

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</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 PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER CINCINNATI, INC. AND AFFILIATED AGENCIES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">333</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1970</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 31-0537502</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 513-762-7100</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 813000</td> </tr> </table>	1b Three-digit plan number (PN) ▶	333	1c Effective date of plan 01/01/1970		2b Employer Identification Number (EIN) 31-0537502		2c Sponsor's telephone number 513-762-7100		2d Business code (see instructions) 813000	
1b Three-digit plan number (PN) ▶	333										
1c Effective date of plan 01/01/1970											
2b Employer Identification Number (EIN) 31-0537502											
2c Sponsor's telephone number 513-762-7100											
2d Business code (see instructions) 813000											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) UNITED WAY OF GREATER CINCINNATI 2400 READING RD CINCINNATI, OH 45202-1478											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2014	JASON T. SKAGGS
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	895
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	158
b Retired or separated participants receiving benefits		6b	266
c Other retired or separated participants entitled to future benefits		6c	326
d Subtotal. Add lines 6a , 6b , and 6c		6d	750
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	45
f Total. Add lines 6d and 6e		6f	795
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> 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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER CINCINNATI, INC. AND AFFILIATED AGENCIES	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED WAY OF GREATER CINCINNATI	D Employer Identification Number (EIN) 31-0537502

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

(a) Name of insurance carrier

THE UNION CENTRAL LIFE INSURANCE COMPANY

(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
31-0472910	80837	ESP 7009	795	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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	0

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

(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	

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

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(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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	376535

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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 line 9c(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, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER CINCINNATI, INC. AND AFFILIATED AGENCIES</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UNITED WAY OF GREATER CINCINNATI</u>	D Employer Identification Number (EIN) <u>31-0537502</u>
E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month _____ Day _____ Year _____	
2 Assets:	
a Market value	2a <u>29932405</u>
b Actuarial value	2b <u>29793105</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>289</u> <u>15951873</u>
b For terminated vested participants.....	3b <u>426</u> <u>8424028</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>10009670</u>
(3) Total active.....	3c(3) <u>180</u> <u>10009670</u>
d Total.....	3d <u>895</u> <u>34385571</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.28 %</u>
6 Target normal cost	6 <u>200000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/15/2014</u>
	Signature of actuary	Date
<u>JAMES P. VAN VLEET</u>	Type or print name of actuary	<u>14-05701</u>
		Most recent enrollment number
<u>MASSMUTUAL RETIREMENT SERVICES</u>	Firm name	<u>614-659-0116</u>
		Telephone number (including area code)
<u>40 VILLAGE POINTE DRIVE POWELL, OH 43065-7760</u>	Address of the firm	

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
b Interest on (a) using prior year's effective interest rate of _____% except as otherwise provided (see instructions)		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III	Funding Percentages	
14 Funding target attainment percentage	14	86.64 %
15 Adjusted funding target attainment percentage	15	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	18(c)	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.75 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☐ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27 8

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER CINCINNATI, INC. AND AFFILIATED AGENCIES</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED WAY OF GREATER CINCINNATI</u>	D Employer Identification Number (EIN) <u>31-0537502</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
FUND EVALUATION GROUP

31-1229779

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

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

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

MASSMUTUAL LIFE INSURANCE COMPANY

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	50413	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNION CENTRAL LIFE INSURANCE

31-0472910

(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?
15	NONE	26614	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FUND EVALUATION GROUP

31-1229779

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	25000	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)

DINSMORE & SHOHL LLP

31-0263070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	18209	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK

41-6271370

(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?
19	NONE	14103	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BKD,LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	8500	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)

WELLS FARGO

34-1930606

(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?
22	NONE	8011	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:

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/2013
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A Name of plan
PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER CINCINNATI, INC. AND
AFFILIATED AGENCIES

B Three-digit plan number (PN)	▶	333
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UNITED WAY OF GREATER CINCINNATI

D Employer Identification Number (EIN)
31-0537502

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: **FIDELITY VIP MONEY MARKET, INT.CLAS**

b Name of sponsor of entity listed in (a): THE UNION CENTRAL LIFE INSURANCE COMPANY

c EIN-PN 31-0472910-104	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 376535
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER CINCINNATI, INC. AND AFFILIATED AGENCIES	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED WAY OF GREATER CINCINNATI	D Employer Identification Number (EIN) 31-0537502	

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)		403969
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	69758	70319
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	714487	178282
(2) U.S. Government securities	1c(2)	3721849	3429366
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4826332	5000928
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	373638	376535
(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)	20227050	21475957
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	29933114	30935356

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	29933114	30935356
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2542322	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2542322
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	789177	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		789177
(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
(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2005674
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5337173

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3300076	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3300076
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	109393	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	40853	
(4) Other	2i(4)	128661	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		278907
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3578983

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1758190
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		755948

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: BKD, LLP

(2) EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?	X		37379
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)
ARTHRITIS FOUNDATION GREAT LAKES REGION DEFINED BENEFIT PLAN	27-4014550	002

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2013 This Form is Open to Public Inspection.	
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013					
A Name of plan PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER CINCINNATI, INC. AND AFFILIATED AGENCIES				B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED WAY OF GREATER CINCINNATI				D Employer Identification Number (EIN) 31-0537502	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-0888686					
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	40
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☒ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2013 v. 130118	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 37% Investment-Grade Debt: 38% High-Yield Debt: _____% Real Estate: _____% Other: 25%

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

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☒ Other (specify): WEIGHTED AVERAGE DURATION

Independent Auditor's Report

Plan Administrator
Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies
Cincinnati, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 C, which was certified by Fifth Third Bank, U.S. Bank, N.A., and Union Central Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute transactions related to these assets. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodians is complete and accurate to the best of their knowledge.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules listed in the table of contents are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

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 custodians, 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*.

BKD, LLP

Cincinnati, Ohio
September 5, 2014

Federal Employer Identification Number: 44-0160260

**Pension Plan for Employees of United Way of Cincinnati, Inc. and
Affiliated Agencies**
EIN: 31-0537502 Plan # 333

Schedule B, Line 6b - Weighted Average Retirement Age

The weighted average retirement age is determined by weighting each retirement age by the probability of retirement, then averaging over the sum of the retirement probabilities.

Age	Retirement Rate	Weight
60	10%	6.00
61	10%	5.49
62	25%	12.56
63	40%	15.31
64	75%	17.50
65	100%	<u>5.92</u>
Total		62.78
Average Retirement Age		63

**Pension Plan for Employees of United Way of Cincinnati, Inc. and
Affiliated Agencies**
EIN: 31-0537502 Plan # 333

g. Retirement age:

<u>Age</u>	<u>Retirement Rate</u>
60	10%
61	10%
62	25%
63	40%
64	75%
65	100%

h. Social Security Taxable
Wage Base increases: N/A

i. The following are examples of the probability that a participant will die or terminate within the year:

<u>Age</u>	<u>Mortality</u>		<u>Termination</u>				
	<u>Male</u>	<u>Female</u>	<u>Years of Service</u>				
			<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4+</u>
25	.00060	.00020	.35000	.20000	.20000	.20000	.15000
30	.00080	.00030	.35000	.20000	.20000	.20000	.15000
35	.00080	.00040	.35000	.20000	.20000	.20000	.13125
40	.00100	.00070	.35000	.20000	.20000	.20000	.11250
45	.00150	.00090	.35000	.20000	.20000	.20000	.07500
50	.00250	.00140	.35000	.20000	.20000	.20000	.05250
55	.00440	.00220	.35000	.20000	.20000	.20000	.05250
60	.00790	.00440	.35000	.20000	.20000	.20000	.05250
65	.01450	.00860	.00000	.00000	.00000	.00000	.00000

