

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 2015 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
A This return/report is for:	☐ a multiemployer plan;	☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
	☐ a single-employer plan;	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF GREATER CINCINNATI, INC. AND AFFILIATED AGENCIES</u>	1b Three-digit plan number (PN) ▶	<u>333</u>
		1c Effective date of plan	<u>01/01/1970</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)			
<u>UNITED WAY OF GREATER CINCINNATI</u>			
<u>2400 READING RD</u> <u>CINCINNATI, OH 45202-1478</u>			
	2b Employer Identification Number (EIN)	<u>31-0537502</u>	
	2c Plan Sponsor's telephone number	<u>513-762-7100</u>	
	2d Business code (see instructions)	<u>813000</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2016	JASON 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)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 730
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 138
a(2) Total number of active participants at the end of the plan year	6a(2) 126
b Retired or separated participants receiving benefits.....	6b 270
c Other retired or separated participants entitled to future benefits.....	6c 238
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 634
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 46
f Total. Add lines 6d and 6e	6f 680
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 11	
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)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
-----------------	---

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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 2015 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
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.
---------------	---

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	630	01/01/2015	12/31/2015

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

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

(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

(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

(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	804084

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)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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)	0
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)	0
(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)	0
(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 2015 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
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 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 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 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	31569923	
b Actuarial value	2b	31966617	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	295	16392312	16392312
b For terminated vested participants	297	7687827	7687827
c For active participants	138	8747687	8747687
d Total	730	32827826	32827826
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	6.22%	
6 Target normal cost	6	200000	

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		09/12/2016
Signature of actuary		Date
JAMES P. VAN VLEET		14-05701
Type or print name of actuary		Most recent enrollment number
FINDLEY DAVIES, INC.		614-458-1869
Firm name		Telephone number (including area code)
65 E. STATE STREET, SUITE 1300 COLUMBUS, OH 43215		
Address of the firm		

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)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.44</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	97.37 %
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
04/07/2015	400000	0	02/11/2016	98414	0
06/16/2015	300000	0			
08/13/2015	350000	0			
11/17/2015	200000	0			
12/09/2015	400000	0			
12/22/2015	275801	0			
			Totals ►	18(b)	2024215
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a
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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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 1

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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
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	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
-----	--

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

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

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

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

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

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

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

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

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

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

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

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

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

MASS MUTUTAL 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?
50	NONE	42639	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?
50	NONE	25000	Yes ☒ No ☐	Yes ☒ No ☐	0	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?
50	NONE	17370	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)

FIFTH THIRD BANK

31-1051736

(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?
50	NONE	15300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON INVESTMENT CO.

3777 WEST FORK ROAD
CINCINNATI, OH 45247

31-1801770

(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?
50	NONE	14977	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?
50	NONE	8900	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?
50	NONE	8666	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DINSMORE & SHOHL

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?
50	NONE	7014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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 or DFE 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	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): AMERITAS LIFE INSURANCE COMPANY

c EIN-PN <u>41-0098400-104</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>804084</u>
---------------------------------------	-------------------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
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	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	98414
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	51011	90471
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	742202	575833
	(2) U.S. Government securities	1c(2)	4587248	2539918
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)	3801225	8018823
	(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)	767342	804084
	(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)	21619938	17919710
	(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	31568966	30047253

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	31568966	30047253
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2024215	
(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)		2024215

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	122	
(B) U.S. Government securities	2b(1)(B)	44105	
(C) Corporate debt instruments	2b(1)(C)	198050	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	5791	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		248068

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	530542	
(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)		530542

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	19429029	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	19494531	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-65502

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-123592	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-123592

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-2782
(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)		-698739
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1912210

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2932811	
(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)		2932811
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)	15914	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	47648	
(4) Other	2i(4)	347827	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		411389
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3344200

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1431990
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		89723

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:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒		
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	N/A	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		
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)
THE CHILDREN'S HOME PENSION PLAN	31-0536969	001

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

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>47-0098400</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>29</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	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) 2015
v. 150123

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: <u>35.0</u> % Investment-Grade Debt: <u>44.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>21.0</u> %
	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):

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

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

EIN 31-0537502 PN 333

Independent Auditor's Report and Financial Statements

December 31, 2015 and 2014

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

December 31, 2015 and 2014

Contents

Independent Auditor's Report.....	1
--	----------

Financial Statements

Statements of Net Assets Available for Benefits.....	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5

Supplemental Schedules

Schedule H, Line 4i – Schedule of Assets (Held at End of Year).....	15
Schedule H, Line 4j – Schedule of Reportable Transactions	20

Independent Auditor's Report

Plan Administrator and Trustees
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, 2015 and 2014, 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 E, which was certified by Fifth Third Bank, U.S. Bank, N.A., and Ameritas Life Insurance Corporation, 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 investment transactions. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the custodians is complete and accurate.

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

October 12, 2016

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, 2015 and 2014

Assets	2015	2014
Investments, at Fair Value		
U.S. Treasury and federal agency securities	\$ 2,539,918	\$ 4,381,221
Corporate obligations	8,018,823	3,801,225
Foreign obligations	473,093	-
Mutual funds/common stock	17,128,556	21,619,938
Municipal securities	318,061	206,027
Money market accounts	575,833	742,202
Pooled separate accounts	804,084	767,342
	<u>29,858,368</u>	<u>31,517,955</u>
Receivables		
Employers' contribution	98,414	-
Accrued interest and dividends	90,471	51,011
	<u>188,885</u>	<u>51,011</u>
Net Assets Available for Benefits	<u><u>\$ 30,047,253</u></u>	<u><u>\$ 31,568,966</u></u>

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, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Investment (Loss) Income		
Net (depreciation) appreciation in fair value of investments	\$ (887,830)	\$ 295,065
Interest and dividends	<u>775,826</u>	<u>841,091</u>
Net investment (loss) income	<u>(112,004)</u>	<u>1,136,156</u>
Contributions		
Employers	<u>2,024,215</u>	<u>2,350,000</u>
Total additions	<u>1,912,211</u>	<u>3,486,156</u>
Deductions		
Benefits paid to participants	2,932,811	2,552,436
Administrative expenses	<u>411,390</u>	<u>300,110</u>
Total deductions	<u>3,344,201</u>	<u>2,852,546</u>
Net (Decrease) Increase	(1,431,990)	633,610
Plan Transfers Out	(89,723)	-
Net Assets Available for Benefits, Beginning of Year	<u>31,568,966</u>	<u>30,935,356</u>
Net Assets Available for Benefits, End of Year	<u>\$ 30,047,253</u>	<u>\$ 31,568,966</u>

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

Notes to Financial Statements

December 31, 2015 and 2014

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 (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 Ameritas Life Insurance Corporation serve as the Plan custodians. Yvonne Gray Washington and Rob Reifsnnyder serve as trustees for the Plan.

The Plan is administered by the United Way of Greater Cincinnati's Employees Benefits Committee, which is a committee of the board of directors of the United Way of Greater Cincinnati. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

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 Plan's assets, mortality and turnover experience. The employers' contributions for the years ended December 31, 2015 and 2014, met the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Organizations have the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

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

Notes to Financial Statements

December 31, 2015 and 2014

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.

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 \$74,294, of which \$20,836 are included in 2014 benefits paid to participants on the statements of changes in net assets (none during 2015).

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.

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

Notes to Financial Statements

December 31, 2015 and 2014

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 assets and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Investments are reported at fair value. 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.

The Employee Benefits Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and custodians. See Note H for a discussion of fair value measurements.

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 (depreciation) 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 F*) 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

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

Notes to Financial Statements

December 31, 2015 and 2014

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.

Administrative Expenses

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

Note C: Change in Accounting Principle

In 2015, the Plan changed its accounting policy on plan accounting disclosures by adopting the provisions of ASU 2015-12, *Plan Accounting (Topics 960, 962 and 965): Part II: Plan Investment Disclosures*. The accounting policy change provided for in ASU 2015-12 changes the Plan's disclosure requirements to eliminate and/or modify certain investment-related disclosures. This change was applied retrospectively for all periods presented.

Note D: Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, 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.

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.

