

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>403(B) THRIFT PLAN OF UNITED WAY OF GREATER TOLEDO</u>	1b Three-digit plan number (PN) ► <u>004</u> 1c Effective date of plan <u>01/01/1989</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>419-248-2424</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 419-248-2424
---	---

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	1448
---	----------	------

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	579
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	861
d Subtotal. Add lines 6a , 6b , and 6c	6d	1440
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	11
f Total. Add lines 6d and 6e	6f	1451
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1448
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	22

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2L

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
--	---	---

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

A Name of plan 403(B) THRIFT PLAN OF UNITED WAY OF GREATER TOLEDO	B Three-digit plan number (PN) ►	004
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	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.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA

(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
13-1614399	88668	710001A	1451	01/01/2011	12/31/2011

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
0	6153

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
 ONE NORTHWESTERN PLAZA 28411 NORTHW
 ESTERN HIGHWAY - STE 1100
 SOUTHFIELD, MI 48034-5518

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	2435	COMPENSATION	3

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

ROLA K. ISMAIL
 ONE NORTHWESTERN PLAZA 28411 NORTHW
 ESTERN HIGHWAY - STE 1100
 SOUTHFIELD, MI 48034-5518

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1171	COMPENSATION	3

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

SARAH BIBBEE

ONE NORTHWESTERN PLAZA 28411 NORTHW
ESTERN HIGHWAY - STE 1100
SOUTHFIELD, MI 48034-5518

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	885	COMPENSATION	3

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

CHRISTOPHER SCHUPPE

ONE NORTHWESTERN PLAZA 28411 NORTHW
ESTERN HIGHWAY - STE 1100
SOUTHFIELD, MI 48034-5518

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	885	COMPENSATION	3

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

JOHN P. SCHILLER

ONE NORTHWESTERN PLAZA 28411 NORTHW
ESTERN HIGHWAY - STE 1100
SOUTHFIELD, MI 48034-5518

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	777	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	7667063
5 Current value of plan's interest under this contract in separate accounts at year end	5	8606142

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

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 ▶ N/A	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	7980168
c Additions: (1) Contributions deposited during the year	7c(1)	611112
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	154047
(4) Transferred from separate account	7c(4)	107417
(5) Other (specify below)..... ▶ FIN ADJ;ROLLOVER; FORFEITURES APPLD;DES ROTH CNTR;	7c(5)	103311
(6)Total additions	7c(6)	975887
d Total of balance and additions (add b and c(6))	7d	8956055
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1278105
(2) Administration charge made by carrier	7e(2)	1482
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below)..... ▶ FORFEITURES FORFEITURES INCURRED	7e(4)	9405
(5) Total deductions	7e(5)	1288992
f Balance at the end of the current year (subtract e(5) from d)	7f	7667063

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 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>403(B) THRIFT PLAN OF UNITED WAY OF GREATER TOLEDO</u>	B Three-digit plan number (PN) ▶ <u>004</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 COMP</u>	<u>82 DEVONSHIRE STREET</u> <u>BOSTON, MA 02109</u>
--	--

(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>
---------------------------	---

(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 60606-5808</u>
----------------------------------	---

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

<u>OPPENHEIMER FUNDS, INC.</u>	<u>PO BOX 5270</u> <u>DENVER, CO 80217-5270</u>
--------------------------------	--

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

AMERICAN CENTURY INVESTMENT MANAGEM

PO BOX 419786
KANSAS CITY, MO 64141

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

CALVERT ASSET MANAGEMENT COMPANY, I

4550 MONTGOMERY AVENUE, SUITE 1000N
BETHESDA, MD 20814

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

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

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

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

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

(b) Enter name and EIN or address of person who provided you 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 37	INSURANCE CARRIER	1532	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

(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.
---	--	---

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

A Name of plan 403(B) THRIFT PLAN OF UNITED WAY OF GREATER TOLEDO	B Three-digit plan number (PN)	004
---	---------------------------------------	-----

C Plan or DFE 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	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 NUMBER
--	-------------------------

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

c EIN-PN	13-1614399-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8606142
-----------------	----------------	----------------------	---	---	---------

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):	
---	--

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>403(B) THRIFT PLAN OF UNITED WAY OF GREATER TOLEDO</u>	B Three-digit plan number (PN) ►	004
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	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	303026	271053
(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)	9139807	8606141
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7655522	7374391
(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	17098355	16251585

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17098355	16251585
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	583070	
(B) Participants	2a(1)(B)	864496	
(C) Others (including rollovers)	2a(1)(C)	182421	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1629987
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)	14957	
(F) Other	2b(1)(F)	139090	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		154047
(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)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(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)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-147283
(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		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1636751

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2482039	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2482039
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		0
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)	1482	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1482
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2483521

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-846770
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.).....	☒	☐	105843
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.).....	☐	☒	
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.)	☐	☒	
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.).....	☐	☒	
e Was this plan covered by a fidelity bond?.....	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒	☐	
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.).....	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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>403(B) THRIFT PLAN OF UNITED WAY OF GREATER TOLEDO</u>	B Three-digit plan number (PN) ▶ <u>004</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	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3590259</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**THRIFT PLAN FOR EMPLOYEES 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