**Pension Plan for Employees of United Way of Cincinnati, Inc. and
Affiliated Agencies
EIN: 31-0537502 Plan # 333**

5. Other Considerations

- a. Participant salaries are limited to the IRC Section 401(a)(17) limit that was in effect as of the beginning of the plan year. Projected benefits are limited to the IRC Section 415(b) limit that was in effect as of the beginning of the plan year.
- b. Disability benefits are not considered to have material effect on cost and have not been specifically valued.
- c. For the purpose of valuing death benefits, 80% of employees are assumed to be married. Wives are assumed to be 3 years younger than their husbands.
- d. The IRS 2007 CL Combined mortality table for males and females was used for calculating the current liability.
- e. Based on Pension Relief of 2010, the PPA effective date has been delayed to January 1, 2017.
- f. The current liability interest rate is based on the 24-month average third segment rate as of the valuation date as adjusted by MAP-21.
- g. The PPA funding target is based on 4.94%, 6.15%, and 6.75% segment rates and the 2013 Annuitant and Non-annuitant mortality tables for males and females.
- h. Although we believe these to be accurate and complete, employee data supplied to us by the Employer and financial information supplied to us by the Trustee have not been audited by us.
- i. We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees have participation requirements different from other new employees.

Pension Plan for Employees of United Way of Cincinnati, Inc. and Affiliated Agencies

EIN: 31-0537502 Plan # 333

C. Summary of Principal Plan Provisions

The following summary describes plan provisions assumed in calculating the cost of your pension plan:

1. General Information

- a. Original Effective Date: January 1, 1970
- b. Effective Date of Last Amendment: December 31, 2004
- c. Plan Year: January 1 to December 31
- d. Employer Fiscal Year: January 1 to December 31
- e. Employer ID Number: 31-0537502
- f. Plan Administrator's ID Number: 31-0888686
- g. Plan Number: 333
- h. Plan Administrator: United Way of Greater Cincinnati

2. Eligibility

All employees of a participating Employer are eligible to participate in the Plan on first of the month following the attainment of age 21 and the completion of three months of employment.

3. Year of Service

Service is granted for periods of employment during which the participant is scheduled to work at least 1,000 hours in a year. Service is calculated in nearest months.

4. Normal Retirement Date

Normal Retirement Date is the first day of the month on or after attainment of age 65.

5. Normal Retirement Benefit

The amount of the monthly benefit to be paid for life is based on one of the following:

- a. 2.6% of Average Monthly Earnings less .65% of Final Average Compensation up to Covered Compensation, multiplied by years of Service up to 25 years
- b. 1.75% of Average Monthly Earnings less .50% of Final Average Compensation up to Covered Compensation, multiplied by years of Service up to 25 years.
- c. .75% of Average Monthly Earnings multiplied by years of Service up to 25 years.

The plan is frozen as of December 31, 2004.

Pension Plan for Employees of United Way of Cincinnati, Inc. and Affiliated Agencies

EIN: 31-0537502 Plan # 333

6. Early Retirement

For participation prior to January 1, 1988, eligibility for early retirement is the later of age 50 and the completion of one year of Service. For participation after January 1, 1988, eligibility for early retirement is the later of age 55 and the completion of five years of Service. Payments may begin immediately, with the benefit being reduced for payment prior to the Normal Retirement Date.

7. Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement or death his benefit determined as of his actual retirement date.

8. Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be determined using the Average Monthly Earnings, Final Average Compensation, and Service as of the date of determination.

9. Annual Compensation

The Participant's total wages reported on Form W-2, excluding any extraordinary pay, and including any Section 125 deferrals.

10. Average Compensation

The five consecutive calendar years of compensation prior to determination that produce the highest average.

11. Final Average Compensation

The average of the final three consecutive calendar years of compensation preceding termination. Compensation above the Social Security Taxable Wage Base is not included.

12. Death Benefit

In the event of an active vested participant's death, it will be assumed the participant had terminated on the day prior to death and elected a joint and one-half contingent annuitant survivor benefit, commencing at the earliest possible retirement date. Payments will continue thereafter for the life of the surviving spouse.

Pension Plan for Employees of United Way of Cincinnati, Inc. and Affiliated Agencies

EIN: 31-0537502 Plan # 333

13. Severance Benefits

Upon the termination of employment after 5 or more years of service, a participant shall have a vested interest in his Accrued Benefit which will be payable at his Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Less than 3	0%
3 to 5	75%
5 or more	100%

In the event that the participant had met the service requirement for early retirement at the date of termination, he may elect to receive his vested interest as of his early retirement date. Such benefit will be reduced as described under Early Retirement Benefits.

14. Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity, a life annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [a] below with the spouse as the beneficiary. The options are:

- a. A reduced benefit to be paid during the participant's lifetime with 50% of the reduced benefit to be continued to a beneficiary for their lifetime.
- b. A reduced benefit to be paid during the participant's lifetime with 66-2/3%, 75%, or 100% of the reduced benefit to be continued to a beneficiary for their lifetime.
- c. A reduced benefit to be paid for 60 or 120 months certain and thereafter for life.
- d. A single lump sum payment is available in certain situations.

If the amount of the lump sum settlement is less than \$1,000, the benefit will automatically be paid in the form of a lump sum.

15. Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

**Pension Plan for Employees of United Way of Cincinnati, Inc. and
Affiliated Agencies**
EIN: 31-0537502 Plan # 333

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

Number and Average Annual Accrued Benefit of Participants with XX Years of Credited Service											
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	Total
Under 25	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
25 – 29	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
30 – 34	1	5	1	-	-	-	-	-	-	-	7
	-	-	-	-	-	-	-	-	-	-	-
35 – 39	-	6	2	-	-	-	-	-	-	-	8
	-	-	-	-	-	-	-	-	-	-	-
40 – 44	1	5	9	1	-	-	-	-	-	-	16
	-	-	-	-	-	-	-	-	-	-	-
45 – 49	2	9	10	4	4	-	-	-	-	-	29
	-	-	-	-	-	-	-	-	-	-	5,874
50 – 54	3	11	8	4	1	1	-	-	-	-	28
	-	-	-	-	-	-	-	-	-	-	4,351
55 – 59	1	10	15	5	3	2	1	-	-	-	37
	-	-	-	-	-	-	-	-	-	-	7,839
60 – 64	-	9	10	5	4	4	3	2	-	-	37
	-	-	-	-	-	-	-	-	-	-	9,861
65 – 69	-	3	5	2	1	-	2	-	-	-	13
	-	-	-	-	-	-	-	-	-	-	-
70 +	1	3	-	-	-	-	-	1	-	-	5
	-	-	-	-	-	-	-	-	-	-	-
All Ages	9	61	60	21	13	7	6	3	-	-	180
	-	1,682	5,276	8,023	-	-	-	-	-	-	6,957