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

Notes to Financial Statements

December 31, 2015 and 2014

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

Note E: Certification of Plan Custodians

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fifth Third Bank, U.S. Bank, N.A., and Ameritas Life Insurance Corporation, the custodians of the Plan, have certified the following information included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2015 and 2014.
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2015 and 2014.
- Investment information included in the accompanying schedule of assets (held at year end) as of December 31, 2015 and schedule of reportable transactions for the year ended December 31, 2015.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

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

Notes to Financial Statements

December 31, 2015 and 2014

Note F: Accumulated Plan Benefits

An actuary from Findley Davies (January 1, 2016) and MassMutual Retirement Services (January 1, 2015) 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, 2016	January 1, 2015
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 15,264,448	\$ 15,776,680
Other participants	14,285,922	15,171,224
Total actuarial present value of accumulated plan benefits	<u>\$ 29,550,370</u>	<u>\$ 30,947,904</u>

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

	January 1, 2016	January 1, 2015
Actuarial present value of accumulated plan benefits, beginning of year	<u>\$ 30,947,904</u>	<u>\$ 29,017,826</u>
Increase (decrease) during the year attributable to		
Benefits accumulated	(33,512)	283,212
Interest accumulated	2,210,894	2,081,279
Benefits paid	(2,992,726)	(2,534,891)
Plan amendment	(116,816)	-
Change in actuarial assumptions	<u>(465,374)</u>	<u>2,100,478</u>
Net (decrease) increase	<u>(1,397,534)</u>	<u>1,930,078</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 29,550,370</u>	<u>\$ 30,947,904</u>

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

Notes to Financial Statements

December 31, 2015 and 2014

Significant assumptions underlying the actuarial computations are:

- Mortality basis: 2015: SOA RP-2014 Total Dataset Mortality scaled back to 2006 using the MP-2014 projection scale and then forward with the MP-2015 projection scale
2014: RP-2014 Employee and Health Annuitant tables with Scale MP generational projection
- Employee turnover: Based on Plan Experience
- Retirement: At normal retirement age (65)
- Asset valuation: Market
- Interest rate: 7.50% compounded annually
- Administrative expenses: None

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 G: 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 administrative and management services paid by the Plan to the custodians were \$47,648 for 2015 and \$28,262 for 2014.

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

Note H: 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

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

Notes to Financial Statements

December 31, 2015 and 2014

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, 2015 and 2014:

December 31, 2015				
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	\$ 2,539,918	\$ 2,033,071	\$ 506,847	\$ -
Corporate obligations	8,018,823	-	8,018,823	-
Foreign obligations	473,093	-	473,093	-
Mutual funds/common stock	17,128,556	14,925,555	2,203,001	-
Municipal securities	318,061	-	318,061	-
Money market funds	575,833	575,833	-	-
Pooled separate accounts	804,084	-	804,084	-
	<u>\$ 29,858,368</u>	<u>\$ 17,534,459</u>	<u>\$ 12,323,909</u>	<u>\$ -</u>

December 31, 2014				
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	\$ 4,381,221	\$ 788,757	\$ 3,592,464	\$ -
Corporate obligations	3,801,225	-	3,801,225	-
Mutual funds/common stock	21,619,938	16,784,567	4,835,371	-
Municipal securities	206,027	-	206,027	-
Money market funds	742,202	742,202	-	-
Pooled separate accounts	767,342	-	767,342	-
	<u>\$ 31,517,955</u>	<u>\$ 18,315,526</u>	<u>\$ 13,202,429</u>	<u>\$ -</u>

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

Notes to Financial Statements

December 31, 2015 and 2014

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, 2015. 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, 2015 and 2014.

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 valued at the net asset value (NAV) of shares held by the Plan at year end.

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

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 as provided by the custodian.

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

Notes to Financial Statements

December 31, 2015 and 2014

Note I: Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated September 8, 2013, stating 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. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note J: 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 K: 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, 2015

Identity of Issuer	Description of Investment	Cost	Current Value
U.S. Treasury and Federal Agency Securities			
Federal Home Loan Mortgage Corporation	\$103,924, 5.500%, due 09/0/2035	\$ 117,174	\$ 115,363
Federal Home Loan Mortgage Corporation	\$73,465, 3.000%, due 06/01/2045	73,557	73,403
Federal Home Loan Mortgage Corporation	\$115,652, 3.500%, due 01/01/2043	119,682	119,221
Federal Home Loan Mortgage Corporation	\$141,037, 3.500%, due 05/01/2033	147,912	147,892
Federal Home Loan Mortgage Corporation	\$200,000, 0.875%, due 07/29/2020	200,000	200,028
Federal Home Loan Mortgage Corporation	\$120,000, 1.000%, due 11/25/2020	120,000	119,909
Federal National Mortgage Association	\$145,692, 3.500%, due 01/01/2026	153,750	153,470
Federal National Mortgage Association	\$143,244, 5.000%, due 03/01/2041	159,784	160,293
Federal National Mortgage Association	\$200,000, 1.000%, due 11/30/2020	200,000	199,874
Government National Mortgage Association	\$97,303, 3.000%, due 03/15/2045	98,732	98,642
US Treasury Bonds	\$17,000, 3.000%, due 05/15/2045	16,681	16,922
US Treasury Notes	\$200,000, 2.000%, due 04/30/2016	206,905	201,000
US Treasury Notes	\$8,000, 3.000%, due 11/15/2025	8,026	7,982
US Treasury Notes	\$115,000, 0.625%, due 01/15/2024	115,404	115,943
US Treasury Notes	\$253,758, 0.125%, due 04/15/2019	250,826	252,268
US Treasury Notes	\$262,710, 0.125%, due 01/15/2022	263,978	254,579
US Treasury Notes	\$300,000, 2.375%, due 08/15/2024	301,113	303,129
Total U.S. Treasury and Federal Agency Securities		2,553,524	2,539,918
Corporate Obligations			
Access Midstream	\$90,000, 4.875%, due 05/15/2023	85,334	72,960
Air Lease Corporation	\$50,000, 6.125%, due 04/17/2017	53,386	51,875
Air Products Chemicals	\$70,000, 4.375%, due 08/21/2019	80,326	74,776
Alabama Power Company	\$75,000, 5.500%, due 10/15/2017	90,554	79,507
American Express	\$100,000, 1.813%, due 12/04/2024	101,902	97,868
American Express	\$140,000, 2.800%, due 09/19/2016	143,217	141,784
Apple Incorporated	\$40,000, 2.400%, due 05/03/2023	38,994	38,975
AT&T Incorporated	\$100,000, 5.500%, due 02/01/2018	110,504	106,899
Autodesk Incorporated	\$50,000, 3.125%, due 06/15/2020	50,157	49,677
Aviation Capital Group Corporation	\$24,000, 2.875%, due 09/17/2018	23,893	23,862
Bank of America	\$25,000, 3.900%, due 01/21/2025	24,969	24,473
Bank of New York	\$150,000, 0.700%, due 03/04/2016	149,997	149,973
BB&T Corporation	\$55,000, 5.250%, due 11/01/2019	64,097	60,125
BB&T Corporation	\$50,000, 3.950%, due 03/22/2022	52,339	52,233
BB&T Corporation	\$150,000, 3.950%, due 04/29/2016	153,360	151,527
Becton, Dickinson and Company	\$100,000, 3.125%, due 11/08/2021	99,608	100,840
Becton, Dickinson and Company	\$100,000, 1.750%, due 11/08/2016	100,333	100,503
BellSouth Corporation	\$100,000, 4.295%, due 04/26/2021	103,048	101,189
Berkshire Hathaway	\$35,000, 5.750%, due 04/01/2018	42,087	37,812
Burlington North Santa Fe	\$50,000, 3.450%, due 09/15/2021	52,672	51,102
Caterpillar Incorporated	\$150,000, 5.700%, due 08/15/2016	157,518	154,266
Celgene Corporation	\$16,000, 2.875%, due 08/15/2020	15,971	15,879

