

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>THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES</u>	1b Three-digit plan number (PN) ▶ <u>333</u> 1c Effective date of plan <u>01/01/1975</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 TOLEDO</u> <u>424 JACKSON ST</u> <u>TOLEDO, OH 43604</u>	2b Employer Identification Number (EIN) <u>34-4427947</u> 2c Plan Sponsor's telephone number <u>419-248-2424</u> 2d Business code (see instructions) <u>813000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2016</u>	<u>KATHLEEN DOTY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 1472
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 207 6a(2) 194 6b 549 6c 656 6d 1399 6e 42 6f 1441 6g 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) ☐ 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
--	---	--

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.

<div>A Name of plan THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES</div>	<div>B Three-digit plan number (PN) 333</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED WAY OF GREATER TOLEDO</div>	<div>D Employer Identification Number (EIN) 34-4427947</div>

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 37189151
b	Actuarial value 38702356
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 556 20035271 20035271
b	For terminated vested participants 710 13457425 13458425
c	For active participants 207 6545190 6545190
d	Total 1473 40037886 40038886
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 6.24%
6	Target normal cost 6 575000

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.

<div>SIGN HERE</div>	<div>Signature of actuary AMY L. KENNEDY Type or print name of actuary FINDLEY DAVIES, INC. Firm name ONE SEAGATE, SUITE 2050 TOLEDO, OH 43604 Address of the firm</div>	<div>09/13/2016 Date 14-07365 Most recent enrollment number 419-255-1360 Telephone number (including area code)</div>
----------------------	--	---

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
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)		0
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>6.45</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	96.66 %
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	95.85 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No		
b If 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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b
22 Weighted average retirement age				22
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	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

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

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

41 If 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 THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED WAY OF GREATER TOLEDO	D Employer Identification Number (EIN) 34-4427947

Part I	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 MATRIX FINANCIAL SOLUTIONS 20-1591048

(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)

FINDLEY DAVIES, INC.

31-1213174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	198769	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 27 33 49 50 71 72 99	NONE	180016	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MG TRUST CO D/B/A MATRIX TRUST

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 59 60 62 64 65	TRUSTEE	48792	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

WILMINGTON TRUST RISC

51-0099033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 59 60 62 64 65	TRUSTEE	13482	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

REHMANN ROBSON LLC

38-3635706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	8900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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>THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES</u>	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED WAY OF GREATER TOLEDO</u>	D Employer Identification Number (EIN) <u>34-4427947</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	653712	584437
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	183401	107828
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	80748	70475
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1568802	6001700
(2) U.S. Government securities.....	1c(2)	0	213250
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4334326	3674042
(B) All other	1c(3)(B)	2758818	2305611
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	14740241	10355111
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6807550	10803450
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	6061553	5968065

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	37189151	40083969

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	37189151	40083969
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6444327	
(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)		6444327
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	121	
(B) U.S. Government securities	2b(1)(B)	10754	
(C) Corporate debt instruments	2b(1)(C)	247239	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	55118	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		313232
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	249823	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	309681	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		559504
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	12906688	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12932953	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-26265
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-462820	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-462820

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-947194
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5880784

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2158659	
(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)		2158659
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)	272526	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	180016	
(4) Other	2i(4)	374765	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		827307
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2985966

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2894818
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: REHMANN ROBSON LLC

(2) EIN: 38-3635706

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.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	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			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
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)

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>THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED WAY OF GREATER TOLEDO</u>	D Employer Identification Number (EIN) <u>34-4427947</u>

Part I	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>75-3182674</u> <u>13-1614399</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>5</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

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>44.5%</u> Investment-Grade Debt: <u>23.8%</u> High-Yield Debt: <u>3.8%</u> Real Estate: <u>0.0%</u> Other: <u>27.9%</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

The Defined
Benefit Pension
Plan of
United Way of
Greater Toledo
and
Affiliated
Agencies



Years Ended
December 31,
2015 and 2014

Financial
Statements
and
Supplementary
Information

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

TABLE OF CONTENTS	PAGE
Independent Auditors' Report	1-2
Financial Statements for the Years Ended December 31, 2015 and 2014	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-15
Supplementary Information as of and for the Year Ended December 31, 2015	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	16-25
Schedule H, Line 4j - Schedule of Reportable Transactions	26

INDEPENDENT AUDITORS' REPORT

October 14, 2016

Plan Administrator
The Defined Benefit Pension Plan of United Way of
Greater Toledo and Affiliated Agencies
Toledo, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of *The Defined Benefit Pension Plan of United Way of Greater Toledo and Affiliated Agencies* (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, 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.