**Pension Plan for Employees of United Way of Cincinnati, Inc. and
Affiliated Agencies
EIN: 31-0537502 Plan # 333**

1. Maintenance schedule of funding standard account bases as of January 1, 2013

Date Established	Type of Base	Original Amount	Original Amort. Period	Balance as of 01/01/2013	Remaining Amort. Period	Annual Amort. Amount
Charges						
01/01/2009	Loss	\$ 5,882,860	5	\$ 822,901	1	\$ 822,901
01/01/2011	Loss	2,326,429	5	1,495,331	3	534,894
01/01/2012	Loss	2,040,680	5	1,689,346	4	469,195
01/01/2013	Loss	2,716,027	5	<u>2,716,027</u>	5	<u>624,471</u>
				\$ 6,723,605		\$ 2,451,461
Credits						
01/01/2010	Gain	\$ 2,082,481	5	\$ 713,113	2	\$ 369,444

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

EIN 31-0537502 PN 333

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2013

Identity of Issuer	Description of Investment	Cost	Current Value
U.S. Treasury and Federal Agency Securities			
US Treasury Notes	\$100,000, 4.000%, due 02/15/2015	\$ 107,410	\$ 104,242
US Treasury Notes	\$100,000, 3.750%, due 11/15/2018	110,535	109,742
US Treasury Notes	\$50,000, 1.750%, due 03/31/2014	51,346	50,201
US Treasury Notes	\$125,000, 2.625%, due 02/29/2016	132,057	130,938
US Treasury Notes	\$100,000, 2.625%, due 07/31/2014	104,238	101,453
US Treasury Notes	\$150,000, 3.250%, due 07/31/2016	162,545	160,184
US Treasury Notes	\$200,000, 3.000%, due 02/28/2017	211,670	213,126
US Treasury Notes	\$150,000, 2.125%, due 05/31/2015	151,564	153,990
US Treasury Notes	\$250,000, 1.750%, due 07/31/2015	254,219	255,830
US Treasury Notes	\$100,000, 2.625%, due 11/15/2020	104,098	101,625
US Treasury Notes	\$200,000, 2.000%, due 04/30/2016	205,336	206,906
US Treasury Notes	\$150,000, 2.625%, due 04/30/2018	160,227	157,442
US Treasury Notes	\$100,000, 1.375%, due 11/30/2018	100,236	98,500
US Treasury Notes	\$100,000, 2.000%, due 02/15/2022	103,746	94,898
US Treasury Notes	\$100,000, 1.250%, due 04/30/2019	101,910	96,883
US Treasury Notes	\$125,000, 0.625%, due 08/31/2017	121,947	122,655
US Treasury Notes	\$190,000, 2.125%, due 11/30/2014	195,381	193,369
US Treasury Notes	\$190,000, 1.375%, due 11/30/2018	193,260	187,150
US Treasury Notes	\$80,000, 2.000%, due 02/15/2022	82,569	75,918
Federal Home Loan Bank	\$155,000, 0.500%, due 06/20/2018	155,000	152,641
Federal Home Loan Mortgage Corp	\$150,000, 3.750%, due 3/27/2019	154,325	163,496
Freddie Mac	\$100,000, 4.875%, due 06/13/2018	115,484	113,630
Fannie Mae	\$75,000, 5.375%, due 06/12/2017	88,498	85,763
Fannie Mae	\$100,000, 2.3750%, due 07/28/2015	102,960	103,161
		<u>3,270,561</u>	<u>3,233,743</u>
Corporate Obligations			
Air Products Chemicals	\$70,000, 4.375%, due 08/21/2019	80,326	75,760
Alabama Power Company	\$100,000, 0.550%, due 10/15/2015	99,878	99,763
Alabama Power Company	\$75,000, 5.500%, due 10/15/2017	90,554	84,704
Alliant Energy Corporation	\$55,000, 4.000%, due 10/15/2014	58,127	56,442
Allstate Corporation	\$75,000, 6.200%, due 05/16/2014	80,714	76,583
American Express Credit Corporation	\$100,000, 2.750%, due 09/15/2015	99,416	103,486
Aon Corporation	\$50,000, 5.000%, due 09/30/2020	57,502	54,921
Australia & New Zealand Bkg	\$100,000, 4.875%, due 01/12/2021	99,757	108,784
Axis Capital Holdings	\$50,000, 5.750%, due 12/01/2014	53,355	52,243

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

EIN 31-0537502 PN 333

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2013

Identity of Issuer	Description of Investment	Cost	Current Value
Bank of America Corporation	\$100,000, 3.30%, due 01/11/2023	\$ 99,444	\$ 94,627
BB&T Corporation	\$55,000, 5.250%, due 11/01/2019	64,097	61,644
Bellsouth Corporation	\$75,000, 5.200%, due 12/15/2016	87,143	82,899
Berkshire Hathaway Financial Corporation	\$100,000, 2.900%, due 10/15/2020	99,805	99,169
Bottling Group LLC	\$125,000, 6.950%, due 03/15/2014	142,308	126,625
British Telecommunications	\$50,000, 1.625%, due 06/28/2016	49,842	50,441
Burlington North Santa Fe	\$50,000, 3.450%, due 09/15/2021	52,672	49,379
Caterpillar Financial Services Corporation	\$100,000, 1.25%, due 11/06/2017	99,865	98,567
Cintas Corporation	\$50,000, 3.250%, due 06/01/2022	49,924	47,668
CitiGroup Inc	\$100,000, 3.375%, due 03/01/2023	99,763	95,051
Coca Cola Company	\$100,000, 5.350%, due 11/15/2017	99,851	113,859
CR Bard Inc	\$65,000, 2.875%, due 01/15/2016	67,589	67,161
Danaher Corporation	\$75,000, 5.625%, due 1/15/2018	74,543	85,496
Eaton Corporation	\$75,000, 5.950%, due 03/20/2014	80,596	75,891
EnSCO Plc St Note	\$100,000, 4.700%, due 03/15/2021	98,025	105,774
*Fifth Third Bancorp	\$55,000, 5.450%, due 01/15/2017	62,512	60,444
Florida Gas Transmission Company	\$100,000, 3.875%, due 07/15/2022	99,873	97,999
General Electric Capital Corporation	\$100,000, 4.375%, due 09/16/2020	112,220	108,379
Goldman Sachs Group, Inc	\$100,000, 5.350%, due 1/15/2016	98,074	108,217
Goldman Sachs Group, Inc	\$200,000, 1.550%, due 10/17/2017	199,522	199,288
Hewlett-Packard Company	\$100,000, 4.750%, due 06/02/2014	99,993	101,601
Intel Corporation	\$100,000, 1.350%, due 12/15/2017	99,894	98,834
Johnson Controls, Inc.	\$55,000, 3.750%, due 12/01/2021	58,915	54,605
JP Morgan Chase Company	\$75,000, 4.625%, due 05/10/2021	85,136	80,850
JP Morgan Chase Company	\$100,000, 3.375%, due 05/01/2023	99,462	93,200
Kellogg Company	\$55,000, 4.450%, due 05/30/2016	61,463	59,333
Key Bank	\$55,000, 5.450%, due 03/03/2016	61,852	59,854
Kroger Company	\$50,000, 6.400%, due 08/15/2017	59,955	57,287
L-3 Communications Corp	\$100,000, 4.750%, due 7/15/2020	99,638	103,774
Marsh & McLennan Companies, Inc	\$50,000, 4.800%, due 07/15/2021	55,786	53,301
MidAmerican Energy Holdings	\$35,000, 5.750%, due 04/01/2018	42,087	39,952
National City Corporation	\$55,000, 6.875%, due 05/15/2019	68,734	65,171
National Rural Utility Cooperation	\$75,000, 5.450%, due 04/10/2017	88,180	83,561
Norfolk Southern	\$40,000, 5.750%, due 04/01/2018	47,950	45,573
Nstar Electric Company	\$100,000, 5.625%, due 11/15/2017	99,563	113,277
Nstar Electric Company	\$60,000, 4.500%, due 11/15/2019	69,133	65,122
Oracle Corporation	\$100,000, 5.750%, due 04/15/2018	108,129	115,557
PNC Bank, NA	\$125,000, 4.875%, due 9/21/2017	115,920	137,308
Progressive Corporation	\$65,000, 3.750%, due 08/23/2021	67,183	66,272
Prudential Financial, Inc.	\$55,000, 4.500%, due 11/15/2020	61,615	59,003
Rio Tinto Finance	\$100,000, 2.250%, due 09/20/2016	99,400	102,918
Stanley Black & Decker, Inc	\$100,000, 2.900%, due 11/01/2022	99,914	92,903
Union Pacific Corporation	\$61,000, 5.650%, due 05/01/2017	71,878	68,559
United Technologies Corporation	\$100,000, 5.375%, due 12/15/2017	99,807	113,956
*US Bancorp	\$85,000, 2.950%, due 07/15/2022	87,177	78,976
Verizon Communications	\$80,000, 3.500%, due 11/01/2021	84,832	79,425