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, 2015

Identity of Issuer	Description of Investment	Cost	Current Value
Corporate Obligations (continued)			
Citigroup Incorporated	\$20,000, 3.300%, due 04/27/2025	\$ 19,646	\$ 19,642
Cooper US Inc.	\$100,000, 3.875%, due 12/15/202	104,209	103,430
Countrywide Financial	\$105,000, 6.250%, due 05/15/2016	109,152	106,770
CR Bard, Incorporated	\$65,000, 2.875%, due 01/15/2016	67,589	65,033
CVS Health Coporation	\$45,000, 3.875%, due 07/20/2025	44,547	45,926
Daimler Financial North America LLC	\$150,000, 3.000%, due 03/28/2016	150,945	150,603
Dayton Power & Light Company	\$150,000, 1.875%, due 09/15/2016	150,515	150,131
Dominion Resources Incorporated	\$25,000, variable, due 06/30/2066	22,594	20,738
Duke Energy Corporation	\$100,000, 3.550%, due 09/15/2021	103,708	102,125
Duke Energy Corporation	\$120,000, 2.150%, due 11/15/2016	121,667	120,720
Duke Energy Indiana	\$45,000, 3.750%, due 07/15/2020	48,028	47,375
Enterprise Products Partners Limited Partnership	\$100,000, 4.050%, due 02/15/2022	106,273	97,814
Fidelity National Information Services	\$80,000, 3.625%, due 10/15/2020	79,895	81,042
*Fifth Third Bancorp	\$110,000, 4.300%, due 01/16/2024	115,171	112,678
*Fifth Third Bancorp	\$25,000, 2.875%, due 07/27/2020	24,968	24,972
Ford Motor Credit Company LLC	\$150,000, 3.984%, due 06/15/2016	154,085	151,665
Forest Labs Incorporated	\$50,000, 5.000%, due 12/15/2021	55,181	54,330
General Electric Capital Corporation	\$240,000, 1.289%, due 04/15/2023	241,800	236,875
General Electric Capital Corporation	\$125,000, 1.000%, due 01/08/2016	125,407	125,001
Goldman Sachs Group, Incorporated	\$200,000, 1.550%, due 10/17/2017	199,522	200,602
Goldman Sachs Group, Incorporated	\$25,000, 5.250%, due 07/27/2021	28,155	27,641
Goldman Sachs Group, Incorporated	\$150,000, 3.625%, due 02/07/2016	152,389	150,381
Halliburton Company	\$62,000, 3.375%, due 11/15/2022	61,950	61,016
Health Care REIT Incorporated	\$25,000, 6.125%, due 04/15/2020	28,940	28,002
Health Care REIT Incorporated	\$150,000, 3.625%, due 03/15/2016	152,820	150,653
Hess Corporation	\$10,000, 5.600%, due 02/15/2041	9,993	8,429
Hewlett Packard Company	\$56,000, 2.450%, due 10/05/2017	55,969	55,952
HSBC Financial Corporation	\$150,000, 5.500%, due 01/19/2016	153,807	150,246
Huntington Bancshare	\$100,000, 2.600%, due 8/02/2018	101,145	100,116
Huntington National Bank	\$150,000, 1.350%, due 08/02/2016	150,189	150,009
Intel Corporation	\$15,000, 3.300%, due 10/01/2021	15,853	15,537
Intercontinental Exchange	\$60,000, 2.750%, due 12/01/2020	59,933	59,985
International Paper Company	\$10,000, 5.150.5, due 05/15/2046	9,892	9,514
Johnson Controls, Incorporated	\$85,000, 3.750%, due 12/01/2021	90,051	85,632
J.M. Smucker Company	\$45,000, 3.500%, due 03/15/2025	44,459	44,756
JP Morgan Chase Company	\$135,000, 3.375%, due 05/01/2023	129,350	132,681
Kellogg Company	\$120,000, 4.450%, due 05/30/2016	130,944	121,577
KeyCorp	\$80,000, 5.1000%, due 03/24/2021	87,803	87,436
Kroger Company	\$50,000, 6.400%, due 08/15/2017	59,955	53,691
Kroger Company	\$50,000, 4.000%, due 02/01/2024	53,037	51,820
Kroger Company	\$25,000, 3.400%, due 04/15/2022	25,513	25,327
Marsh & McLennan Companies, Incorporated	\$50,000, 4.800%, due 07/15/2021	55,786	54,425
McGraw Hill Financial Incorporated	\$18,000, 3.300%, due 08/14/2020	17,979	18,154

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, 2015

Identity of Issuer	Description of Investment	Cost	Current Value
Corporate Obligations (continued)			
Mead Johnson Nutrition Company	\$54,000, 3.000%, due 11/15/2020	\$ 53,947	\$ 53,984
Metlife, Incorporated	\$70,000, 6.750%, due 06/01/2016	79,114	71,604
Morgan Stanley	\$54,000, 3.000%, due 04/23/2027	42,984	43,676
National City Corporation	\$55,000, 6.875%, due 05/15/2019	68,734	62,135
National Rural Utility Cooperation	\$75,000, 5.450%, due 04/10/2017	88,180	78,542
Norfolk Southern	\$40,000, 5.750%, due 04/01/2018	47,950	43,166
Norfolk Southern	\$150,000, 5.750%, due 01/15/2016	154,646	150,182
Nstar Electric Company	\$100,000, 5.625%, due 11/15/2017	114,707	106,121
Nstar Electric Company	\$60,000, 4.500%, due 11/15/2019	69,133	64,025
Ochsner Clinic Foundation	\$6,000, 5.897%, due 05/15/2045	6,273	6,446
Omega Healthcare Investors Incorporated	\$45,000, 4.950%, due 04/01/2024	46,206	45,447
PNC Bank, NA	\$100,000, 3.900%, due 04/29/2024	102,072	102,392
Pepsico Incorporated	\$100,000, 2.500%, due 05/10/2016	101,635	100,610
Phillips 66	\$45,000, 4.300%, due 04/01/2022	48,134	46,296
Progressive Corporation	\$65,000, 3.750%, due 08/23/2021	67,183	68,725
Prudential Financial, Incorporated	\$55,000, 4.500%, due 11/15/2020	61,615	59,026
Qualcomm Incorporated	\$20,000, 3.450%, due 05/20/2025	19,928	19,183
Qwest Corporation	\$25,000, 6.750%, due 12/01/2021	28,208	26,188
Roper Industries Incorporated	\$55,000, 3.000%, due 12/15/2020	54,979	54,772
Sempra Energy	\$120,000, 6.500%, due 06/01/2016	126,101	122,179
Sierra Pacific Power Company	\$150,000, 6.000%, due 05/15/2016	156,966	152,642
Sunoco Logistics Partners	\$24,000, 5.950%, due 12/01/2025	23,936	22,864
Suntrust Banks	\$100,000, 6.000%, due 9/11/2017	107,819	106,225
21st Century Fox America Incorporated	\$150,000, 8.000%, due 10/17/2016	163,026	157,800
Union Pacific Corporation	\$61,000, 5.650%, due 05/01/2017	71,878	64,192
United Tech Corporation	\$125,000, 0.883%, due 5/4/2018	125,469	123,739
*US Bancorp	\$120,000, 2.950%, due 07/15/2022	121,519	119,309
Verizon Communications	\$40,000, 3.450%, due 03/15/2021	41,160	40,924
Verizon Communications	\$80,000, 3.500%, due 11/01/2021	84,832	81,680
Viacom Incorporated	\$100,000, 2.500%, due 12/15/2016	101,599	100,207
Vornado Realty LP	\$45,000, 5.000%, due 01/15/2022	48,852	47,749
Walt Disney Company	\$80,000, 5.500%, due 03/15/2019	98,489	88,818
Wells Fargo and Company	\$130,000, 3.450%, due 02/13/2023	125,590	130,307
Xcel Energy, Incorporated	\$55,000, 4.700%, due 05/15/2020	64,361	59,111
Total Corporate Obligations		8,232,305	8,018,823
Foreign Obligations			
Air Canada	\$25,000, 3.600%, due 03/15/2027	25,187	24,187
Aon PLC	\$50,000, 4.000%, due 11/27/2023	51,058	51,233
Canadian National Railway Company	\$120,680, 7.195%, due 01/02/2016	125,072	120,680
Electricite de France S.A.	\$32,000, 4.950%, due 10/13/2045	31,921	31,070
Petroleus Mexicanos	\$45,000, 4.500%, due 01/23/2026	44,662	39,532
Province of Quebec	\$37,000, 2.625%, due 02/13/2023	37,323	36,680

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, 2015

Identity of Issuer	Description of Investment	Cost	Current Value
Foreign Obligations (continued)			
Schlumberger Limited	\$45,000, 4.200%, due 01/15/2021	\$ 48,553	\$ 47,713
Shell International	\$125,000, 3.250%, due 05/11/2025	123,706	121,998
Total Foreign Obligations		487,482	473,093
Mutual Funds/Common Stock			
American Euro Pacific Growth Fund	40,275 shares	1,509,380	1,822,458
DFA Emerging Markets Value	33,754 shares	960,059	688,573
Dodge & Cox Stock Fund	8,589 shares	1,083,082	1,398,104
Gateway Fund Y	74,480 shares	1,892,121	2,212,788
Harbor International Fund #11	27,686 shares	1,083,246	1,645,388
Ishares Russell Midcap Growth Index Fund	8,134 shares	332,630	747,678
Ishares Russell Midcap Value Index Fund	11,032 shares	-	757,457
Ishares Russell 1000 Growth Index Fund	18,539 shares	946,526	1,844,260
John Hancock Global Absolute Return Strat Fund	211,827 shares	2,400,000	2,203,001
JP Morgan Mortgage Back Securities Fund	33,121 shares	385,303	371,946
Nortel Networks Corp	234 shares	524	-
Pimco All Asset Fund	190,393 shares	2,295,684	1,942,006
Vanguard 500 Index Fund	7,931 shares	909,914	1,494,897
Total Mutual Funds/Common Stock		13,798,469	17,128,556
Municipal Securities			
Hamilton County Ohio Municipal Bond	\$50,000, 5.000%, due 06/01/2020	58,692	56,887
Kentucky Municipal Bond	\$75,000, 2.668%, due 04/01/2021	75,000	74,973
Kentucky Municipal Bond	\$100,000, 5.373%, due 11/01/2025	111,517	110,587
West Virginia Municipal Bond	\$75,000, 2.158%, due 10/01/2019	75,000	75,614
Total Municipal Securities		320,209	318,061
Money Market Funds			
Federated Prime Value Obligations Fund	132,855 shares	132,855	132,855
National Rural Utilities Co-op Financial Discount			
Commercial Paper	100,000 shares	99,973	99,982
First American Prime Obligation Fund	342,996 shares	342,996	342,996
Total Money Market Funds		575,824	575,833