Independent Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 information summarized in Note 3, which was certified by Matrix Trust Company, formerly Wilmington Trust Company, the trustee 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 trustee holds the Plan's investment assets and executes the investment transactions. The Plan Administrator has obtained certifications from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan Administrator by the trustee 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.

Supplemental Schedules

The supplemental schedules of assets (held at end of year) and of reportable transactions as of and for the year ended December 31, 2015, 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 these financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Rehmann Lohman LLC

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	December 31	
	2015	2014
Investments at fair value		
Common and preferred stocks	\$ 10,355,111	\$ 14,740,241
Mutual funds	7,148,059	5,325,009
Interest-bearing cash	5,168,912	1,112,000
Exchange traded funds	3,655,391	1,482,541
Corporate and municipal bonds	5,979,653	7,093,144
Government and agency securities	213,250	-
Commercial mortgage and asset backed securities	1,142,478	1,311,640
Hedge funds	4,825,587	4,749,913
Money market fund	832,788	456,802
Total investments at fair value	39,321,229	36,271,290
Other assets		
Investment income receivable	70,475	80,748
Noninterest-bearing cash	584,437	653,712
Employers' contributions receivable	107,828	183,401
Total other assets	762,740	917,861
Total assets (equal to net assets available for benefits)	\$ 40,083,969	\$ 37,189,151

The accompanying notes are an integral part of these financial statements.

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31	
	2015	2014
Additions to net assets attributed to		
Investment income - dividends and interest	\$ 872,736	\$ 994,197
Net (depreciation) appreciation in fair value of investments	(1,436,279)	1,081,807
Employers' contributions	6,444,327	1,286,844
Total additions	5,880,784	3,362,848
Deductions from assets attributed to		
Benefits paid to participants	2,158,659	2,009,447
Administrative and other expenses	827,307	646,806
Total deductions	2,985,966	2,656,253
Net increase	2,894,818	706,595
Net assets available for benefits		
Beginning of year	37,189,151	36,482,556
End of year	\$ 40,083,969	\$ 37,189,151

The accompanying notes are an integral part of these financial statements.

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following brief description of *The Defined Benefit Pension Plan of United Way of Greater Toledo and Affiliated Agencies* (the "Plan") is provided for general information purposes only. Reference should be made to the Plan agreement for more complete information.

Description of the Plan

General

The Plan is a defined benefit, noncontributory plan which provides pension, death and disability benefits to employees of the *United Way of Greater Toledo* (the "Plan Sponsor") and thirty-seven affiliated nonprofit agencies (collectively, the "Participating Employers"), of which twenty-eight are active at December 31, 2015. Participants must be at least 21 years old and have completed at least one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

In September 2003, the Board of Trustees (the "Board") of the Plan Sponsor approved an amendment to the Plan which provided that benefit accrual service ceased to accrue for any participant as of December 31, 2003, and that final average earnings will not include any compensation earned by any participant after that date. As such, the Plan covers substantially all eligible employees of the Participating Employers hired before December 31, 2003. The frozen Plan and corresponding trust will remain in existence as long as necessary to pay accumulated Plan benefits.

Upon ratification by all affiliated agencies in October 2015, the Board approved an amendment to the Plan that permits Participating Employers to withdraw from the Plan based on terms and conditions set forth in the withdrawal policy. Under the policy, a Participating Employer requesting withdrawal from the Plan will be subject to a withdrawal cost equal to the sum of their portion of the unfunded termination liability of the Plan as calculated by the Plan's actuary plus an additional 25%. Two Participating Employers elected to withdraw during 2015 at a total withdrawal cost of \$5,157,098. This amount has been included in employers' contributions for the year ended December 31, 2015. In June 2016, another Participating Employer elected to withdraw from the Plan at a total withdrawal cost of \$345,145.

Funding Policy

Contributions are not to be less than amounts that are required to be contributed on the basis of accepted actuarial procedures to fund past service costs. The Board approved a funding policy that requires contributions to the Plan each year to be the greater of approximately \$1,300,000 or the minimum required contributions, beginning with the 2010 Plan year. Contributions of \$6,502,122 in 2015 (including the \$5,157,098 withdrawal cost discussed above) and \$1,286,844 in 2014 exceeded the minimum required contributions.