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

EIN 31-0537502 PN 333

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued) December 31, 2013

Identity of Issuer	Description of Investment	Cost	Current Value
Walt Disney Company	\$80,000, 5.500%, due 03/15/2019	\$ 98,488	\$ 91,062
Wells Fargo and Company	\$80,000, 3.450%, due 02/13/2023	76,132	75,635
Williams Partners	\$40,000, 4.000%, due 11/15/2021	42,235	39,505
Xcel Energy, Inc	\$55,000, 4.700%, due 05/15/2020	64,361	60,361
Xerox Corporation	\$100,000, 4.500%, due 05/15/2021	102,495	102,929
		<u>5,034,604</u>	<u>5,000,928</u>
Mutual Funds/Common Stock			
American Euro Pacific Growth Fund	38,346 shares	1,420,124	1,878,176
DFA Emerging Markets Value	32,121 shares	920,972	886,860
Dodge & Cox Stock Fund	8,661 shares	1,057,086	1,462,655
*Gateway Fund Y	94,960 shares	2,397,992	2,752,903
Harbor International Fund #11	27,948 shares	1,049,967	1,984,559
Ishares Russell Midcap Growth Index Fund	14,150 shares	578,647	1,193,694
Ishares Russell Midcap Value Index	15,702 shares	-	1,031,778
Ishares Russell 1000 Growth Index Fund	18,539 shares	946,526	1,593,427
JP Morgan Mortgage Back Securities Fund	48,128 shares	559,885	539,513
Nortel Networks Corp	234 shares	524	2
Pimco All Asset Fund	386,143 shares	4,679,336	4,664,604
Pimco Total Return Fund	227,318 shares	2,596,304	2,430,027
Vanguard 500 Index Fund	10,193 shares	941,622	1,434,294
		<u>17,148,985</u>	<u>21,852,492</u>
Municipal Securities			
West Virginia Municipal Bond	\$75,000, 2.158%, due 10/01/2019	75,000	72,206
Hamilton County Ohio Municipal Bond	\$50,000, 5.000%, due 06/01/2020	58,692	54,964
Kentucky Municipal Bond	\$75,000, 2.668%, due 04/01/2021	75,000	68,453
		<u>208,692</u>	<u>195,623</u>
Money Market Funds			
Federated Prime Value Obligations Fund	50,443 shares	50,443	50,443
First American Prime Obligation Fund	32,874 shares	34,703	34,703
		<u>85,146</u>	<u>85,146</u>
Pooled Separate Accounts			
Fidelity VIP Money Market, Initial Class	93,136 shares	93,136	93,136
		<u>\$ 25,841,124</u>	<u>\$ 30,461,068</u>

* Party-in-interest

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

EIN 31-0537502 PN 333

Schedule H, Line 4j – Schedule of Reportable Transactions Year Ended December 31, 2013

Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Value of Asset on Transaction Date	Net Gain (Loss)
<u>Series of Transactions Exceed 5%</u>							
First American Prime Obligation Fund	First American Prime Obligation Fund						
	Purchases	\$ 1,872,854	\$ -	\$ -	\$ 1,872,854	\$ 1,872,854	\$ -
	Sales	-	2,069,238	-	2,069,238	2,069,238	-

**Pension Plan for Employees of United Way of Greater
Cincinnati and Affiliated Agencies**

EIN 31-0537502 PN 333

Auditor's Report and Financial Statements

December 31, 2013 and 2012

**Pension Plan for Employees of United Way of Greater
Cincinnati and Affiliated Agencies**
December 31, 2013 and 2012

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Independent Auditor's Report

Plan Administrator
Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies
Cincinnati, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 C, which was certified by Fifth Third Bank, U.S. Bank, N.A., and Union Central Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute transactions related to these assets. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodians is complete and accurate to the best of their knowledge.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules listed in the table of contents are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

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 custodians, 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*.

BKD, LLP

Cincinnati, Ohio
September 5, 2014

Federal Employer Identification Number: 44-0160260

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

Assets	2013	2012
Investments, at Fair Value		
U.S. Treasury and federal agency securities	\$ 3,233,743	\$ 3,721,849
Corporate obligations	5,000,928	4,826,332
Mutual funds/common stock	21,852,492	20,227,050
Municipal securities	195,623	-
Money market accounts	85,146	714,487
Pooled separate accounts	93,136	373,638
	30,461,068	29,863,356
 Receivables		
Employers' contribution	403,969	-
Accrued interest and dividends	70,319	69,758
	474,288	69,758
 Net Assets Available for Benefits	\$ 30,935,356	\$ 29,933,114

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Investment Income		
Net appreciation in fair value of investments	\$ 2,005,674	\$ 2,190,467
Interest and dividends	<u>789,177</u>	<u>847,590</u>
Net investment income	<u>2,794,851</u>	<u>3,038,057</u>
Contributions		
Employers	2,178,969	2,572,128
Contribution from a withdrawing agency for underfunded benefit	<u>363,353</u>	<u>-</u>
Total contributions	<u>2,542,322</u>	<u>2,572,128</u>
Total additions	<u>5,337,173</u>	<u>5,610,185</u>
Deductions		
Benefits paid to participants	3,300,076	2,991,845
Administrative expenses	278,907	265,539
Transfers out of the plan	<u>755,948</u>	<u>-</u>
Total deductions	<u>4,334,931</u>	<u>3,257,384</u>
Net Increase	1,002,242	2,352,801
Net Assets Available for Benefits, Beginning of Year	<u>29,933,114</u>	<u>27,580,313</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 30,935,356</u></u>	<u><u>\$ 29,933,114</u></u>

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

Notes to Financial Statements

December 31, 2013 and 2012

Note A: Description of the Plan

The following description of the Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies (Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guarantee Corporation's (PBGC) benefit guarantee is contained in the Plan document and *Summary Plan Description*, which are available from the plan administrator.

General

The Plan is a noncontributory defined benefit plan that, until frozen as of December 31, 2004, covered substantially all employees of United Way of Greater Cincinnati and participating agencies (the Organizations) and provides for retirement, death and disability benefits. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). The Employee Benefits Committee, under the authority of the Board of Directors of United Way of Greater Cincinnati, serves as the plan administrator. Fifth Third Bank, U.S. Bank, N.A. and Union Central Life Insurance Company serve as the Plan custodians. Yvonne Gray Washington and Rob Reifsnnyder serve as trustees for the Plan.