TABLE OF CONTENTS

	<u>Page No.</u>
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statements of Assets Available for Plan Benefits	2
Statements of Changes in Assets Available for Plan Benefits.....	3
Notes to Financial Statements	4
SUPPLEMENTAL SCHEDULES	
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions.....	14
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	25

Independent Auditors' Report

Plan Administrator
Thrift Plan for Employees of United Way of
Greater Toledo and Affiliated Agencies
Toledo, Ohio

We were engaged to audit the financial statements of the Thrift Plan for Employees 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 information summarized in Note 3, 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

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

	<u>2011</u>	<u>2010</u>
Participant-directed Investments, at Fair Value (Note 3)		
Mutual of America Group Annuity Contract		
Separate accounts	\$ 8,606,141	\$ 9,139,807
General account	<u>7,396,011</u>	<u>7,655,522</u>
Total Participant-Directed Investments	16,002,152	16,795,329
Receivables		
Contributions		
Participant	14,697	20,884
Employer	11,502	15,535
Participant loans (Note 3)	<u>249,433</u>	<u>303,026</u>
Total Receivables	<u>275,632</u>	<u>339,445</u>
Assets Available for Plan Benefits	<u><u>\$ 16,277,784</u></u>	<u><u>\$ 17,134,774</u></u>

*See Independent Auditors' Report
and Accompanying Notes*

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

	<u>2011</u>	<u>2010</u>
Additions to Plan Assets Attributed to		
Investment Income (Loss) (Note 3)		
Net realized and unrealized gains (losses),		
separate accounts	\$ (147,283)	\$ 1,192,313
Interest, general account	<u>139,090</u>	<u>194,323</u>
Total Investment Income (Loss)	(8,193)	1,386,636
Interest, participant loans (Note 3)	14,957	16,607
Contributions		
Participant	858,309	972,177
Rollover	182,421	141,969
Employer	<u>579,037</u>	<u>675,177</u>
Total Contributions	<u>1,619,767</u>	<u>1,789,323</u>
Total Additions	1,626,531	3,192,566
Deductions from Plan Assets Attributed to		
Benefits payments	2,482,039	1,717,237
Deemed distributions of participant loans	-	2,626
Administrative fees	<u>1,482</u>	<u>1,943</u>
Total Deductions	<u>2,483,521</u>	<u>1,721,806</u>
Change in Assets Available for Plan Benefits	(856,990)	1,470,760
Assets Available for Plan Benefits at Beginning of Year	<u>17,134,774</u>	<u>15,664,014</u>
Assets Available for Plan Benefits at End of Year	<u><u>\$ 16,277,784</u></u>	<u><u>\$ 17,134,774</u></u>

*See Independent Auditors' Report
and Accompanying Notes*

THRIFT PLAN FOR EMPLOYEES 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 Thrift Plan for Employees 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 contribution plan covering eligible employees of United Way of Greater Toledo and affiliated agencies (collectively, the Plan sponsor) electing to participate in the Plan. The Plan, which was adopted effective January 1, 1989, is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and provides for retirement, disability and death benefits.

Contributions - Employees of the Plan sponsor are eligible to make compensation deferral contributions immediately upon employment and to receive base and matching contributions from the Plan sponsor after completing one year of service, as defined in the Plan document. All contributions to the Plan are credited to individual participants' accounts. Each participant's account is credited or charged with an allocation of the Plan's investment income (loss) based on the performance of the investment options selected by the participant.

Participants, through an election to defer compensation, may make contributions to the Plan, subject to Internal Revenue Service limits. Contributions may be made on a pre-tax basis or, through a Roth election, on an after-tax basis. The Board of Trustees of the United Way of Greater Toledo approves the Plan sponsor's contributions. Since September 1, 1991, employer contributions to the Plan have included a 2% of base compensation contribution for all participants. Participating employers may also contribute a 100% discretionary employer match on the first 1%-5% of participant voluntary contributions, as determined by each participating agency.

Vesting - The employer 2% base contribution is 50% vested after one year of service, 75% after two years, and 100% after three years of service. All participant contributions, employer matching contributions and earnings thereon are fully and immediately vested.

Forfeitures - Forfeitures (\$4,946 in 2011 and \$7,694 in 2010) are used first to pay expenses incurred in closing the related participant's account, with the remainder used to reduce future employer contributions to the Plan. A total of \$4,458 in 2011 and \$6,621 in 2010 were used as described above. The unallocated forfeiture balances in the Plan were \$4,766 at December 31, 2011 and \$4,275 at December 31, 2010.

Participant Loans - Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of the lesser of 50% of their vested account balance or \$50,000. Loans may not be taken from a participant's Roth contribution account. Loan terms generally range from one to five years but may be up to ten years for the purchase of a primary residence. Participant loans bear interest at a rate commensurate with local prevailing rates at the inception of each loan, as determined quarterly by the plan administrator. Principal and interest are paid through payroll deductions.

THRIFT PLAN FOR EMPLOYEES 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)

Payment of Benefits - Upon retirement, or total and permanent disability before retirement, a participant may elect to receive the full value of his or her account in the form of a lump-sum distribution, partial withdrawal or a specified payment option. Participants may also elect from several annuity options. If the participant's account balance is \$5,000 or less or if any annuity payable to the participant would be less than \$20 per month, payment would be made in the form of a lump-sum. Upon termination of employment for any reason other than retirement, total and permanent disability or death, a participant is entitled to the entire vested amount of his or her account. Upon the death of a participant, the value of the account is paid to the named beneficiary in any form provided by the Plan. If a participant's account balance is less than \$1,000, the balance may be paid to them without their consent.