**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, 2015

Identity of Issuer	Description of Investment	Cost	Current Value
Pooled Separate Accounts			
Fidelity VIP Money Market, Initial Class	804,084 shares	<u>\$ 804,084</u>	<u>\$ 804,084</u>
Total Pooled Separate Accounts		<u>804,084</u>	<u>804,084</u>
		<u>\$ 26,771,897</u>	<u>\$ 29,858,368</u>

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, 2015

Identity	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Value of Asset on Transaction Date	Net Gain (Loss)
<u>Individual Transactions Exceed 5%</u>						
First American Prime Obligation Fund						
Purchase	\$ 2,571,659	\$ -	\$ -	\$ 2,571,659	\$ 2,571,659	\$ -
Sale	-	2,571,659	-	2,571,659	2,571,659	-
Federated Prime Value Obligations Fund						
Purchase	3,801,122	-	-	3,801,122	3,801,122	-
Sale	-	2,702,949	-	2,702,949	2,702,949	-
JP Morgan Core Bond Fund						
Sale	-	2,571,659	-	2,539,394	2,571,659	32,265
<u>Series of Transactions Exceeds 5%</u>						
First American Prime Obligation Fund						
Purchases	\$ 5,612,342	\$ -	\$ -	\$ 5,612,342	\$ 5,612,342	\$ -
Sales	-	5,663,011	-	5,663,011	5,663,011	-
Federated Prime Value Obligations Fund						
Purchase	4,607,202	-	-	4,607,202	4,607,202	-
Sale		4,539,414		4,539,414	4,539,414	-

**Pension Plan for Employees of
United Way of Greater Cincinnati, Inc. And Affiliated Agencies**

EIN: 31-0537502; PN: 333

Part VI. Schedule B Attachments

January 1, 2015 Valuation

A. Miscellaneous

1. 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	-	-	-	-	-	-	-	-	1
35 – 39	-	3	2	-	-	-	-	-	-	-	5
40 – 44	-	6	6	1	-	-	-	-	-	-	16
45 – 49	2	4	6	1	2	-	-	-	-	-	15
50 – 54	1	9	12	3	2	1	-	-	-	-	28
55 – 59	1	11	4	4	4	2	-	-	-	-	26
60 – 64	-	5	14	4	2	4	2	-	-	-	31
65 – 69	-	5	3	2	1	-	1	1	-	-	13
70 +	1	4	-	-	-	-	-	1	-	-	6
All Ages	5	48	47	15	11	7	3	2	-	-	138
	-	1,779	5,522	-	-	-	-	-	-	-	7,603

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates

Funding:

- | | |
|---|-------|
| a. Accrued Liability and Assets | |
| (i) Pre-decrement | 7.50% |
| (ii) Post-decrement | 7.50% |
| b. RPA '94 Current Liability reflecting HATFA | 6.81% |
| c. HATFA Funding Target | |
| (i) First Rate, Years 1-5 | 4.72% |
| (ii) Second Rate, Years 5-20 | 6.11% |
| (iii) Third Rate, Years 20+ | 6.81% |

Salary Scale

None

Mortality

Funding :

- Accrued Liability – 1994 GAM table for males and females.
- RPA '94 Current Liability and HATFA Funding Target – RP-2000 generational mortality table as described in Regulation 1.430(h)(3) projected by Scale AA, to between 7 and 15 years beyond the year of the obligation, male and female with different rates for annuitants and nonannuitants.

Rates of Retirement

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

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

APPENDIX B (Continued)

Rates of Disability

None. Disability benefits are not considered to have material effect on cost and have not been specifically valued.

Rates of Turnover

<u>Age</u>	<u>Years of Service</u>				
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4+</u>
25	.35000	.20000	.20000	.20000	.15000
30	.35000	.20000	.20000	.20000	.15000
35	.35000	.20000	.20000	.20000	.13125
40	.35000	.20000	.20000	.20000	.11250
45	.35000	.20000	.20000	.20000	.07500
50	.35000	.20000	.20000	.20000	.05250
55	.35000	.20000	.20000	.20000	.05250
60	.35000	.20000	.20000	.20000	.05250
65	.00000	.00000	.00000	.00000	.00000

Assumptions Made In Valuing Spouse's Benefit

Eighty percent of the employees included in the valuation are assumed to be married. The wife is assumed to be three years younger than the husband.

Optional Form Election

All employees are assumed to elect the life annuity benefit.

Annual Increases to Social Security

N/A

Provision for Expenses

None.

Asset Method

Funding: Market Value of Assets plus an adjustment to defer full recognition of investment losses and gains over a five-year period. Only investment gains and losses occurring after January 1, 2001 (the effective date of this asset valuation method) or later are deferred. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the assumed rate of return minus actual market value at the end of the year. The actuarial value of assets will be no less than 80% and no more than 120% of the market value (including accrued but unpaid contributions).

APPENDIX B (Continued)

<i>Funding Method</i>	Projected Unit Credit. A hypothetical projected accrued benefit is calculated at each potential future date of termination, death, disablement, and retirement. Each such hypothetical benefit is calculated exactly the same way as the accrued benefit on the valuation date – except that projected average pays, already-scheduled benefit unit increases, and projected factors relating to Social Security are used. The present value of these hypothetical benefits is the accrued liability for each active employee. Similarly, the present value of hypothetical projected accrued benefits using each employee’s expected service one year from now is calculated and the difference between this value and the accrued liability is the normal cost. Since this plan is frozen, there are no more benefits accruing (no future normal costs, projected earnings etc.)
<i>Employees Valued</i>	Only participants as of the valuation date were valued.
<i>Changes in Assumptions and Methods since the Last Actuarial Valuation</i>	The current liability interest rate was changed as required under HATFA. The mortality table for the current liability and HATFA Funding Target was changed as required under PPA ’06.
<i>Justification for Changing the Current Liability Assumptions</i>	The only assumption changes were to prescribed actuarial assumptions. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any “Change in Actuarial Assumptions.”

Multiple-Employer Plan Participating Employer Information
Pension Plan for Employees of United Way of Greater Cincinnati, Inc. and Affiliated Agencies
2015 Form 5500 Part 1 A
EIN/PN: 31-0537502 / 333

**FORM 5500 ATTACHMENT – MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER
INFORMATION**

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions
United Way of Greater Cincinnati		
United Way of Greater Cincinnati	31-0537502	47.80%
Urban League of Greater Cincinnati	31-0565428	3.89%
Girl Scouts of Kentucky's Wilderness Road Council, Inc.	61-0608104	2.31%
Cincinnati Human Relations Commission	31-0526228	0.98%
Stepping Stones	31-0671799	3.79%
CincySmiles Foundation	31-0537044	0.98%
Convalescent Hospital for Children	31-0936303	4.35%
The Visiting Nurse Association	31-0536716	13.94%
Pro Seniors, Inc.	31-0887471	3.59%
The Crossroads Center	31-1327938	7.73%
Central Clinic	31-0552288	3.92%
Greater Cincinnati Nutrition Council	23-7429745	0.36%
United Way of Warren County	23-7132362	1.47%
Center for Chemical Addictions Treatment	31-0792742	<u>4.89%</u>
		100.00%

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, 2015

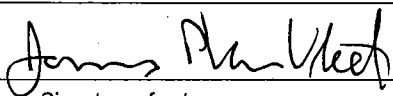
Identity	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Value of Asset on Transaction Date	Net Gain (Loss)
<u>Individual Transactions Exceed 5%</u>						
First American Prime Obligation Fund						
Purchase	\$ 2,571,659	\$ -	\$ -	\$ 2,571,659	\$ 2,571,659	\$ -
Sale	-	2,571,659	-	2,571,659	2,571,659	-
Federated Prime Value Obligations Fund						
Purchase	3,801,122	-	-	3,801,122	3,801,122	-
Sale	-	2,702,949	-	2,702,949	2,702,949	-
JP Morgan Core Bond Fund						
Sale	-	2,571,659	-	2,539,394	2,571,659	32,265
<u>Series of Transactions Exceeds 5%</u>						
First American Prime Obligation Fund						
Purchases	\$ 5,612,342	\$ -	\$ -	\$ 5,612,342	\$ 5,612,342	\$ -
Sales	-	5,663,011	-	5,663,011	5,663,011	-
Federated Prime Value Obligations Fund						
Purchase	4,607,202	-	-	4,607,202	4,607,202	-
Sale		4,539,414		4,539,414	4,539,414	-