Contributions

Contributions to the Plan are based upon actuarially determined amounts required to provide for both normal cost and amortization of unfunded past service liabilities, representing the total cost of future pension benefits over the remaining average service lives of Plan participants of the Organizations. Each participating affiliated agency pays its proportionate share of contributions to the Plan administrator based upon payroll reported to the Plan. The Plan's actuarial cost method is the projected unit credit cost method. Under the projected unit credit cost method, past service liability is the present value of benefits accrued by retired participant's beneficiaries and vested former participants up to the valuation date plus the prorated present value of benefits related to service by active participants up to the valuation date. The determination of such amount by the actuaries is based upon anticipated earnings of the custodians holding the Plan's assets, mortality and turnover experience. The employers' contributions for the years ended December 31, 2013 and 2012, met the minimum funding requirements of ERISA.

Pension Benefits

A participant who retires from employment with a participating employer on a normal retirement date (age 65) shall be entitled to a monthly pension in an amount equal to the net amount of (a) 2.6% of the final average monthly earnings as determined on December 31, 2004, the date the Plan was frozen, less (b) 0.65% of the final average monthly compensation (up to the monthly Social Security Covered Compensation), times the years of credited service through December 31, 2004 (maximum 25 years).

A participant who became a participant in the Plan before January 1, 1988, upon attaining an age of 50 and one year of continuous service, or a participant who became a participant on or after January 1, 1988, upon attaining an age of 55 and completing five years of continuous service, may take retirement at a reduced benefit rate.

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

Notes to Financial Statements

December 31, 2013 and 2012

Effective January 1, 2004, the Plan was amended to add two additional benefit formula options for service: 1.75% of final average earnings less .50% of adjusted compensation or .75% of final average earnings. Participating agencies select the formula option to offer its employees.

The Internal Revenue Code, Section 4974, places an excise tax on the individual taxpayer who fails to withdraw a minimum distribution from qualified plans upon attaining age 70½. The Plan Administrator did not process distributions for participants who met this requirement and has filed and received approval for the Voluntary Correction Program. The required minimum distributions will be corrected under the Employee Plans Compliance Resolution Program, Voluntary Correction Program and a compliance statement has been received in connection therewith. Total missed required minimum distributions were \$90,837, of which \$53,458 are included in 2013 benefits paid to participants on the statements of changes in net assets. As of December 31, 2013, the Plan had \$37,379 remaining to pay to participants as part of the Voluntary Correction Program.

Death Benefits

The spouse of a participant will receive a 50% survivor annuity, as defined in the Plan, upon the death of the participant. This benefit is immediately payable to the spouse if the participant was already receiving benefits. If the participant was not already receiving benefits, payments to the spouse may commence as of the earliest date the participant would have received benefits. The beneficiary of an unmarried participant will receive a lump sum actuarially equivalent to the value of a 50% survivor annuity.

Vesting

As of December 31, 2009, all participants are fully vested.

Plan Termination

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

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
- b. Other vested benefits insured by the PBGC up to the applicable limitations discussed below.
- c. Vested benefits not insured by the PBGC.
- d. All nonvested benefits.

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

Notes to Financial Statements

December 31, 2013 and 2012

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

Note B: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets available for benefits, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Marketable securities are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

The fair values of money market funds and several U.S. Government securities are obtained from quoted prices in an active market. Mutual funds are all public investments valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the underlying assets owned by the fund, minus its liabilities and then divided by the number of shares outstanding. The NAV is a quoted price in an active market.

Municipal securities, corporate obligations, and several U.S. Government securities are priced based on values obtained from an independent pricing service using a matrix pricing model.

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

Notes to Financial Statements

December 31, 2013 and 2012

Pooled separate accounts are valued at the net asset value (NAV) of shares held by the Plan at year end. The NAV is based on the market value of its underlying investments. Unrealized gains and losses on pooled separate accounts represent the difference between fair market value and the cost of the pooled separate accounts and are reflected in the statement of changes in net assets available for benefits.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Accumulated Plan Benefits

Accumulated plan benefits (see *Note D*) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Present employees or their beneficiaries

Benefits under the Plan are determined based on each employee's (a) credited service, (b) average monthly earnings and (c) final average compensation up to the Social Security covered compensation amount for his or her respective age group. Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Plan Tax Status

The Plan obtained its latest determination letter on September 8, 2013, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. With a few exceptions, the Plan is no longer subject to income tax examinations by tax authorities for years before 2010.

Administrative Expenses

Administrative expenses may be paid by the Organizations or the Plan at the Organizations' discretion.

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

Notes to Financial Statements

December 31, 2013 and 2012

Note C: Investments

The Plan's investments are held by various custodians. The fair value of the Plan's investments at the end of the year is shown below. In addition, the Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in fair value as follows:

	2013	
	Net Appreciation (Depreciation) in Fair Value During Year	Fair Value at End of Year
U.S. Treasury and federal agency securities	\$ (116,745)	\$ 3,233,743
Corporate obligations	(221,060)	5,000,928
Mutual funds/common stock	2,356,548	21,852,492
Municipal securities	(13,069)	195,623
Money market accounts	-	85,146
Pooled separate accounts	-	93,136
	<u>\$ 2,005,674</u>	<u>\$ 30,461,068</u>

	2012	
	Net Appreciation (Depreciation) in Fair Value During Year	Fair Value at End of Year
U.S. Treasury and federal agency securities	\$ 94,158	\$ 3,721,849
Corporate obligations	(32,864)	4,826,332
Mutual funds/common stock	2,129,173	20,227,050
Money market funds	-	714,487
Pooled separate accounts	-	373,638
	<u>\$ 2,190,467</u>	<u>\$ 29,863,356</u>

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

Notes to Financial Statements

December 31, 2013 and 2012

The fair value of individual investments that represented 5% or more of the Plan's net assets available for benefits were as follows:

	2013	2012
American Euro Pacific Growth Fund	\$ 1,878,176	\$ 1,559,384
Gateway Fund Y	2,752,903	2,533,715
Harbor International Fund #11	1,984,559	1,698,544
Ishares Russell 1000 Growth Index Fund	1,593,427	1,669,930
Pimco All Asset Fund	4,664,604	4,629,111
Pimco Total Return Fund	2,430,027	2,854,237

Interest and dividends realized on the Plan's investments were \$789,177 and \$847,590 in 2013 and 2012, respectively.

Note D: Accumulated Plan Benefits

An actuary from MassMutual Retirement Services (who acquired this division of The Hartford in early 2013) determined the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of the most recent valuation date for which complete data is available:

	January 1, 2014	January 1, 2013
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 14,201,636	\$ 14,433,309
Other participants	14,816,190	15,774,633
	29,017,826	30,207,942
Nonvested benefits	-	-
Total actuarial present value of accumulated plan benefits	<u>\$ 29,017,826</u>	<u>\$ 30,207,942</u>

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

Notes to Financial Statements

December 31, 2013 and 2012

Changes in the actuarial present value of accumulated plan benefits were as follows:

	January 1, 2014	January 1, 2013
Actuarial present value of accumulated plan benefits, beginning of year	<u>\$ 30,207,942</u>	<u>\$ 30,453,628</u>
Increase during the year attributable to		
Benefits accumulated	485,280	574,331
Interest accumulated	2,141,015	2,171,828
Benefits paid	(3,322,145)	(2,991,845)
Plan amendment	<u>(494,266)</u>	<u>-</u>
Net decrease	<u>(1,190,116)</u>	<u>(245,686)</u>
Actuarial present value of accumulated plan benefits, end of year	<u><u>\$ 29,017,826</u></u>	<u><u>\$ 30,207,942</u></u>

Significant assumptions underlying the actuarial computations are:

- Mortality basis: Pre-retirement-1994 GAM table for males and females
Post-retirement-1994 GAM table for males and females
- Employee turnover: Based on Plan Experience
- Retirement: At normal retirement age (65)
- Asset valuation: Market
- Interest rate: 7.50% compounded annually
- Administrative expenses: \$200,000 per year

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

Note E: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, and an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons.