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 \$16,002,152 at December 31, 2011 and \$16,795,329 at December 31, 2010, qualify as party-in-interest investments which are exempt from the prohibited transaction rules.

The Plan sponsor pays substantially all of the costs of administering the Plan, including professional fees. Administrative fees paid by participants relate to charges for origination of loans and payment of benefits.

Plan Termination - Although it has not expressed any intent to do so, the Plan sponsor has the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, participants become fully vested in their accounts.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

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

Valuation of Investments 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 4 for information regarding fair value of the Plan's investments.

See Independent Auditors' Report

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

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Valuation of Investments and Income Recognition (Continued)

Purchases and sales of investments are recorded on a trade date basis. Investment income (loss) is recorded as earned on the accrual basis and includes the Plan's net realized and unrealized gains and losses on separate accounts bought, sold and held during the year as well as dividends and capital gain distributions. Realized and unrealized gains and losses are computed using historical cost.

Participant Loans Receivable - Loans to participants are reported at their unpaid principal balances plus any earned but unpaid interest. Delinquent participant loans are reclassified as deemed distributions based upon terms of the Plan document.

Contributions - Contributions from participants are recorded in the period in which the compensation deferrals are withheld. Employer contributions are recorded in the period in which they become obligations of the Plan sponsor.

Benefit Payments - Benefit payments to participants are recorded when paid.

Income Tax Status - Under Section 403(b) of the Internal Revenue Code (the IRC), the Plan and the trust established thereunder are not subject to federal income tax. The plan administrator believes the Plan is currently designed and being operated in compliance with 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 investments in separate accounts ultimately consist 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 the values will occur in the near term and that these changes could materially affect participants' account balances and 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 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 and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the recorded amounts of additions to and deductions from Plan assets during the reporting period. Accordingly, actual results could differ from those estimates.

See Independent Auditors' Report

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

NOTE 3 - INFORMATION CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and the information included in Schedule H, Line 4i - Schedule of Assets (Held at End of Year) was obtained or derived from information supplied to the plan administrator and certified to be complete and accurate by Mutual of America in accordance with Section 2520.103-5 of ERISA. This information has not been audited by independent auditors.

Information regarding the fair value of participant-directed investments is as follows at December 31:

	<u>2011</u>	<u>2010</u>
Mutual of America Group Annuity Contract		
Separate Accounts		
Managed by Mutual of America		
Money Market Fund	\$ 405,049	\$ 410,753
All America Fund	487,147	501,519
Bond Fund	553,960	370,999
Composite Fund	515,520	526,401
Mid-Term Bond Fund	455,722	351,691
Mid-Cap Equity Index Fund	300,887	352,132
Equity Index Fund	469,917	545,466
Conservative Allocation Fund	20,755	36,666
Moderate Allocation Fund	168,692	158,290
Aggressive Allocation Fund	135,654	123,807
Mid-Cap Value Fund	88,811	76,227
Small-Cap Growth Fund	273,306	264,713
Small-Cap Value Fund	195,841	230,998
International Fund	9,356	5,137
Retirement Income Fund	18,628	17,782
2010 Retirement Fund	25,943	24,129
2015 Retirement Fund	101,846	109,835
2020 Retirement Fund	312,328	113,935
2025 Retirement Fund	100,095	73,644
2030 Retirement Fund	481,530	411,339
2035 Retirement Fund	78,014	31,097
2040 Retirement Fund	101,856	87,339
2045 Retirement Fund	67,745	29,013
Managed by DWS Scudder		
Bond Fund	104,857	133,540
Capital Growth Fund	500,435	623,944
International Fund	168,164	226,923
Managed by American Century		
VP Capital Appreciation Fund	394,839	431,142
Managed by Calvert Asset Management Company, Inc.		
Calvert Social Balanced Fund	62,338	108,063

See Independent Auditors' Report

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

NOTE 3 - INFORMATION CERTIFIED BY TRUSTEE (Continued)

Information regarding the fair value of participant-directed investments is as follows at December 31:
(Continued)

	<u>2011</u>	<u>2010</u>
Managed by Fidelity Management & Research Company		
VIP Asset Manager Fund	149,335	121,969
VIP Equity-Income Fund	323,065	383,031
VIP Contrafund Fund	1,018,330	1,267,077
VIP Mid-Cap Fund	102,209	376,046
Managed by The Vanguard Group, Inc.		
VIF Diversified Fund	89,352	90,716
VIF International Fund	261,057	427,326
Managed by Oppenheimer Funds, Inc.		
Main Street Fund	<u>63,558</u>	<u>97,118</u>
Total Separate Accounts	8,606,141	9,139,807
General Account		
Mutual of America Interest Accumulation Account	<u>7,396,011</u>	<u>7,655,522</u>
Total Participant-Directed Investments	<u>\$ 16,002,152</u>	<u>\$ 16,795,329</u>

Investment income (loss) consisted of the following for the years ended December 31:

	<u>2011</u>	<u>2010</u>
Mutual of America Group Annuity Contract		
Net Realized and Unrealized Gains (Losses),		
Separate Accounts		
Managed by Mutual of America		
Money Market Fund	\$ (2,796)	\$ (3,017)
All America Fund	(963)	73,881
Bond Fund	27,622	22,108
Composite Fund	11,619	52,700
Mid-Term Bond Fund	21,834	16,543
Mid-Cap Equity Index Fund	(6,311)	65,946
Equity Index Fund	3,525	67,973
Conservative Allocation Fund	1,636	3,147
Moderate Allocation Fund	5,977	16,730
Aggressive Allocation Fund	1,562	15,990
Mid-Cap Value Fund	(2,434)	5,188
Small-Cap Growth Fund	(13,293)	65,408
Small-Cap Value Fund	(9,159)	49,801

See Independent Auditors' Report

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

NOTE 3 - INFORMATION CERTIFIED BY TRUSTEE (Continued)

Investment income (loss) consisted of the following for the years ended December 31: (Continued)

	<u>2011</u>	<u>2010</u>
Managed by Mutual of America (Continued)		
International Fund	(1,373)	466
Retirement Income Fund	750	751
2010 Retirement Fund	601	2,285
2015 Retirement Fund	2,057	10,976
2020 Retirement Fund	(1,586)	13,259
2025 Retirement Fund	(405)	8,745
2030 Retirement Fund	(2,346)	57,553
2035 Retirement Fund	(70)	4,332
2040 Retirement Fund	(2,037)	12,490
2045 Retirement Fund	(2,875)	4,066
Managed by DWS Scudder		
Bond Fund	6,359	8,185
Capital Growth Fund	(30,956)	90,736
International Fund	(36,443)	(8)
Managed by American Century		
VP Capital Appreciation Fund	(31,662)	99,015
Managed by Calvert Asset Management Company, Inc.		
Calvert Social Balanced Fund	3,387	8,983
Managed by Fidelity Management & Research Company		
VIP Asset Manager Fund	(4,502)	16,369
VIP Equity-Income Fund	(1,933)	48,586
VIP Contrafund Fund	(22,964)	223,130
VIP Mid-Cap Fund	(13,804)	58,074
Managed by The Vanguard Group, Inc.		
VIF Diversified Fund	2,546	6,718
VIF International Fund	(45,541)	54,698
Managed by Oppenheimer Funds, Inc.		
Main Street Fund	(3,305)	10,506
	(147,283)	1,192,313
Interest Income		
General Account		
Mutual of America Interest Accumulation Account	139,090	194,323
Total Investment Income (Loss)	<u>\$ (8,193)</u>	<u>\$ 1,386,636</u>

Participant loans receivable totaled \$249,433 at December 31, 2011 and \$303,026 at December 31, 2010. Interest earned on these loans was \$14,957 in 2011 and \$16,607 in 2010.

See Independent Auditors' Report

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

NOTE 4 - 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 in the separate accounts and are not quoted in an active market.

The Plan has classified its investment in the general account as Level 3 since the amount allocated to the general account is managed on an aggregate basis and supports Mutual of America's insurance and annuity obligations. No portion of the general account, which earns interest at the annual rate of 2.0% as of December 31, 2011, 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.

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

December 31, 2011				
	Total	Level 1	Level 2	Level 3
Mutual of America Group				
Annuity Contract				
Separate accounts				
Money Market	\$ 405,049	\$ -	\$ 405,049	\$ -
Lifestyle	474,435	-	474,435	-
Bond	1,114,539	-	1,114,539	-
Balanced	577,858	-	577,858	-
Small Cap	469,147	-	469,147	-
Mid Cap	491,907	-	491,907	-
Large Cap Value	717,904	-	717,904	-
Large Cap Blend	1,109,974	-	1,109,974	-
Large Cap Growth	1,518,765	-	1,518,765	-
Lifecycle	1,287,985	-	1,287,985	-
International	438,578	-	438,578	-
General account	<u>7,396,011</u>	<u>-</u>	<u>-</u>	<u>7,396,011</u>
Total Investments at Fair Value	<u>\$ 16,002,152</u>	<u>\$ -</u>	<u>\$ 8,606,141</u>	<u>\$ 7,396,011</u>

See Independent Auditors' Report

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

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

December 31, 2010				
	Total	Level 1	Level 2	Level 3
Mutual of America Group				
Annuity Contract				
Separate accounts				
Money Market	\$ 410,753	\$ -	\$ 410,753	\$ -
Lifestyle	440,732	-	440,732	-
Bond	856,230	-	856,230	-
Balanced	634,464	-	634,464	-
Small Cap	495,711	-	495,711	-
Mid Cap	804,405	-	804,405	-
Large Cap Value	814,173	-	814,173	-
Large Cap Blend	1,234,819	-	1,234,819	-
Large Cap Growth	1,891,021	-	1,891,021	-
Lifecycle	898,113	-	898,113	-
International	659,386	-	659,386	-
General account	<u>7,655,522</u>	<u>-</u>	<u>-</u>	<u>7,655,522</u>
Total Investments at Fair Value	<u>\$ 16,795,329</u>	<u>\$ -</u>	<u>\$ 9,139,807</u>	<u>\$ 7,655,522</u>

The tables below provide a summary of changes in the general account, the Plan's Level 3 investment for the years ended December 31, 2011 and 2010.