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 2015 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
▶ 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 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 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>01</u> Day <u>01</u> Year <u>2015</u>	
2 Assets:	
a Market value.....	2a 31,569,923
b Actuarial value.....	2b 31,966,617
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	295 16,392,312 16,392,312
b For terminated vested participants.....	297 7,687,827 7,687,827
c For active participants.....	138 8,747,687 8,747,687
d Total.....	730 32,827,826 32,827,826
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 6.22%
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		09/12/2016
JAMES P. VAN VLEET		Date
Findley Davies, Inc.		1405701
Type or print name of actuary		Most recent enrollment number
Firm name		614-458-1869
65 E. State Street, Suite 1300		Telephone number (including area code)
Columbus OH 43215		
Address of the firm		

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)	0	0
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.44</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		
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)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	97.37%
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
04/07/2015	400,000	0			
06/16/2015	300,000	0			
08/13/2015	350,000	0			
11/17/2015	200,000	0			
12/09/2015	400,000	0			
12/22/2015	275,801	0			
02/11/2016	98,414	0			
Totals ▶			18(b)	2,024,215	18(c)
					0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	
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: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ 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 1

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

APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

<i>Plan Sponsor</i>	United Way of Greater Cincinnati
<i>EIN/PN</i>	31-0537502/333
<i>Effective Date</i>	January 1, 1970. Restated effective January 1, 2004; last amended December 31, 2004.
<i>Participation</i>	Each employee becomes a participant on the first of the month coinciding with or next following attainment of age 21 and completion of three months of employment. No new participants will be added to the plan on or after December 31, 2004.
<i>Compensation</i>	W-2 compensation, including deferrals to 401(k) or Section 125 plans, as limited by Internal Revenue Code Section 401(a)(17).
<i>Final Average Monthly Earnings</i>	The average of Compensation over the 5 consecutive calendar years prior to determination which produce the highest average, divided by 12. Final average Monthly Earnings does not include Compensation earned after December 31, 2004.
<i>Social Security Final Average Compensation</i>	The average of the final three years of the lesser of calendar year compensation and Social Security Taxable Wage Base preceding determination, divided by 12. Compensation after December 31, 2014, not included.
<i>Credited Service</i>	One twelfth of a year is accrued for each month worked provided that the employee works at least 1,000 hours in the calendar year. For employees who worked less than 1,000 hours, one twelfth of a year is accrued for each month that the employee works at least 87 hours. Credited Service is frozen as of December 31, 2004.
<i>Year of Service</i>	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.

APPENDIX A (Continued)

Accrued Benefit

One of the following:

- (a) A monthly life annuity equal to 2.6% of Final Average Monthly Earnings less 0.65% of Social Security Final Average Compensation up to Covered Compensation, multiplied by years of Credited Service up to 25 years
- (b) A monthly life annuity equal to 1.75% of Final Average Monthly Earnings less 0.50% Social Security Final Average Compensation up to Covered Compensation, multiplied by years of Credited Service up to 25 years
- (c) 0.75% of Final Average Monthly Earnings multiplied by years of Service up to 25 years.

The Accrued Benefit was frozen as of December 31, 2004.

Normal Retirement Benefit

Eligibility:

Age 65.

Monthly Benefit:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Age 50 and 1 Years of Service for participation prior to January 1, 1988. Age 55 and 5 Years of Service for participation after January 1, 1988.

Monthly Benefit:

The Accrued Benefit is actuarially reduced based on the factors based on plan formula described in Appendices B, C, and D in the plan document.

Termination Benefit

Eligibility:

Termination of employment prior to retirement.

Monthly Benefit:

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

APPENDIX A (Continued)

Termination Benefit (Continued)

The vested benefit is the accrued benefit multiplied by the applicable Vesting Percent based on the following schedule:

<u>Years of Vesting Service</u>	<u>Vesting Percent</u>
0-2	0%
3-4	75%
5 or more	100%

Disability Benefit

Eligibility:

5 Years of Service and Total and Permanent Disability.

Monthly Benefit:

The Accrued Benefit.

Death Benefit

Eligibility:

A vested active or former employee who dies.

Monthly Benefit:

The surviving spouse of a married participant is entitled to a monthly benefit payable for life commencing at the participant's earliest possible retirement date. The benefit is equal to 50% of the benefit vested on the day prior to death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

The beneficiary of a single participant is entitled to the lump sum value of the above monthly benefit assuming the participant was married to a spouse of the same age.

Optional Forms

Single Life Annuity
Life Annuity with 60 month guarantee
Life Annuity with 120 month guarantee
50% Joint & Survivor Annuity
66 2/3% Joint & Survivor Annuity
75% Joint & Survivor Annuity
100% Joint & Survivor Annuity
Cash Refund

Optional forms are calculated using a 6.00% interest rate and the UP-1984 Mortality Table, with no set-backs.

APPENDIX A (Continued)

***Benefits Available as
Lump Sums***

This plan pays small benefit amounts (lump sums less than \$1,000) automatically. A single lump sum over \$1,000 is available in certain conditions.

The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate as required under IRC Section 417(e)(3).

***Maximum Benefit
Limit***

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

***Plan Compensation
Limit***

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

***Changes in Plan
Provisions***

None.

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates

Funding:

- | | | |
|----|--|-------|
| a. | Accrued Liability and Assets | |
| | (i) Pre-decrement | 7.50% |
| | (ii) Post-decrement | 7.50% |
| b. | RPA '94 Current Liability reflecting HATFA | 6.81% |
| c. | HATFA Funding Target | |
| | (i) First Rate, Years 1-5 | 4.72% |
| | (ii) Second Rate, Years 5-20 | 6.11% |
| | (iii) Third Rate, Years 20+ | 6.81% |

Salary Scale

None

Mortality

Funding :

- a. Accrued Liability – 1994 GAM table for males and females.
- b. RPA '94 Current Liability and HATFA Funding Target – RP-2000 generational mortality table as described in Regulation 1.430(h)(3) projected by Scale AA, to between 7 and 15 years beyond the year of the obligation, male and female with different rates for annuitants and nonannuitants.

Rates of Retirement

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

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

APPENDIX B (Continued)

Rates of Disability

None. Disability benefits are not considered to have material effect on cost and have not been specifically valued.

Rates of Turnover

Age	Years of Service				
	0	1	2	3	4+
25	.35000	.20000	.20000	.20000	.15000
30	.35000	.20000	.20000	.20000	.15000
35	.35000	.20000	.20000	.20000	.13125
40	.35000	.20000	.20000	.20000	.11250
45	.35000	.20000	.20000	.20000	.07500
50	.35000	.20000	.20000	.20000	.05250
55	.35000	.20000	.20000	.20000	.05250
60	.35000	.20000	.20000	.20000	.05250
65	.00000	.00000	.00000	.00000	.00000

Assumptions Made In Valuing Spouse's Benefit

Eighty percent of the employees included in the valuation are assumed to be married. The wife is assumed to be three years younger than the husband.

Optional Form Election

All employees are assumed to elect the life annuity benefit.

Annual Increases to Social Security

N/A

Provision for Expenses

None.

Asset Method

Funding: Market Value of Assets plus an adjustment to defer full recognition of investment losses and gains over a five-year period. Only investment gains and losses occurring after January 1, 2001 (the effective date of this asset valuation method) or later are deferred. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the assumed rate of return minus actual market value at the end of the year. The actuarial value of assets will be no less than 80% and no more than 120% of the market value (including accrued but unpaid contributions).

APPENDIX B (Continued)

Funding Method

Projected Unit Credit. A hypothetical projected accrued benefit is calculated at each potential future date of termination, death, disablement, and retirement. Each such hypothetical benefit is calculated exactly the same way as the accrued benefit on the valuation date – except that projected average pays, already-scheduled benefit unit increases, and projected factors relating to Social Security are used. The present value of these hypothetical benefits is the accrued liability for each active employee. Similarly, the present value of hypothetical projected accrued benefits using each employee's expected service one year from now is calculated and the difference between this value and the accrued liability is the normal cost.

Since this plan is frozen, there are no more benefits accruing (no future normal costs, projected earnings etc.)

Employees Valued

Only participants as of the valuation date were valued.

Changes in Assumptions and Methods since the Last Actuarial Valuation

The current liability interest rate was changed as required under HATFA.

The mortality table for the current liability and HATFA Funding Target was changed as required under PPA '06.

