: 34-4427947

Plan Name: Employee Benefits Plan of
United Way of Greater Toledo

Plan #: 333

Item 3 - Contributions Made to the Plan for the Plan Year by Employer(s) and Employees

(a) Date	(b) Amount Paid by Employer	(c) Amount Paid by Employees	Interest (8.00%) on (b) to End of Plan Year
03/22/2011	7,399.00	0.00	456.60
03/28/2011	2,398.00	0.00	144.76
04/13/2011	9,313.67	0.00	528.99
04/14/2011	2,398.00	0.00	135.67
04/15/2011	286,404.00	0.00	16,139.47
04/20/2011	9,653.33	0.00	533.24
04/25/2011	14,786.00	0.00	800.32
04/29/2011	1,548.00	0.00	82.41
05/03/2011	2,891.00	0.00	151.35
06/06/2011	914.00	0.00	40.98
06/13/2011	3,716.00	0.00	160.87
06/24/2011	2,821.00	0.00	115.31
07/18/2011	17,215.50	0.00	613.24
07/20/2011	290,118.50	0.00	10,207.70
07/25/2011	3,224.00	0.00	109.92
09/07/2011	71,782.50	0.00	1,761.86
09/12/2011	10,012.25	0.00	234.94
09/20/2011	6,956.00	0.00	151.22
09/21/2011	237,323.16	0.00	5,108.25

ATTACHMENT TO 2011 SCHEDULE B (FORM 5500)

Page 2

Plan Sponsor: United Way of Greater Toledo

EIN: 34-4427947

Plan Name: Employee Benefits Plan of
United Way of Greater Toledo

Plan #: 333

Item 3 - Contributions Made to the Plan for the Plan Year by Employer(s) and Employees

(a) Date	(b) Amount Paid by Employer	(c) Amount Paid by Employees	Interest (8.00%) on (b) to End of Plan Year
09/26/2011	2,821.00	0.00	57.68
09/27/2011	3,716.75	0.00	75.20
09/30/2011	116,001.75	0.00	2,272.22
10/03/2011	31,812.75	0.00	602.63
10/07/2011	9,136.00	0.00	165.22
10/11/2011	5,975.75	0.00	102.94
10/12/2011	18,967.00	0.00	322.65
10/18/2011	7,231.00	0.00	113.71
10/28/2011	6,362.00	0.00	86.43
12/09/2011	1,414.75	0.00	6.58
12/12/2011	7,841.75	0.00	31.48
12/20/2011	2,821.00	0.00	6.55
12/30/2011	203,911.25	0.00	43.00
01/12/2012	58,542.50	0.00	0.00
01/18/2012	3,224.50	0.00	0.00
01/23/2012	12,931.75	0.00	0.00
02/03/2012	2,892.00	0.00	0.00
04/19/2012	34,430.50	0.00	0.00
05/22/2012	948.85	0.00	0.00

ATTACHMENT TO 2011 SCHEDULE B (FORM 5500)

Page 3

Plan Sponsor: United Way of Greater Toledo

EIN: 34-4427947

Plan Name: Employee Benefits Plan of
United Way of Greater Toledo

Plan #: 333

Item 3 - Contributions Made to the Plan for the Plan Year by Employer(s) and Employees

(a) Date	(b) Amount Paid by Employer	(c) Amount Paid by Employees	Interest (8.00%) on (b) to End of Plan Year
07/24/2012	948.85	0.00	0.00
08/09/2012	948.85	0.00	0.00
Total:	\$1,513,754.46	\$0.00	\$41,363.39

SCHEDULE OF ACTIVE PARTICIPANT DATA

PLAN SPONSOR: UNITED WAY OF GREATER TOLEDO
 PLAN NAME: EMPLOYEE BENEFITS PLAN OF
 UNITED WAY OF GREATER TOLEDO
 EMPLOYER IDENTIFICATION NUMBER: 34-4427947
 PLAN NUMBER: 333

ATTAINED AGE	----- YEARS OF CREDITED SERVICE -----										
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	Total
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	1	-	-	-	-	-	-	-	1
30 to 34	-	-	11	4	-	-	-	-	-	-	15
35 to 39	-	-	17	17	2	-	-	-	-	-	36
40 to 44	-	-	20	23	6	3	-	-	-	-	52
45 to 49	-	-	16	16	6	4	1	-	-	-	43
50 to 54	-	-	18	14	10	7	2	-	-	-	51
55 to 59	-	-	11	17	15	7	5	8	-	-	63
60 to 64	-	-	12	14	8	9	5	1	4	-	53
65 to 69	-	-	2	3	4	1	1	1	-	1	13
70 & up	-	-	2	2	2	3	-	-	-	-	9
Total	-	-	110	110	53	34	14	10	4	1	336

Actuarial Methods and Assumptions

Actuarial Cost Method

The ultimate cost of a pension plan is the total benefits that are provided by the plan, plus all the expenses of managing the plan, less all investment income generated by the pension fund. The ultimate cost, therefore, cannot be determined until the last benefit is paid and all obligations discharged.