	2011	2010
Balance at Beginning of Year	\$ 7,655,522	\$ 7,293,483
Purchases	961,989	1,311,576
Sales	(1,360,590)	(1,143,860)
Interest credited	<u>139,090</u>	<u>194,323</u>
Balance at End of Year	<u>\$ 7,396,011</u>	<u>\$ 7,655,522</u>

See Independent Auditors' Report

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

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following is a description of the investment strategies for the Plan's investments at December 31, 2011 and 2010:

Money Market: This account seeks to realize current income while maintaining liquidity, investment quality and stability of capital through investing in high-quality commercial paper issued by U.S. corporations and securities issued by the U.S. government and its agencies.

Lifestyle: These accounts seek to provide a high return through current income and capital appreciation consistent with the investors' asset allocation style. They invest in stocks and bonds of larger, well-established companies as well as securities issued by the U.S. government.

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 and U.S. and government agency securities.

Balanced: These accounts seek to achieve a competitive return through a diversified portfolio of common stocks, fixed income securities and money market accounts.

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 Value: These accounts seek income and capital growth that exceeds the S&P 500 Index by investing in common stocks of large and mid-sized companies whose earnings and revenues are growing at accelerated rates.

Large Cap Blend: These accounts seek to provide a high total return by investing in common stocks of U.S. companies of different capitalization ranges but typically larger, well-established companies.

Large Cap Growth: These accounts seek to provide long-term capital appreciation by investing in common stocks of U.S. companies that are well established, similar in size to the companies of the S&P 500 Index and whose values are not fully recognized by the public.

Lifecycle accounts: These accounts seek to provide a high total return until their target retirement dates by using an asset allocation strategy designed for participants expected to retire in the designated retirement years.

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

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

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

NOTE 5 - TRANSFER OF BALANCES TO OTHER PLANS

Since the Plan's inception, twelve agencies have terminated participation in the Plan and transferred the majority of participant balances to successor retirement plans. Participant funds are only transferred upon receipt of a release form from each participant; therefore, the Plan's assets include remaining participants' account balances related to these agencies in the amounts of \$1,114,292 at December 31, 2011 and \$1,169,216 at December 31, 2010.

NOTE 6 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORMS 5500

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

	<u>2011</u>	<u>2010</u>
Assets available for plan benefits per financial statements	\$ 16,277,784	\$ 17,134,774
Participant contributions receivable	(14,697)	(20,884)
Employer contributions receivable	<u>(11,502)</u>	<u>(15,535)</u>
Assets available for plan benefits per Forms 5500	<u>\$ 16,251,585</u>	<u>\$ 17,098,355</u>

The following is a reconciliation of the change in assets available for plan 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 plan benefits per financial statements	\$ (856,990)	\$ 1,470,760
Change in participant contributions receivable	6,187	(11,482)
Change in employer contributions receivable	<u>4,033</u>	<u>(9,692)</u>
Change in assets available for plan benefits per Forms 5500	<u>\$ (846,770)</u>	<u>\$ 1,449,586</u>

SUPPLEMENTAL SCHEDULES

THRIFT PLAN FOR EMPLOYEES OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
EMPLOYER IDENTIFICATION NO. 34-4427947
PLAN NO. 004
FOR THE YEAR ENDED DECEMBER 31, 2011

Participant Contributions Transferred Late to Plan		Total that Constitute Nonexempt Prohibited Transactions				Total Fully Corrected under VFCP and PTE 2002-51		
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP				
Family Service of Northwest Ohio								
\$	2,396	\$	-	\$	-	Contributions of \$2,396 corrected by January 5, 2011	\$	-
\$	2,391	\$	-	\$	-	Contributions of \$2,391 corrected by January 18, 2011	\$	-
\$	2,444	\$	-	\$	-	Contributions of \$2,444 corrected by January 31, 2011	\$	-
\$	2,450	\$	-	\$	-	Contributions of \$2,450 corrected by February 14, 2011	\$	-
\$	2,458	\$	-	\$	-	Contributions of \$2,458 corrected by March 1, 2011	\$	-
\$	2,462	\$	-	\$	-	Contributions of \$2,462 corrected by March 14, 2011	\$	-
\$	2,445	\$	-	\$	-	Contributions of \$2,445 corrected by March 28, 2011	\$	-
\$	2,466	\$	-	\$	-	Contributions of \$2,466 corrected by April 11, 2011	\$	-
\$	2,458	\$	-	\$	-	Contributions of \$2,458 corrected by April 22, 2011	\$	-
\$	2,509	\$	-	\$	-	Contributions of \$2,509 corrected by May 9, 2011	\$	-
\$	2,540	\$	-	\$	-	Contributions of \$2,540 corrected by May 23, 2011	\$	-

THRIFT PLAN FOR EMPLOYEES OF UNITED WAY OF
 GREATER TOLEDO AND AFFILIATED AGENCIES
 SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONTINUED)
 EMPLOYER IDENTIFICATION NO. 34-4427947
 PLAN NO. 004
 FOR THE YEAR ENDED DECEMBER 31, 2011