Justification for Changing the Current Liability Assumptions

The only assumption changes were to prescribed actuarial assumptions. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

Schedule B, Line 3 – Contributions Made to Plan
Pension Plan for Employees of United Way of Greater Cincinnati, Inc. and Affiliated Agencies
January 1, 2015 Valuation
EIN/PN: 31-0537502 / 333

**ITEM 3 – CONTRIBUTIONS MADE TO THE PLAN FOR THE PLAN YEAR BY EMPLOYER(S) AND
EMPLOYEES**

(a) Date	(b) Amount Paid by Employer	(c) Amount Paid by Employees	Interest (7.50%) on (b) to End of Plan Year
4/07/2015	\$ 400,000.00	\$ 0.00	\$ 21,898.00
6/16/2015	300,000.00	0.00	12,065.00
8/13/2015	350,000.00	0.00	9,916.00
11/17/2015	200,000.00	0.00	1,791.00
12/09/2015	400,000.00	0.00	1,827.00
12/22/2015	275,801.00	0.00	547.00
2/11/2016	<u>98,414.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL	\$ 2,024,215.00	\$ 0.00	\$ 48,044.00

Schedule SB, line 22 – Description of Weighted Average Retirement Age
Pension Plan for Employees of United Way of Greater Cincinnati, Inc. and Affiliated Agencies
January 1, 2015 Valuation
EIN/PN: 31-0537502 / 333

Rates of Retirement

<u>Age</u>	<u>Rate</u>	<u>Weight</u>
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

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Schedule SB, line 27 – Actuarial Information Based on Pre-PPA Rules
Pension Plan for Employees of United Way of Greater Cincinnati, Inc. and Affiliated Agencies
January 1, 2015
EIN/PN: 31-0537502 / 333

SCHEDULE B ATTACHMENTS FOR 2015 BASED ON PRE-PPA FUNDING RULES

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

Since this plan meets the definition of an ECP, pre-PPA funding rules have been used to determine minimum funding requirements for 2015. 2015 Schedule B is shown as an attachment to the 2015 Schedule SB. This Schedule B displays the Funding Standard Account under the pre-PPA provisions.

In accordance with the instructions for the 2015 Schedule SB only portions of the Schedule SB have been completed. In particular, Part VIII of the Schedule SB, which determines the minimum required contribution under PPA rules, has not been completed. This information can now be found in the Schedule B attachments for 2015.

**SCHEDULE B
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration 2015

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- 2015

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

For calendar plan year **2007** or fiscal plan year beginning **01/01/2015**, and ending **12/31/2015**,▶ **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 Cincinnati	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 <u>1</u> Day <u>1</u> Year <u>2,015</u>	
b Assets:	
(1) Current value of assets	b(1) 31,569,923
(2) Actuarial value of assets for funding standard account	b(2) 32,031,478
c (1) Accrued liability for plans using immediate gain methods	c(1) 28,847,426
(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

9/12/2016
Date

James P. Van Vleet

G 14-05701

Type or print name of actuary

Most recent enrollment number

Findley Davies, Inc.

(614) 458-1869

Firm name

Telephone number (including area code)

65 E. State Street, Suite 1300, Columbus, OH 43215

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-EZ.

v10.1

Schedule B (Form 5500) 2007



Schedule B (Form 5500) 2007 2015

Page 2

Official Use Only

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)	31,049,342
(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)	31,049,342
(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)	2,174,218

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)		2a	31,568,996
b "RPA '94" current liability:			
	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments	295	15,534,626	15,534,626
(2) For terminated vested participants	297	7,247,577	7,247,577
(3) For active participants	138	8,267,139	8,267,139
(4) Total	730	31,049,342	31,049,342
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
04/07/2015	400,000				
06/16/2015	300,000				
08/13/2015	350,000				
11/17/2015	200,000				
12/09/2015	400,000				
12/22/2015	275,801				
02/11/2016	98,414				
3 Totals ▶ (b)				2,024,215	(c) 0.00

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)	4a	98.70 %
--	-----------	---------

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
0.00	0.00	0.00	0.00

0 8 0 7 3 5 0 2 0 P



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 rates for "RPA '94" current liability **6a** 6.81 % ☐ N/A

b Weighted average retirement age **6b** 63 ☐ N/A

c Rates specified in insurance or annuity contracts ... ☐ N/A **6c** ☐ Yes ☒ No ☐ Yes ☒ No ☐ N/A

d Mortality table code for valuation purposes:

(1) Males **d(1)** A A ☐ N/A

(2) Females **d(2)** A A ☐ N/A

e Valuation liability interest rate ☐ N/A **6e** 7.50 % 7.50 % ☐ N/A

f Expense loading ☐ N/A **6f** 0.00 % 0.00 % ☐ N/A

g Annual withdrawal rates:

(1) Age 25 **g(1)** S 35.00 % S 35.00 % ☐ N/A

(2) Age 40 **g(2)** S 35.00 % S 35.00 % ☐ N/A

(3) Age 55 **g(3)** S 35.00 % S 35.00 % ☐ N/A

h Salary scale ☒ N/A **6h** % % ☒ N/A

i Estimated investment return on actuarial value of assets for year ending on the valuation date **6i** 6.20 %

j Estimated investment return on current value of assets for year ending on the valuation date . . **6j** 2.80 %

7 New amortization bases established in the current plan year:

(1) Type of Base

(2) Initial Balance

(3) Amortization Charge/Credit

1	647,454	148,863

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

0 8 0 7 3 5 0 3 0 Q



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:	Outstanding Balance	
(1) All bases except funding waivers	▶ (\$ 3,892,407)	c(1) 1,793,714
(2) Funding waivers	▶ (\$ 0)	c(2) 0
d Interest as applicable on lines 9a, 9b, and 9c		9d 134,529
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 1,928,243
Credits to funding standard account:		
h Prior year credit balance, if any		9h 7,076,459
i Employer contributions. Total from column (b) of line 3		9i 2,024,215
	Outstanding Balance	
j Amortization credits as of valuation date	▶ (\$ 0)	9j 0
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j		9k 578,778
l Full funding limitation (FFL) and credits		
(1) ERISA FFL (accrued liability FFL)	l(1) 4,680,509	
(2) "RPA '94" override (90% current liability FFL)	l(2) 0	
(3) FFL credit		l(3) 0
m (1) Waived funding deficiency		m(1) 0
(2) Other credits		m(2) 0.00
n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)		9n 9,679,452
o Credit balance: If line 9n is greater than line 9g, enter the difference		9o 7,751,209
p Funding deficiency: If line 9g is greater than line 9n, enter the difference		9p 0
Reconciliation account:		
q Current year's accumulated reconciliation account:		
(1) Due to additional funding charges as of the beginning of the plan year	q(1) 0	
(2) Due to additional interest charges as of the beginning of the plan year	q(2) 0	
(3) Due to waived funding deficiencies:		
(a) Reconciliation outstanding balance as of valuation date	q(3)(a) 0	
(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b) 0	
(4) Total as of valuation date	▶ q(4) 0	
10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable	10	0

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

0 8 0 7 3 5 0 4 0 R



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 (% 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) Ammortization 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. (

.0% of line 12p)

12a 103.20 %

12b

12c

12d %

12e

12f

12g

12h

12i

12j

12k

12l

12m

12n

12o

12p

12q 0

0 8 0 7 3 5 0 5 0 S



APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

<i>Plan Sponsor</i>	United Way of Greater Cincinnati
<i>EIN/PN</i>	31-0537502/333
<i>Effective Date</i>	January 1, 1970. Restated effective January 1, 2004; last amended December 31, 2004.
<i>Participation</i>	Each employee becomes a participant on the first of the month coinciding with or next following attainment of age 21 and completion of three months of employment. No new participants will be added to the plan on or after December 31, 2004.
<i>Compensation</i>	W-2 compensation, including deferrals to 401(k) or Section 125 plans, as limited by Internal Revenue Code Section 401(a)(17).
<i>Final Average Monthly Earnings</i>	The average of Compensation over the 5 consecutive calendar years prior to determination which produce the highest average, divided by 12. Final average Monthly Earnings does not include Compensation earned after December 31, 2004.
<i>Social Security Final Average Compensation</i>	The average of the final three years of the lesser of calendar year compensation and Social Security Taxable Wage Base preceding determination, divided by 12. Compensation after December 31, 2014, not included.
<i>Credited Service</i>	One twelfth of a year is accrued for each month worked provided that the employee works at least 1,000 hours in the calendar year. For employees who worked less than 1,000 hours, one twelfth of a year is accrued for each month that the employee works at least 87 hours. Credited Service is frozen as of December 31, 2004.
<i>Year of Service</i>	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.

APPENDIX A (Continued)

Accrued Benefit

One of the following:

- (a) A monthly life annuity equal to 2.6% of Final Average Monthly Earnings less 0.65% of Social Security Final Average Compensation up to Covered Compensation, multiplied by years of Credited Service up to 25 years
- (b) A monthly life annuity equal to 1.75% of Final Average Monthly Earnings less 0.50% Social Security Final Average Compensation up to Covered Compensation, multiplied by years of Credited Service up to 25 years
- (c) 0.75% of Final Average Monthly Earnings multiplied by years of Service up to 25 years.