The actuarial valuation process estimates the ultimate cost of the plan attributable to current participants. An actuarial cost method allocates the estimated ultimate cost in some reasonable manner over the working lifetimes of the current plan participants. The principal difference between different actuarial cost methods is the proportion of the estimated ultimate cost (i.e., the present value of future benefits) that is allocated to past service and future service.

The actuarial cost method used for this plan is the Projected Unit Credit Method. Under this method, projected benefits are proportionately allocated to projected years of service for each participant. The Normal Cost for a particular plan year is equal to the sum of the present value of the portion of projected benefits allocated to that year for all participants plus estimated administrative expenses. The Actuarial Liability is equal to the sum of the present value of the portion of projected benefits allocated to prior years of service for all participants. The Unfunded Actuarial Liability is equal to the difference between the Actuarial Liability and the Actuarial Value of Assets. The Unfunded Actuarial Liability is usually amortized in level annual installments and funded as an addition to the Normal Cost.

To monitor plan experience, the Unfunded Actuarial Liability is compared to the expected Unfunded Actuarial Liability which would have resulted had all actuarial assumptions been realized. The difference between the expected and the actual Unfunded Actuarial Liability represents an experience gain (or loss), which is then usually amortized, in level dollar amounts, over a specified number of years.

Asset Valuation Method

For actuarial valuation purposes, an averaging method is used to minimize the effect of fluctuations in pension fund balances. The Actuarial Value of Assets is equal to (1) the expected actuarial value derived by assuming that the Actuarial Value of Assets, as of the beginning of the prior plan year, will earn investment income at the assumed valuation interest rate, plus contributions and less disbursements, also adjusted for interest, plus (2) 25% of the difference between the actual Accrued Plan Assets and the expected Actuarial Value of Assets. The Actuarial Value of Assets is further adjusted, if necessary, so that it does not exceed 120% or fall below 80% of Accrued Plan Assets.

Actuarial Methods and Assumptions

Assumed Retirement Age	Age 65, or immediate if beyond age 65.
Mortality Rates Before Retirement	IRS 2011 Static Mortality Table for Males and Females.
Pre-retirement Interest Rate	8.0% per year.
Mortality Rates After Retirement	IRS 2011 Static Mortality Table for Males and Females.
Post-retirement Interest Rate	8.0% per year.
Participant Withdrawal Rates	None.
Compensation Increase	0.0% per year.
Social Security Wage Base Increase*	0.0% per year.
Maximum Benefit and Compensation Increases	The maximum benefit and compensation limits are assumed <i>not</i> to increase in the future.
Marital Status	80% of current participants are married.
Spouse Age	Spouse of male participant is 3 years younger, and spouse of female participant is 3 years older.
Administrative Expenses*	Annual estimated administrative charges.

* These assumptions are not used to determine the Funding Target.

Summary of Principal Plan Provisions

Effective Date of Plan	January 1, 1975.
Effective Date of Latest Amendment	December 31, 2003.
Fresh Start Date	December 31, 1988.
Eligibility	All employees become Participants of this Plan after completion of one year of service, and attainment of age 21 prior to December 31, 2003. Service with an organization in the health and social service field counts towards the service requirement for eligibility.
Compensation	Compensation includes all wages, salaries, fees and amounts received for personal service rendered in the course of employment. Compensation includes contributions made to a salary reduction or deferred compensation plan. Prior to 2002, compensation for any plan year, for benefit purposes, is limited to \$150,000 adjusted for increases prescribed by the Secretary of the Treasury. For the 2002 plan year, EGTRRA increased prospectively the limit to \$200,000 annually. The plan also recognizes the change to the \$200,000 limit for years prior to 2002. For prospective years after 2002, the \$200,000 limit will be indexed for inflation. For 2011, the compensation limit is \$245,000.
Final Average Earnings	The highest average monthly compensation for 5 consecutive completed calendar years of employment within the last consecutive 10 completed calendar years of service prior to December 31, 2003.
Social Security Average Monthly Wage	Monthly average of the Social Security Taxable Wage Bases for the 35 calendar years ending with the year the Participant attains Social Security Retirement Age.
Benefit Accrual Service	Years and months of employment after completing the eligibility requirements prior to December 31, 2003. Benefit Accrual Service shall also include participation under any other pension plan underwritten by Mutual of America prior to December 31, 2003.
Vesting	100% upon completion of 5 years of service or upon attaining age 55. Benefits attributable to employment with a prior Employer are 100% vested only after 5 years of participation in this Plan.