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions					Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP			
Family Service of Northwest Ohio (Continued)						
\$ 2,495	\$ -	\$ -	Contributions of \$2,495 corrected by June 6, 2011	\$ -		
\$ 2,414	\$ -	\$ -	Contributions of \$2,414 corrected by June 20, 2011	\$ -		
\$ 2,365	\$ -	\$ -	Contributions of \$2,365 corrected by July 5, 2011	\$ -		
\$ 2,381	\$ -	\$ -	Contributions of \$2,381 corrected by July 18, 2011	\$ -		
\$ 2,393	\$ -	\$ -	Contributions of \$2,393 corrected by August 1, 2011	\$ -		
\$ 2,404	\$ -	\$ -	Contributions of \$2,404 corrected by August 15, 2011	\$ -		
\$ 2,407	\$ -	\$ -	Contributions of \$2,407 corrected by August 29, 2011	\$ -		
\$ 2,406	\$ -	\$ -	Contributions of \$2,406 corrected by September 6, 2011	\$ -		
\$ 2,389	\$ -	\$ -	Contributions of \$2,389 corrected by November 29, 2011	\$ -		
\$ 2,640	\$ -	\$ -	Contributions of \$2,640 corrected by December 13, 2011	\$ -		
\$ 2,759	\$ -	\$ -	Contributions of \$2,759 corrected by December 27, 2011	\$ -		

THRIFT PLAN FOR EMPLOYEES OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONTINUED)
EMPLOYER IDENTIFICATION NO. 34-4427947
PLAN NO. 004
FOR THE YEAR ENDED DECEMBER 31, 2011

Total that Constitute Nonexempt Prohibited								
Participant Contributions Transferred Late to Plan		Transactions			Contributions Pending Correction in VFCP	Total Fully Corrected under VFCP and PTE 2002-51		
		Contributions Not Corrected	Contributions Corrected Outside VFCP					
International Institute of Greater Toledo, Inc.								
\$	134	\$	-	\$	-	Contributions of \$134 corrected by February 4, 2011	\$	-
\$	134	\$	-	\$	-	Contributions of \$134 corrected by March 1, 2011	\$	-
\$	134	\$	-	\$	-	Contributions of \$134 corrected by April 13, 2011	\$	-
\$	134	\$	-	\$	-	Contributions of \$134 corrected by April 27, 2011	\$	-
\$	289	\$	-	\$	-	Contributions of \$289 corrected by July 12, 2011	\$	-
\$	289	\$	-	\$	-	Contributions of \$289 corrected by July 29, 2011	\$	-
\$	289	\$	-	\$	-	Contributions of \$289 corrected by September 1, 2011	\$	-
\$	289	\$	-	\$	-	Contributions of \$289 corrected by October 6, 2011	\$	-
\$	289	\$	-	\$	-	Contributions of \$289 corrected by November 9, 2011	\$	-
\$	289	\$	-	\$	-	Contributions of \$289 corrected by December 7, 2011	\$	-
\$	289	\$	-	\$	-	Contributions of \$289 corrected by January 6, 2012	\$	-

THRIFT PLAN FOR EMPLOYEES OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONTINUED)
EMPLOYER IDENTIFICATION NO. 34-4427947
PLAN NO. 004
FOR THE YEAR ENDED DECEMBER 31, 2011

Total that Constitute Nonexempt Prohibited								
Participant Contributions Transferred Late to Plan		Transactions			Contributions Pending Correction in VFCP	Total Fully Corrected under VFCP and PTE 2002-51		
		Contributions Not Corrected	Contributions Corrected Outside VFCP					
Toledo Day Nursery								
\$	495	\$	-	\$	-	Contributions of \$495 corrected by January 26, 2011	\$	-
\$	495	\$	-	\$	-	Contributions of \$495 corrected by March 1, 2011	\$	-
\$	512	\$	-	\$	-	Contributions of \$512 corrected by April 26, 2011	\$	-
\$	276	\$	-	\$	-	Contributions of \$276 corrected by June 9, 2011	\$	-
\$	276	\$	-	\$	-	Contributions of \$276 corrected by June 23, 2011	\$	-
\$	276	\$	-	\$	-	Contributions of \$276 corrected by June 30, 2011	\$	-
\$	276	\$	-	\$	-	Contributions of \$276 corrected by July 18, 2011	\$	-
\$	261	\$	-	\$	-	Contributions of \$261 corrected by July 28, 2011	\$	-
\$	229	\$	-	\$	-	Contributions of \$229 corrected by September 13, 2011	\$	-
\$	285	\$	-	\$	-	Contributions of \$285 corrected by October 4, 2011	\$	-
\$	285	\$	-	\$	-	Contributions of \$285 corrected by October 28, 2011	\$	-

THRIFT PLAN FOR EMPLOYEES OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONTINUED)
EMPLOYER IDENTIFICATION NO. 34-4427947
PLAN NO. 004
FOR THE YEAR ENDED DECEMBER 31, 2011