The Accrued Benefit was frozen as of December 31, 2004.

Normal Retirement Benefit

Eligibility:

Age 65.

Monthly Benefit:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Age 50 and 1 Years of Service for participation prior to January 1, 1988. Age 55 and 5 Years of Service for participation after January 1, 1988.

Monthly Benefit:

The Accrued Benefit is actuarially reduced based on the factors based on plan formula described in Appendices B, C, and D in the plan document.

Termination Benefit

Eligibility:

Termination of employment prior to retirement.

Monthly Benefit:

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

APPENDIX A (Continued)

Termination Benefit (Continued)

The vested benefit is the accrued benefit multiplied by the applicable Vesting Percent based on the following schedule:

<u>Years of Vesting Service</u>	<u>Vesting Percent</u>
0-2	0%
3-4	75%
5 or more	100%

Disability Benefit

Eligibility:

5 Years of Service and Total and Permanent Disability.

Monthly Benefit:

The Accrued Benefit.

Death Benefit

Eligibility:

A vested active or former employee who dies.

Monthly Benefit:

The surviving spouse of a married participant is entitled to a monthly benefit payable for life commencing at the participant's earliest possible retirement date. The benefit is equal to 50% of the benefit vested on the day prior to death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

The beneficiary of a single participant is entitled to the lump sum value of the above monthly benefit assuming the participant was married to a spouse of the same age.

Optional Forms

Single Life Annuity
Life Annuity with 60 month guarantee
Life Annuity with 120 month guarantee
50% Joint & Survivor Annuity
66 2/3% Joint & Survivor Annuity
75% Joint & Survivor Annuity
100% Joint & Survivor Annuity
Cash Refund

Optional forms are calculated using a 6.00% interest rate and the UP-1984 Mortality Table, with no set-backs.

APPENDIX A (Continued)

***Benefits Available as
Lump Sums***

This plan pays small benefit amounts (lump sums less than \$1,000) automatically. A single lump sum over \$1,000 is available in certain conditions.

The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate as required under IRC Section 417(e)(3).

***Maximum Benefit
Limit***

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

***Plan Compensation
Limit***

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

***Changes in Plan
Provisions***

None.

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, 2015

Identity of Issuer	Description of Investment	Cost	Current Value
U.S. Treasury and Federal Agency Securities			
Federal Home Loan Mortgage Corporation	\$103,924, 5.500%, due 09/0/2035	\$ 117,174	\$ 115,363
Federal Home Loan Mortgage Corporation	\$73,465, 3.000%, due 06/01/2045	73,557	73,403
Federal Home Loan Mortgage Corporation	\$115,652, 3.500%, due 01/01/2043	119,682	119,221
Federal Home Loan Mortgage Corporation	\$141,037, 3.500%, due 05/01/2033	147,912	147,892
Federal Home Loan Mortgage Corporation	\$200,000, 0.875%, due 07/29/2020	200,000	200,028
Federal Home Loan Mortgage Corporation	\$120,000, 1.000%, due 11/25/2020	120,000	119,909
Federal National Mortgage Association	\$145,692, 3.500%, due 01/01/2026	153,750	153,470
Federal National Mortgage Association	\$143,244, 5.000%, due 03/01/2041	159,784	160,293
Federal National Mortgage Association	\$200,000, 1.000%, due 11/30/2020	200,000	199,874
Government National Mortgage Association	\$97,303, 3.000%, due 03/15/2045	98,732	98,642
US Treasury Bonds	\$17,000, 3.000%, due 05/15/2045	16,681	16,922
US Treasury Notes	\$200,000, 2.000%, due 04/30/2016	206,905	201,000
US Treasury Notes	\$8,000, 3.000%, due 11/15/2025	8,026	7,982
US Treasury Notes	\$115,000, 0.625%, due 01/15/2024	115,404	115,943
US Treasury Notes	\$253,758, 0.125%, due 04/15/2019	250,826	252,268
US Treasury Notes	\$262,710, 0.125%, due 01/15/2022	263,978	254,579
US Treasury Notes	\$300,000, 2.375%, due 08/15/2024	301,113	303,129
Total U.S. Treasury and Federal Agency Securities		2,553,524	2,539,918
Corporate Obligations			
Acess Midstream	\$90,000, 4.875%, due 05/15/2023	85,334	72,960
Air Lease Corporation	\$50,000, 6.125%, due 04/17/2017	53,386	51,875
Air Products Chemicals	\$70,000, 4.375%, due 08/21/2019	80,326	74,776
Alabama Power Company	\$75,000, 5.500%, due 10/15/2017	90,554	79,507
American Express	\$100,000, 1.813%, due 12/04/2024	101,902	97,868
American Express	\$140,000, 2.800%, due 09/19/2016	143,217	141,784
Apple Incorporated	\$40,000, 2.400%, due 05/03/2023	38,994	38,975
AT&T Incorporated	\$100,000, 5.500%, due 02/01/2018	110,504	106,899
Autodesk Incorporated	\$50,000, 3.125%, due 06/15/2020	50,157	49,677
Aviation Capital Group Corporation	\$24,000, 2.875%, due 09/17/2018	23,893	23,862
Bank of America	\$25,000, 3.900%, due 01/21/2025	24,969	24,473
Bank of New York	\$150,000, 0.700%, due 03/04/2016	149,997	149,973
BB&T Corporation	\$55,000, 5.250%, due 11/01/2019	64,097	60,125
BB&T Corporation	\$50,000, 3.950%, due 03/22/2022	52,339	52,233
BB&T Corporation	\$150,000, 3.950%, due 04/29/2016	153,360	151,527
Becton, Dickinson and Company	\$100,000, 3.125%, due 11/08/2021	99,608	100,840
Becton, Dickinson and Company	\$100,000, 1.750%, due 11/08/2016	100,333	100,503
BellSouth Corporation	\$100,000, 4.295%, due 04/26/2021	103,048	101,189
Berkshire Hathaway	\$35,000, 5.750%, due 04/01/2018	42,087	37,812
Burlington North Santa Fe	\$50,000, 3.450%, due 09/15/2021	52,672	51,102
Caterpillar Incorporated	\$150,000, 5.700%, due 08/15/2016	157,518	154,266
Celgene Corporation	\$16,000, 2.875%, due 08/15/2020	15,971	15,879

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, 2015

Identity of Issuer	Description of Investment	Cost	Current Value
Corporate Obligations (continued)			
Citigroup Incorporated	\$20,000, 3.300%, due 04/27/2025	\$ 19,646	\$ 19,642
Cooper US Inc.	\$100,000, 3.875%, due 12/15/202	104,209	103,430
Countrywide Financial	\$105,000, 6.250%, due 05/15/2016	109,152	106,770
CR Bard, Incorporated	\$65,000, 2.875%, due 01/15/2016	67,589	65,033
CVS Health Coporation	\$45,000, 3.875%, due 07/20/2025	44,547	45,926
Daimler Financial North America LLC	\$150,000, 3.000%, due 03/28/2016	150,945	150,603
Dayton Power & Light Company	\$150,000, 1.875%, due 09/15/2016	150,515	150,131
Dominion Resources Incorporated	\$25,000, variable, due 06/30/2066	22,594	20,738
Duke Energy Corporation	\$100,000, 3.550%, due 09/15/2021	103,708	102,125
Duke Energy Corporation	\$120,000, 2.150%, due 11/15/2016	121,667	120,720
Duke Energy Indiana	\$45,000, 3.750%, due 07/15/2020	48,028	47,375
Enterprise Products Partners Limited Partnership	\$100,000, 4.050%, due 02/15/2022	106,273	97,814
Fidelity National Information Services	\$80,000, 3.625%, due 10/15/2020	79,895	81,042
*Fifth Third Bancorp	\$110,000, 4.300%, due 01/16/2024	115,171	112,678
*Fifth Third Bancorp	\$25,000, 2.875%, due 07/27/2020	24,968	24,972
Ford Motor Credit Company LLC	\$150,000, 3.984%, due 06/15/2016	154,085	151,665
Forest Labs Incorporated	\$50,000, 5.000%, due 12/15/2021	55,181	54,330
General Electric Capital Corporation	\$240,000, 1.289%, due 04/15/2023	241,800	236,875
General Electric Capital Corporation	\$125,000, 1.000%, due 01/08/2016	125,407	125,001
Goldman Sachs Group, Incorporated	\$200,000, 1.550%, due 10/17/2017	199,522	200,602
Goldman Sachs Group, Incorporated	\$25,000, 5.250%, due 07/27/2021	28,155	27,641
Goldman Sachs Group, Incorporated	\$150,000, 3.625%, due 02/07/2016	152,389	150,381
Halliburton Company	\$62,000, 3.375%, due 11/15/2022	61,950	61,016
Health Care REIT Incorporated	\$25,000, 6.125%, due 04/15/2020	28,940	28,002
Health Care REIT Incorporated	\$150,000, 3.625%, due 03/15/2016	152,820	150,653
Hess Corporation	\$10,000, 5.600%, due 02/15/2041	9,993	8,429
Hewlett Packard Company	\$56,000, 2.450%, due 10/05/2017	55,969	55,952
HSBC Financial Corporation	\$150,000, 5.500%, due 01/19/2016	153,807	150,246
Huntington Bancshare	\$100,000, 2.600%, due 8/02/2018	101,145	100,116
Huntington National Bank	\$150,000, 1.350%, due 08/02/2016	150,189	150,009
Intel Corporation	\$15,000, 3.300%, due 10/01/2021	15,853	15,537
Intercontinental Exchange	\$60,000, 2.750%, due 12/01/2020	59,933	59,985
International Paper Company	\$10,000, 5.150.5, due 05/15/2046	9,892	9,514
Johnson Controls, Incorporated	\$85,000, 3.750%, due 12/01/2021	90,051	85,632
J.M. Smucker Company	\$45,000, 3.500%, due 03/15/2025	44,459	44,756
JP Morgan Chase Company	\$135,000, 3.375%, due 05/01/2023	129,350	132,681
Kellogg Company	\$120,000, 4.450%, due 05/30/2016	130,944	121,577
KeyCorp	\$80,000, 5.1000%, due 03/24/2021	87,803	87,436
Kroger Company	\$50,000, 6.400%, due 08/15/2017	59,955	53,691
Kroger Company	\$50,000, 4.000%, due 02/01/2024	53,037	51,820
Kroger Company	\$25,000, 3.400%, due 04/15/2022	25,513	25,327
Marsh & McLennan Companies, Incorporated	\$50,000, 4.800%, due 07/15/2021	55,786	54,425
McGraw Hill Financial Incorporated	\$18,000, 3.300%, due 08/14/2020	17,979	18,154