Summary of Principal Plan Provisions

Retirement Dates

Normal The first of the month coincident with or next following the Participant's 65th birthday.

Early The first of the month on or after attainment of age 55 (but before age 65), on which the Participant elects to retire.

Deferred The first of any month following Normal Retirement Date on which the Participant elects to retire.

Frozen Accrued Benefit The Accrued Benefit as of the Fresh Start Date determined under the provisions of the Plan then in effect.

Benefit Formula The monthly Normal Retirement benefit is determined as follows:

The greater of (A) or (B):

(A) The Frozen Accrued Benefit;

(B) The sum of 1.375% of Final Average Earnings multiplied by Benefit Accrual Service and .65% of Final Average Earnings in excess of the Social Security Average Monthly Wage multiplied by Benefit Accrual Service not greater than 35.

Accrued Benefit The Accrued Benefit is computed under the Benefit Formula above using Final Average Earnings and Social Security Average Monthly Wage at date of determination assuming the Participant continues to earn Benefit Accrual Service until his Normal Retirement Age or date of determination, if later, and adjusted as follows:

The portion of the retirement benefit based on total Benefit Accrual Service (item (B) in the Benefit Formula above) is multiplied by a fraction (not to exceed one) equal to actual Benefit Accrual Service divided by projected Benefit Accrual Service at Normal Retirement Age. The multiplication by this factor does not apply to the Frozen Accrued Benefit (item (A) in the Benefit Formula above).

Early Retirement Benefit The Accrued Benefit reduced by 1/12 for each of the first 3 years and 1/24 for each of the next 7 years by which the Early Retirement Date precedes the Normal Retirement Date.

Deferred Retirement Benefit The Accrued Benefit reflecting Final Average Earnings and Benefit Accrual Service to the Deferred Retirement Date.

Summary of Principal Plan Provisions

Maximum Benefit	The annual benefit shall not exceed the lesser of (i) \$160,000 indexed for inflation adjustments and (ii) 100% of the average compensation for the 3 consecutive years producing the highest average. For 2011, the dollar amount of \$195,000 is in the form of a non-refund life annuity. This amount is adjusted to reflect commencement before age 62 or after age 65 for forms of payment other than a non-refund life annuity and Cost of Living Supplements, if any. It is prorated for less than 10 years of participation in the Plan.
Minimum Accrued Benefit	The Accrued Benefit computed under the provisions of the plan as of the latest amendment adoption date.
Normal Form of Payment	A non-refund monthly life annuity.
Automatic Form of Payment	For a married Participant, a monthly Joint and 66 2/3% Survivor with 120 months certain and continuous annuity actuarially equivalent to the monthly benefit in the Normal form.
Optional Forms of Payment	The Plan provides other possible forms of annuity, all actuarially equivalent to the normal form of payment.
Cost of Living Supplements	None.
Death Benefit Before Retirement	If a partially or fully vested participant dies before retirement benefits have begun, the annual death benefit payable to the spouse is equal to 66 2/3% of the vested Accrued Benefit, reduced for early commencement, and further reduced to reflect the Automatic Form of Payment.
Disability Annuity Credit	Periods of disability while a participant receives a Social Security Disability Income are also counted as Benefit Accrual Service excluding the first six months of disability and ending on Normal or Early Retirement Date. The compensation rate in effect immediately prior to disability is assumed to continue while disabled. Such compensation rate shall not exceed 120% of the compensation rate in effect one year prior to disability.

ATTACHMENT 2011 SCHEDULE B

ITEM 12

Plan Sponsor:	United Way of Greater Toledo	EIN #:	34-4427947
Plan Name:	Employee Benefits Plan of United Way of Greater Toledo	Plan #:	333

For the 2010 plan year an election was made by the Plan Sponsor to apply pension funding relief under the Pension Relief Act of 2010. Item 12 reflects the application of the "2 & 7 Rule". Under this rule the Additional Funding Charge is determined based on the Funded Current Liability Percentage for the 2008 plan year.

2011 SCHEDULE SB (FORM 5500) PART I

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Plan Sponsor:	United Way of Greater Toledo	EIN #:	34-4427947
Plan Name:	Employee Benefits Plan of United Way of Greater Toledo	Plan #:	333

Assumed Retirement Age

Age 65, or immediate if beyond age 65.