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions					Contributions Pending Correction in VFCP	Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP					
Toledo Day Nursery (Continued)							
\$ 312	\$ -	\$ -		Contributions of \$312 corrected by November 17, 2011	\$ -		
\$ 312	\$ -	\$ -		Contributions of \$312 corrected by December 6, 2011	\$ -		
\$ 312	\$ -	\$ -		Contributions of \$312 corrected by December 13, 2011	\$ -		
Catholic Social Services of Toledo							
\$ 1,604	\$ -	\$ -		Contributions of \$1,604 corrected by January 14, 2011	\$ -		
\$ 1,333	\$ -	\$ -		Contributions of \$1,333 corrected by January 28, 2011	\$ -		
\$ 1,333	\$ -	\$ -		Contributions of \$1,333 corrected by February 4, 2011	\$ -		
\$ 2,093	\$ -	\$ -		Contributions of \$2,093 corrected by April 13, 2011	\$ -		
\$ 1,532	\$ -	\$ -		Contributions of \$1,532 corrected by May 2, 2011	\$ -		
\$ 1,746	\$ -	\$ -		Contributions of \$1,746 corrected by September 19, 2011	\$ -		
\$ 1,767	\$ -	\$ -		Contributions of \$1,767 corrected by September 28, 2011	\$ -		

THRIFT PLAN FOR EMPLOYEES OF UNITED WAY OF
 GREATER TOLEDO AND AFFILIATED AGENCIES
 SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONTINUED)
 EMPLOYER IDENTIFICATION NO. 34-4427947
 PLAN NO. 004
 FOR THE YEAR ENDED DECEMBER 31, 2011

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions					Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP			
Catholic Social Services of Toledo (Continued)						
\$ 1,791	\$ -	\$ -	Contributions of \$1,791 corrected by October 11, 2011	\$ -		
\$ 1,794	\$ -	\$ -	Contributions of \$1,794 corrected by November 8, 2011	\$ -		
Society for the Blind						
\$ 299	\$ -	\$ -	Contributions of \$299 corrected by January 19, 2011	\$ -		
\$ 343	\$ -	\$ -	Contributions of \$343 corrected by February 14, 2011	\$ -		
\$ 348	\$ -	\$ -	Contributions of \$348 corrected by March 16, 2011	\$ -		
\$ 344	\$ -	\$ -	Contributions of \$344 corrected by March 16, 2011	\$ -		
\$ 344	\$ -	\$ -	Contributions of \$344 corrected by April 4, 2011	\$ -		
\$ 345	\$ -	\$ -	Contributions of \$345 corrected by May 11, 2011	\$ -		
\$ 347	\$ -	\$ -	Contributions of \$347 corrected by May 26, 2011	\$ -		
\$ 353	\$ -	\$ -	Contributions of \$353 corrected by June 13, 2011	\$ -		

THRIFT PLAN FOR EMPLOYEES OF UNITED WAY OF
 GREATER TOLEDO AND AFFILIATED AGENCIES
 SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONTINUED)
 EMPLOYER IDENTIFICATION NO. 34-4427947
 PLAN NO. 004
 FOR THE YEAR ENDED DECEMBER 31, 2011

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions				Contributions Pending Correction in VFCP	Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP				
Society for the Blind (Continued)						
\$ 354	\$ -	\$ -		Contributions of \$354 corrected by June 30, 2011	\$ -	
\$ 353	\$ -	\$ -		Contributions of \$353 corrected by July 29, 2011	\$ -	
\$ 369	\$ -	\$ -		Contributions of \$369 corrected by September 7, 2011	\$ -	
\$ 365	\$ -	\$ -		Contributions of \$365 corrected by September 7, 2011	\$ -	
\$ 358	\$ -	\$ -		Contributions of \$358 corrected by October 20, 2011	\$ -	
\$ 358	\$ -	\$ -		Contributions of \$358 corrected by October 20, 2011	\$ -	
\$ 360	\$ -	\$ -		Contributions of \$360 corrected by November 8, 2011	\$ -	
\$ 352	\$ -	\$ -		Contributions of \$352 corrected by November 22, 2011	\$ -	
\$ 345	\$ -	\$ -		Contributions of \$345 corrected by December 7, 2011	\$ -	
\$ 362	\$ -	\$ -		Contributions of \$362 corrected by January 10, 2012	\$ -	
\$ 381	\$ -	\$ -		Contributions of \$381 corrected by January 10, 2012	\$ -	

THRIFT PLAN FOR EMPLOYEES OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONTINUED)
EMPLOYER IDENTIFICATION NO. 34-4427947
PLAN NO. 004
FOR THE YEAR ENDED DECEMBER 31, 2011

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions					Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP		Contributions Pending Correction in VFCP		
Kidney Foundation of Northwest Ohio						
\$ 622	\$ -	\$ -		Contributions of \$622 corrected by January 11, 2011	\$ -	
\$ 622	\$ -	\$ -		Contributions of \$622 corrected by January 11, 2011	\$ -	
\$ 506	\$ -	\$ -		Contributions of \$506 corrected by January 25, 2011	\$ -	
\$ 545	\$ -	\$ -		Contributions of \$545 corrected by February 15, 2011	\$ -	
\$ 508	\$ -	\$ -		Contributions of \$508 corrected by March 22, 2011	\$ -	
\$ 507	\$ -	\$ -		Contributions of \$507 corrected by May 3, 2011	\$ -	
\$ 511	\$ -	\$ -		Contributions of \$511 corrected by May 3, 2011	\$ -	
\$ 484	\$ -	\$ -		Contributions of \$484 corrected by May 3, 2011	\$ -	
\$ 511	\$ -	\$ -		Contributions of \$511 corrected by June 7, 2011	\$ -	
\$ 511	\$ -	\$ -		Contributions of \$511 corrected by June 7, 2011	\$ -	