The Plan invests in mutual funds of the Plan custodians and fees for trust and management services paid by the Plan to the custodians were \$47,846 for 2013 and \$36,856 for 2012.

The United Way of Greater Cincinnati provides certain services at no cost to the Plan.

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

Notes to Financial Statements

December 31, 2013 and 2012

Note F: Disclosures About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2013 and 2012:

December 31, 2013				
Fair Value Measurements Using				
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Treasury and federal agency securities	\$ 3,233,743	\$ 609,078	\$ 2,624,665	\$ -
Corporate obligations	5,000,928	-	5,000,928	-
Mutual funds/common stock				
Index funds	2,132,942	2,132,942	-	-
Value funds	2,871,419	2,871,419	-	-
Growth funds	1,878,176	1,878,176	-	-
Other equity funds/common stock	9,750,980	9,750,980	-	-
Bond funds	1,031,778	1,031,778	-	-
International funds	4,187,197	4,187,197	-	-
Municipal securities	195,623	-	195,623	-
Money market funds	85,146	85,146	-	-
Pooled separate accounts	93,136	-	93,136	-
	<u>\$ 30,461,068</u>	<u>\$ 22,546,716</u>	<u>\$ 7,914,352</u>	<u>\$ -</u>

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

Notes to Financial Statements

December 31, 2013 and 2012

December 31, 2012 Fair Value Measurements Using				
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Treasury and federal agency securities	\$ 3,721,849	\$ 453,587	\$ 3,268,262	\$ -
Corporate obligations	4,826,332	-	4,826,332	-
Mutual funds/common stock				
Index funds	2,068,902	2,068,902	-	-
Value funds	1,698,544	1,698,544	-	-
Growth funds	1,559,384	1,559,384	-	-
Other equity funds/common stock	9,930,832	9,930,832	-	-
Bond Funds	1,036,903	1,036,903	-	-
International funds	3,932,485	3,932,485	-	-
Money market funds	714,487	714,487	-	-
Pooled separate accounts	373,638	-	373,638	-
	<u>\$ 29,863,356</u>	<u>\$ 21,395,124</u>	<u>\$ 8,468,232</u>	<u>\$ -</u>

Investments in U.S. Treasury and federal agency securities, corporate obligations, and pooled separate accounts have been restated as Level 2 in the 2012 table above, based on the significance of unobservable inputs used in measuring these assets at fair value.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2013. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. There were no Level 3 securities identified at December 31, 2013 or 2012.

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

Notes to Financial Statements

December 31, 2013 and 2012

Note G: Risks and Uncertainties

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

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

Note H: Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

Supplemental Schedules

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

EIN 31-0537502 PN 333

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2013

Identity of Issuer	Description of Investment	Cost	Current Value
U.S. Treasury and Federal Agency Securities			
US Treasury Notes	\$100,000, 4.000%, due 02/15/2015	\$ 107,410	\$ 104,242
US Treasury Notes	\$100,000, 3.750%, due 11/15/2018	110,535	109,742
US Treasury Notes	\$50,000, 1.750%, due 03/31/2014	51,346	50,201
US Treasury Notes	\$125,000, 2.625%, due 02/29/2016	132,057	130,938
US Treasury Notes	\$100,000, 2.625%, due 07/31/2014	104,238	101,453
US Treasury Notes	\$150,000, 3.250%, due 07/31/2016	162,545	160,184
US Treasury Notes	\$200,000, 3.000%, due 02/28/2017	211,670	213,126
US Treasury Notes	\$150,000, 2.125%, due 05/31/2015	151,564	153,990
US Treasury Notes	\$250,000, 1.750%, due 07/31/2015	254,219	255,830
US Treasury Notes	\$100,000, 2.625%, due 11/15/2020	104,098	101,625
US Treasury Notes	\$200,000, 2.000%, due 04/30/2016	205,336	206,906
US Treasury Notes	\$150,000, 2.625%, due 04/30/2018	160,227	157,442
US Treasury Notes	\$100,000, 1.375%, due 11/30/2018	100,236	98,500
US Treasury Notes	\$100,000, 2.000%, due 02/15/2022	103,746	94,898
US Treasury Notes	\$100,000, 1.250%, due 04/30/2019	101,910	96,883
US Treasury Notes	\$125,000, 0.625%, due 08/31/2017	121,947	122,655
US Treasury Notes	\$190,000, 2.125%, due 11/30/2014	195,381	193,369
US Treasury Notes	\$190,000, 1.375%, due 11/30/2018	193,260	187,150
US Treasury Notes	\$80,000, 2.000%, due 02/15/2022	82,569	75,918
Federal Home Loan Bank	\$155,000, 0.500%, due 06/20/2018	155,000	152,641
Federal Home Loan Mortgage Corp	\$150,000, 3.750%, due 3/27/2019	154,325	163,496
Freddie Mac	\$100,000, 4.875%, due 06/13/2018	115,484	113,630
Fannie Mae	\$75,000, 5.375%, due 06/12/2017	88,498	85,763
Fannie Mae	\$100,000, 2.3750%, due 07/28/2015	102,960	103,161
		<u>3,270,561</u>	<u>3,233,743</u>
Corporate Obligations			
Air Products Chemicals	\$70,000, 4.375%, due 08/21/2019	80,326	75,760
Alabama Power Company	\$100,000, 0.550%, due 10/15/2015	99,878	99,763
Alabama Power Company	\$75,000, 5.500%, due 10/15/2017	90,554	84,704
Alliant Energy Corporation	\$55,000, 4.000%, due 10/15/2014	58,127	56,442
Allstate Corporation	\$75,000, 6.200%, due 05/16/2014	80,714	76,583
American Express Credit Corporation	\$100,000, 2.750%, due 09/15/2015	99,416	103,486
Aon Corporation	\$50,000, 5.000%, due 09/30/2020	57,502	54,921
Australia & New Zealand Bkg	\$100,000, 4.875%, due 01/12/2021	99,757	108,784
Axis Capital Holdings	\$50,000, 5.750%, due 12/01/2014	53,355	52,243