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, 2015

Identity of Issuer	Description of Investment	Cost	Current Value
Corporate Obligations (continued)			
Mead Johnson Nutrition Company	\$54,000, 3.000%, due 11/15/2020	\$ 53,947	\$ 53,984
Metlife, Incorporated	\$70,000, 6.750%, due 06/01/2016	79,114	71,604
Morgan Stanley	\$54,000, 3.000%, due 04/23/2027	42,984	43,676
National City Corporation	\$55,000, 6.875%, due 05/15/2019	68,734	62,135
National Rural Utility Cooperation	\$75,000, 5.450%, due 04/10/2017	88,180	78,542
Norfolk Southern	\$40,000, 5.750%, due 04/01/2018	47,950	43,166
Norfolk Southern	\$150,000, 5.750%, due 01/15/2016	154,646	150,182
Nstar Electric Company	\$100,000, 5.625%, due 11/15/2017	114,707	106,121
Nstar Electric Company	\$60,000, 4.500%, due 11/15/2019	69,133	64,025
Ochsner Clinic Foundation	\$6,000, 5.897%, due 05/15/2045	6,273	6,446
Omega Healthcare Investors Incorporated	\$45,000, 4.950%, due 04/01/2024	46,206	45,447
PNC Bank, NA	\$100,000, 3.900%, due 04/29/2024	102,072	102,392
Pepsico Incorporated	\$100,000, 2.500%, due 05/10/2016	101,635	100,610
Phillips 66	\$45,000, 4.300%, due 04/01/2022	48,134	46,296
Progressive Corporation	\$65,000, 3.750%, due 08/23/2021	67,183	68,725
Prudential Financial, Incorporated	\$55,000, 4.500%, due 11/15/2020	61,615	59,026
Qualcomm Incorporated	\$20,000, 3.450%, due 05/20/2025	19,928	19,183
Qwest Corporation	\$25,000, 6.750%, due 12/01/2021	28,208	26,188
Roper Industries Incorporated	\$55,000, 3.000%, due 12/15/2020	54,979	54,772
Sempra Energy	\$120,000, 6.500%, due 06/01/2016	126,101	122,179
Sierra Pacific Power Company	\$150,000, 6.000%, due 05/15/2016	156,966	152,642
Sunoco Logistics Partners	\$24,000, 5.950%, due 12/01/2025	23,936	22,864
Suntrust Banks	\$100,000, 6.000%, due 9/11/2017	107,819	106,225
21st Century Fox America Incorporated	\$150,000, 8.000%, due 10/17/2016	163,026	157,800
Union Pacific Corporation	\$61,000, 5.650%, due 05/01/2017	71,878	64,192
United Tech Corporation	\$125,000, 0.883%, due 5/4/2018	125,469	123,739
*US Bancorp	\$120,000, 2.950%, due 07/15/2022	121,519	119,309
Verizon Communications	\$40,000, 3.450%, due 03/15/2021	41,160	40,924
Verizon Communications	\$80,000, 3.500%, due 11/01/2021	84,832	81,680
Viacom Incorporated	\$100,000, 2.500%, due 12/15/2016	101,599	100,207
Vornado Realty LP	\$45,000, 5.000%, due 01/15/2022	48,852	47,749
Walt Disney Company	\$80,000, 5.500%, due 03/15/2019	98,489	88,818
Wells Fargo and Company	\$130,000, 3.450%, due 02/13/2023	125,590	130,307
Xcel Energy, Incorporated	\$55,000, 4.700%, due 05/15/2020	64,361	59,111
Total Corporate Obligations		8,232,305	8,018,823
Foreign Obligations			
Air Canada	\$25,000, 3.600%, due 03/15/2027	25,187	24,187
Aon PLC	\$50,000, 4.000%, due 11/27/2023	51,058	51,233
Canadian National Railway Company	\$120,680, 7.195%, due 01/02/2016	125,072	120,680
Electricite de France S.A.	\$32,000, 4.950%, due 10/13/2045	31,921	31,070
Petroleus Mexicanos	\$45,000, 4.500%, due 01/23/2026	44,662	39,532
Province of Quebec	\$37,000, 2.625%, due 02/13/2023	37,323	36,680

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, 2015

Identity of Issuer	Description of Investment	Cost	Current Value
Foreign Obligations (continued)			
Schlumberger Limited	\$45,000, 4.200%, due 01/15/2021	\$ 48,553	\$ 47,713
Shell International	\$125,000, 3.250%, due 05/11/2025	123,706	121,998
Total Foreign Obligations		487,482	473,093
Mutual Funds/Common Stock			
American Euro Pacific Growth Fund	40,275 shares	1,509,380	1,822,458
DFA Emerging Markets Value	33,754 shares	960,059	688,573
Dodge & Cox Stock Fund	8,589 shares	1,083,082	1,398,104
Gateway Fund Y	74,480 shares	1,892,121	2,212,788
Harbor International Fund #11	27,686 shares	1,083,246	1,645,388
Ishares Russell Midcap Growth Index Fund	8,134 shares	332,630	747,678
Ishares Russell Midcap Value Index Fund	11,032 shares	-	757,457
Ishares Russell 1000 Growth Index Fund	18,539 shares	946,526	1,844,260
John Hancock Global Absolute Return Strat Fund	211,827 shares	2,400,000	2,203,001
JP Morgan Mortgage Back Securities Fund	33,121 shares	385,303	371,946
Nortel Networks Corp	234 shares	524	-
Pimco All Asset Fund	190,393 shares	2,295,684	1,942,006
Vanguard 500 Index Fund	7,931 shares	909,914	1,494,897
Total Mutual Funds/Common Stock		13,798,469	17,128,556
Municipal Securities			
Hamilton County Ohio Municipal Bond	\$50,000, 5.000%, due 06/01/2020	58,692	56,887
Kentucky Municipal Bond	\$75,000, 2.668%, due 04/01/2021	75,000	74,973
Kentucky Municipal Bond	\$100,000, 5.373%, due 11/01/2025	111,517	110,587
West Virginia Municipal Bond	\$75,000, 2.158%, due 10/01/2019	75,000	75,614
Total Municipal Securities		320,209	318,061
Money Market Funds			
Federated Prime Value Obligations Fund	132,855 shares	132,855	132,855
National Rural Utilities Co-op Financial Discount			
Commercial Paper	100,000 shares	99,973	99,982
First American Prime Obligation Fund	342,996 shares	342,996	342,996
Total Money Market Funds		575,824	575,833

**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, 2015

Identity of Issuer	Description of Investment	Cost	Current Value
Pooled Separate Accounts			
Fidelity VIP Money Market, Initial Class	804,084 shares	<u>\$ 804,084</u>	<u>\$ 804,084</u>
Total Pooled Separate Accounts		<u>804,084</u>	<u>804,084</u>
		<u>\$ 26,771,897</u>	<u>\$ 29,858,368</u>