THRIFT PLAN FOR EMPLOYEES OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONTINUED)
EMPLOYER IDENTIFICATION NO. 34-4427947
PLAN NO. 004
FOR THE YEAR ENDED DECEMBER 31, 2011

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions				Contributions Pending Correction in VFCP	Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP				
Kidney Foundation of Northwest Ohio (Continued)						
\$ 487	\$ -	\$ -		Contributions of \$487 corrected by July 6, 2011	\$ -	
\$ 481	\$ -	\$ -		Contributions of \$481 corrected by August 9, 2011	\$ -	
\$ 483	\$ -	\$ -		Contributions of \$483 corrected by August 9, 2011	\$ -	
\$ 483	\$ -	\$ -		Contributions of \$483 corrected by October 11, 2011	\$ -	
\$ 481	\$ -	\$ -		Contributions of \$481 corrected by October 11, 2011	\$ -	
\$ 483	\$ -	\$ -		Contributions of \$483 corrected by October 11, 2011	\$ -	
\$ 482	\$ -	\$ -		Contributions of \$482 corrected by October 11, 2011	\$ -	
\$ 483	\$ -	\$ -		Contributions of \$483 corrected by November 1, 2011	\$ -	
\$ 483	\$ -	\$ -		Contributions of \$483 corrected by November 29, 2011	\$ -	
\$ 481	\$ -	\$ -		Contributions of \$481 corrected by November 29, 2011	\$ -	
\$ 485	\$ -	\$ -		Contributions of \$485 corrected by January 10, 2012	\$ -	

THRIFT PLAN FOR EMPLOYEES OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONTINUED)
EMPLOYER IDENTIFICATION NO. 34-4427947
PLAN NO. 004
FOR THE YEAR ENDED DECEMBER 31, 2011

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions				Contributions Pending Correction in VFCP	Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP				
Kidney Foundation of Northwest Ohio (Continued)						
\$ 482	\$ -	\$ -		Contributions of \$482 corrected by January 10, 2012	\$ -	
\$ 481	\$ -	\$ -		Contributions of \$481 corrected by January 10, 2012	\$ -	
Seniors Centers, Inc.						
\$ 195	\$ -	\$ -		Contributions of \$195 corrected by January 26, 2011	\$ -	
\$ 195	\$ -	\$ -		Contributions of \$195 corrected by February 18, 2011	\$ -	
\$ 995	\$ -	\$ -		Contributions of \$995 corrected by March 21, 2011	\$ -	
\$ 995	\$ -	\$ -		Contributions of \$995 corrected by April 20, 2011	\$ -	
\$ 995	\$ -	\$ -		Contributions of \$995 corrected by May 20, 2011	\$ -	
\$ 995	\$ -	\$ -		Contributions of \$995 corrected by June 24, 2011	\$ -	
\$ 995	\$ -	\$ -		Contributions of \$995 corrected by July 19, 2011	\$ -	
\$ 995	\$ -	\$ -		Contributions of \$995 corrected by August 22, 2011	\$ -	

THRIFT PLAN FOR EMPLOYEES OF UNITED WAY OF
GREATER TOLEDO AND AFFILIATED AGENCIES
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONTINUED)
EMPLOYER IDENTIFICATION NO. 34-4427947
PLAN NO. 004
FOR THE YEAR ENDED DECEMBER 31, 2011

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions				Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
Seniors Centers, Inc. (Continued)					
\$ 995	\$ -	\$ -	Contributions of \$995 corrected by September 23, 2011	\$ -	
\$ 995	\$ -	\$ -	Contributions of \$995 corrected by October 18, 2011	\$ -	
\$ 995	\$ -	\$ -	Contributions of \$995 corrected by November 22, 2011	\$ -	
\$ 995	\$ -	\$ -	Contributions of \$995 corrected by January 9, 2012	\$ -	
\$ 995	\$ -	\$ -	Contributions of \$995 corrected by January 9, 2012	\$ -	

THRIFT PLAN FOR EMPLOYEES 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. 004
DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description of Investment	Cost	Fair Value
*	Mutual of America Life Insurance Company	Group Annuity Contract Separate Accounts	**	\$ 8,606,141
		General Account	**	7,396,011
*	Participant loans receivable	5.00% interest, due through July 2019	-	249,433
*	Party-in-interest assets			
**	Cost is not required for these participant-directed investments			

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PlanName1

EIN: 34-4427947

Plan Sponsor's Name UNITED WAY OF GREATER TOLEDO

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT GENERAL ACCOUNT Cost represents contrib. remitted during the current plan year	611,112	7,374,391
*	Mutual of America	GROUP ANNUITY CONTRACT SEPARATE ACCOUNT Cost represents contrib. remitted during the current plan year	815,561	8,606,141
*	PARTICIPANT LOANS	Represents outstanding Participant Loan Balance Current & Prior plan Yrs. Highest Int. Charged 5.00% Lowest Int. Charged 5.00%	0	271,053