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

EIN 31-0537502 PN 333

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2013

Identity of Issuer	Description of Investment	Cost	Current Value
Bank of America Corporation	\$100,000, 3.30%, due 01/11/2023	\$ 99,444	\$ 94,627
BB&T Corporation	\$55,000, 5.250%, due 11/01/2019	64,097	61,644
Bellsouth Corporation	\$75,000, 5.200%, due 12/15/2016	87,143	82,899
Berkshire Hathaway Financial Corporation	\$100,000, 2.900%, due 10/15/2020	99,805	99,169
Bottling Group LLC	\$125,000, 6.950%, due 03/15/2014	142,308	126,625
British Telecommunications	\$50,000, 1.625%, due 06/28/2016	49,842	50,441
Burlington North Santa Fe	\$50,000, 3.450%, due 09/15/2021	52,672	49,379
Caterpillar Financial Services Corporation	\$100,000, 1.25%, due 11/06/2017	99,865	98,567
Cintas Corporation	\$50,000, 3.250%, due 06/01/2022	49,924	47,668
CitiGroup Inc	\$100,000, 3.375%, due 03/01/2023	99,763	95,051
Coca Cola Company	\$100,000, 5.350%, due 11/15/2017	99,851	113,859
CR Bard Inc	\$65,000, 2.875%, due 01/15/2016	67,589	67,161
Danaher Corporation	\$75,000, 5.625%, due 1/15/2018	74,543	85,496
Eaton Corporation	\$75,000, 5.950%, due 03/20/2014	80,596	75,891
EnSCO Plc St Note	\$100,000, 4.700%, due 03/15/2021	98,025	105,774
*Fifth Third Bancorp	\$55,000, 5.450%, due 01/15/2017	62,512	60,444
Florida Gas Transmission Company	\$100,000, 3.875%, due 07/15/2022	99,873	97,999
General Electric Capital Corporation	\$100,000, 4.375%, due 09/16/2020	112,220	108,379
Goldman Sachs Group, Inc	\$100,000, 5.350%, due 1/15/2016	98,074	108,217
Goldman Sachs Group, Inc	\$200,000, 1.550%, due 10/17/2017	199,522	199,288
Hewlett-Packard Company	\$100,000, 4.750%, due 06/02/2014	99,993	101,601
Intel Corporation	\$100,000, 1.350%, due 12/15/2017	99,894	98,834
Johnson Controls, Inc.	\$55,000, 3.750%, due 12/01/2021	58,915	54,605
JP Morgan Chase Company	\$75,000, 4.625%, due 05/10/2021	85,136	80,850
JP Morgan Chase Company	\$100,000, 3.375%, due 05/01/2023	99,462	93,200
Kellogg Company	\$55,000, 4.450%, due 05/30/2016	61,463	59,333
Key Bank	\$55,000, 5.450%, due 03/03/2016	61,852	59,854
Kroger Company	\$50,000, 6.400%, due 08/15/2017	59,955	57,287
L-3 Communications Corp	\$100,000, 4.750%, due 7/15/2020	99,638	103,774
Marsh & McLennan Companies, Inc	\$50,000, 4.800%, due 07/15/2021	55,786	53,301
MidAmerican Energy Holdings	\$35,000, 5.750%, due 04/01/2018	42,087	39,952
National City Corporation	\$55,000, 6.875%, due 05/15/2019	68,734	65,171
National Rural Utility Cooperation	\$75,000, 5.450%, due 04/10/2017	88,180	83,561
Norfolk Southern	\$40,000, 5.750%, due 04/01/2018	47,950	45,573
Nstar Electric Company	\$100,000, 5.625%, due 11/15/2017	99,563	113,277
Nstar Electric Company	\$60,000, 4.500%, due 11/15/2019	69,133	65,122
Oracle Corporation	\$100,000, 5.750%, due 04/15/2018	108,129	115,557
PNC Bank, NA	\$125,000, 4.875%, due 9/21/2017	115,920	137,308
Progressive Corporation	\$65,000, 3.750%, due 08/23/2021	67,183	66,272
Prudential Financial, Inc.	\$55,000, 4.500%, due 11/15/2020	61,615	59,003
Rio Tinto Finance	\$100,000, 2.250%, due 09/20/2016	99,400	102,918
Stanley Black & Decker, Inc	\$100,000, 2.900%, due 11/01/2022	99,914	92,903
Union Pacific Corporation	\$61,000, 5.650%, due 05/01/2017	71,878	68,559
United Technologies Corporation	\$100,000, 5.375%, due 12/15/2017	99,807	113,956
*US Bancorp	\$85,000, 2.950%, due 07/15/2022	87,177	78,976
Verizon Communications	\$80,000, 3.500%, due 11/01/2021	84,832	79,425

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

EIN 31-0537502 PN 333

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued) December 31, 2013

Identity of Issuer	Description of Investment	Cost	Current Value
Walt Disney Company	\$80,000, 5.500%, due 03/15/2019	\$ 98,488	\$ 91,062
Wells Fargo and Company	\$80,000, 3.450%, due 02/13/2023	76,132	75,635
Williams Partners	\$40,000, 4.000%, due 11/15/2021	42,235	39,505
Xcel Energy, Inc	\$55,000, 4.700%, due 05/15/2020	64,361	60,361
Xerox Corporation	\$100,000, 4.500%, due 05/15/2021	102,495	102,929
		<u>5,034,604</u>	<u>5,000,928</u>
Mutual Funds/Common Stock			
American Euro Pacific Growth Fund	38,346 shares	1,420,124	1,878,176
DFA Emerging Markets Value	32,121 shares	920,972	886,860
Dodge & Cox Stock Fund	8,661 shares	1,057,086	1,462,655
*Gateway Fund Y	94,960 shares	2,397,992	2,752,903
Harbor International Fund #11	27,948 shares	1,049,967	1,984,559
Ishares Russell Midcap Growth Index Fund	14,150 shares	578,647	1,193,694
Ishares Russell Midcap Value Index	15,702 shares	-	1,031,778
Ishares Russell 1000 Growth Index Fund	18,539 shares	946,526	1,593,427
JP Morgan Mortgage Back Securities Fund	48,128 shares	559,885	539,513
Nortel Networks Corp	234 shares	524	2
Pimco All Asset Fund	386,143 shares	4,679,336	4,664,604
Pimco Total Return Fund	227,318 shares	2,596,304	2,430,027
Vanguard 500 Index Fund	10,193 shares	941,622	1,434,294
		<u>17,148,985</u>	<u>21,852,492</u>
Municipal Securities			
West Virginia Municipal Bond	\$75,000, 2.158%, due 10/01/2019	75,000	72,206
Hamilton County Ohio Municipal Bond	\$50,000, 5.000%, due 06/01/2020	58,692	54,964
Kentucky Municipal Bond	\$75,000, 2.668%, due 04/01/2021	75,000	68,453
		<u>208,692</u>	<u>195,623</u>
Money Market Funds			
Federated Prime Value Obligations Fund	50,443 shares	50,443	50,443
First American Prime Obligation Fund	32,874 shares	34,703	34,703
		<u>85,146</u>	<u>85,146</u>
Pooled Separate Accounts			
Fidelity VIP Money Market, Initial Class	93,136 shares	93,136	93,136
		<u>\$ 25,841,124</u>	<u>\$ 30,461,068</u>

* Party-in-interest

Pension Plan for Employees of United Way of Greater Cincinnati and Affiliated Agencies

EIN 31-0537502 PN 333

Schedule H, Line 4j – Schedule of Reportable Transactions Year Ended December 31, 2013

Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Value of Asset on Transaction Date	Net Gain (Loss)
<u>Series of Transactions Exceed 5%</u>							
First American Prime Obligation Fund	First American Prime Obligation Fund						
	Purchases	\$ 1,872,854	\$ -	\$ -	\$ 1,872,854	\$ 1,872,854	\$ -
	Sales	-	2,069,238	-	2,069,238	2,069,238	-

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2013**This Form is Open to Public
Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

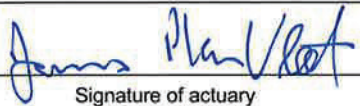
A Name of plan Pension Plan for EEs of United Way of Grtr Cinci Inc.	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF United Way of Greater Cincinnati	D Employer Identification Number (EIN) 31-0537502
E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>		
2 Assets:		
a Market value	2a	29,932,405
b Actuarial value	2b	29,793,105
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 289	15,951,873
b For terminated vested participants	3b 426	8,424,028
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	10,009,670
(3) Total active	3c(3) 180	10,009,670
d Total	3d 895	34,385,571
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐	
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.28 %
6 Target normal cost	6	200,000

Statement by Enrolled Actuary

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

SIGN HERE		09/15/2014
JAMES P. VAN VLEET		Date
Type or print name of actuary		14-05701
MASSMUTUAL RETIREMENT SERVICES		Most recent enrollment number
Firm name		(614) 659-0116
40 VILLAGE POINTE DRIVE		Telephone number (including area code)
POWELL OH 43065-7760		
Address of the firm		

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
b Interest on (a) using prior year's effective interest rate of _____ % except as otherwise provided (see instructions)		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14 Funding target attainment percentage	14	86.64 %
15 Adjusted funding target attainment percentage	15	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.75 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....		☐ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	8

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

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

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

**SCHEDULE B
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

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

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

▶ **See separate instructions.**

Official Use Only

OMB No. 1210-0110

2007

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

For calendar plan year 2007 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan PENSION PLAN FOR EES OF UNITED WAY OF GRTR CIN I			B Three-digit plan number ...▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ UNITED WAY OF GREATER CINCINNATI			D Employer Identification Number 31-0537502
E Type of plan: (1) ☐ Multiemployer (2) ☐ Single-employer (3) ☒ Multiple-employer			F ☐ 100 or fewer participants in prior plan year

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

1a Enter the actuarial valuation date: Month 01 Day 01 Year 2013

b Assets:

(1) Current value of assets	b(1)	29932405
(2) Actuarial value of assets for funding standard account	b(2)	29084799
c (1) Accrued liability for plans using immediate gain methods	c(1)	30207942
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	c(2)(a)	
(b) Accrued liability under entry age normal method	c(2)(b)	
(c) Normal cost under entry age normal method	c(2)(c)	

Statement by Enrolled Actuary (see instructions before signing):

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

**SIGN
HERE**

James P. Van Vleet
Signature of actuary

9/15/2014
Date

JAMES P. VAN VLEET

Type or print name of actuary

MASSMUTUAL RETIREMENT SERVICES

Firm name

40 VILLAGE POINTE DR

POWELL

OH

43065-7760

Address of the firm

G

14-05701

Most recent enrollment number

614-659-0116

Telephone number (including area code)

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

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

v10.1

Schedule B (Form 5500) 2007



1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..	d(1)	0
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	32385095
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	0
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	32385095
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	0
(3) Expected plan disbursements for the plan year	d(3)	2083018

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)		2a	29933114
b "RPA '94" current liability:			
	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments	289	15094517	15094517
(2) For terminated vested participants	426	7848242	7848242
(3) For active participants	180	9442336	9442336
(4) Total	895	32385095	32385095
c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage.		2c	%

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

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
03/20/2013	300000				
06/18/2013	500000				
08/21/2013	400000				
10/17/2013	363353				
10/22/2013	325000				
12/04/2013	250000				
12/24/2013	403969				
3 Totals ▶ (b)				2542322	(c) 0

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)	4a	84.8 %
b If line 4a is less than 100%, see instructions, and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0



5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

- a** ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit)
- d** ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium
- g** ☐ Individual aggregate **h** ☐ Other (specify) ▶ _____

i Has a change been made in funding method for this plan year? ☐ Yes ☒ No

j If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No

k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method _____ Month _____ Day _____ Year _____

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	6.76 %	☐ N/A								
b Weighted average retirement age	6b	63	☐ N/A								
c Rates specified in insurance or annuity contracts	6c	<table border="1"> <tr> <th colspan="2">Pre-retirement</th> <th colspan="2">Post-retirement</th> </tr> <tr> <td>☐ Yes</td> <td>☒ No</td> <td>☐ Yes</td> <td>☒ No</td> </tr> </table>	Pre-retirement		Post-retirement		☐ Yes	☒ No	☐ Yes	☒ No	☐ N/A
Pre-retirement		Post-retirement									
☐ Yes	☒ No	☐ Yes	☒ No								
d Mortality table code for valuation purposes:											
(1) Males	d(1)	A	A								
(2) Females	d(2)	A	A								
e Valuation liability interest rate	6e	7.50 %	7.50 % ☐ N/A								
f Expense loading	6f	0.0 %	0.0 % ☐ N/A								
g Annual withdrawal rates:											
(1) Age 25	g(1)	S 35.00 %	S 35.00 %								
(2) Age 40	g(2)	S 35.00 %	S 35.00 %								
(3) Age 55	g(3)	S 35.00 %	S 35.00 %								
h Salary scale	6h		☒ N/A								
i Estimated investment return on actuarial value of assets for year ending on the valuation date	6i	0.1 %									
j Estimated investment return on current value of assets for year ending on the valuation date . .	6j	10.2 %									

7 New amortization bases established in the current plan year:

(1) Type of Base

1

(2) Initial Balance

2716027

(3) Amortization Charge/Credit

624471

8 Miscellaneous information:

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



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

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	0
c Amortization charges as of valuation date:		
(1) All bases except funding waivers	▶ (\$ 6723605)	c(1) 2451461
(2) Funding waivers	▶ (\$ 0)	c(2) 0
d Interest as applicable on lines 9a, 9b, and 9c		9d 183860
e Additional interest charge due to late quarterly contributions, if applicable		9e 0
f Adjusted additional funding charge from Part II, line 12q, if applicable ☐ N/A		9f 0
g Total charges. Add lines 9a through 9f		9g 2635321

Credits to funding standard account:

h Prior year credit balance, if any	9h	4887349
i Employer contributions. Total from column (b) of line 3.	9i	2542322
j Amortization credits as of valuation date	▶ (\$ 713113)	9j 369444
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j		9k 454546

l Full funding limitation (FFL) and credits

(1) ERISA FFL (accrued liability FFL)	l(1)	6461279	
(2) "RPA '94" override (90% current liability FFL)	l(2)	73410	
(3) FFL credit	l(3)		0

m (1) Waived funding deficiency	m(1)	0
(2) Other credits	m(2)	0

n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)	9n	8253661
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o Credit balance: If line 9n is greater than line 9g, enter the difference	9o	5618340
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p Funding deficiency: If line 9g is greater than line 9n, enter the difference	9p	0
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Reconciliation account:

q Current year's accumulated reconciliation account:

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

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable	10	0
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☐ Yes ☒ No



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

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

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

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

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

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

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

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

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

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

- g**
- Outstanding balance of unfunded old liability

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

- i**
- Unfunded new liability amount (24.11 % of line 12h)

- j**
- Unfunded old liability amount

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

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

- m**
- Unpredictable contingent event amount:

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

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

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

- (4) Amortization of all unpredictable contingent event liabilities

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

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

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

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

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

- q**
- Adjusted additional funding charge. (100.0 % of line 12p)

12a	89.8 %
12b	32385095
12c	24197450
12d	74.72 %
12e	8187645
12f	0
12g	0
12h	8187645
12i	1974041
12j	
12k	1974041
12l	2082017
m(1)	0
m(2)	25.28 %
m(3)	0
m(4)	
m(5)	0
m(6)	0
12n	0
12o	6294387
12p	0
12q	0