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

NOTES TO FINANCIAL STATEMENTS

Pension Benefits

The Plan provides retirement benefits based on participants' final average earnings, as defined in the Plan agreement, and years of benefit accrual service. The normal form of benefit for a married participant is the joint and survivor annuity that provides a 66.67% benefit to the surviving spouse. The Plan also provides for other forms of annuities as well as lump-sum distributions for participants with an accrued benefit with a present value that does not exceed \$5,000. Prior to March 1, 1996, annuity contracts were purchased upon retirement for participants qualified to receive benefits under the Plan. These annuity contracts and related benefit obligations are excluded from the assets of the Plan and its accumulated Plan benefits. After March 1, 1996, the Plan was amended to provide that monthly benefits payable under the Plan be provided from the funds held by the Plan, as opposed to being paid through the purchase of annuity contracts.

Death and Disability Benefits

If an active participant dies prior to their retirement date with at least five years of service, a benefit is payable to the beneficiary as defined in the Plan agreement. Active participants who become totally disabled do not receive disability benefits, however, those receiving Social Security disability benefits will continue to accrue service for benefit accrual and vesting purposes until early or normal retirement age, at which time disabled participants begin receiving retirement benefits computed as though they had been employed to the specified retirement age with their annual compensation calculated as defined in the Plan agreement.

Vesting

All participants in the Plan are fully vested.

Administrative Expenses

Salaries related to the administration of the Plan, are paid by the Plan Sponsor and qualify as party-in-interest transactions which are exempt from prohibited transaction rules. Fees for trustee, audit, legal, investment advisory, actuarial, and record keeping services are paid by the Plan.

Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosures 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.

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

NOTES TO FINANCIAL STATEMENTS

Investment Valuation 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. Plan management determines the Plan's valuation policies utilizing information provided by the trustee. See Note 4 for a discussion of fair value measurements.

Purchases and sales of investments 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for certain investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, these management fees and operating expenses are reflected as a reduction of net appreciation or an addition to net depreciation in fair value of investments.

Contributions

Contributions are recorded in the Plan year they become obligations of the Participating Employers.

Payment of Benefits

Benefit payments to participants or their beneficiaries are recorded when paid.

New Accounting Pronouncement

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)*. This ASU removes the requirement to make certain disclosures as well as categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value ("NAV") as a practical expedient. The ASU is effective for fiscal years beginning after December 15, 2016, with early adoption permitted. Plan management has elected to adopt the ASU for the year ended December 31, 2015. Other than the change to disclosures, the adoption of this standard did not have a material impact on the financial statements.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general investment type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however,

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

NOTES TO FINANCIAL STATEMENTS

plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Parts I and III are not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Plan management has elected to adopt Part II early, and other than the change to disclosures, the early adoption did not have a material impact on the financial statements.

Subsequent Events

In preparing these financial statements, Plan management has evaluated, for potential recognition or disclosure, significant events or transactions that occurred during the period subsequent to December 31, 2015, the most recent statement of net assets available for benefits presented herein, through October 14, 2016, the date these financial statements were available to be issued. No significant events or transactions of this nature were identified other than the June 2016 withdrawal of a Participating Employer described above.

2. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by participants prior to the date the Plan was frozen. Accumulated plan benefits include estimated benefits to be paid to retired or terminated participants or their beneficiaries and present participants or their beneficiaries.

Benefits for retired or terminated participants or their beneficiaries are based on those participants' average annual earnings during the five consecutive calendar years out of the last ten completed years of service, which produce the highest average earnings. Due to the Plan's frozen status, final average earnings will not include any compensation after December 31, 2003, and benefit accrual service ceased to accrue as of that date. Benefits payable under all circumstances, (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to service rendered prior to the Plan being frozen.

The actuarial present value of accumulated plan benefits is determined by Findley Davies, Inc., the Plan's actuary, and 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 retirement, death, disability or withdrawal) between the valuation date and the expected date of payment.

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

NOTES TO FINANCIAL STATEMENTS

The actuarial present value of accumulated plan benefits is as follows as of the valuation dates of January 1:

	2016	2015
Vested benefits		
Participants currently receiving payments	\$ 19,499,062	\$ 18,105,938
Other participants	<u>16,177,656</u>	<u>17,386,833</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 35,676,718</u>	<u>\$ 35,492,711</u>

Changes in the actuarial present value of accumulated plan benefits are as follows for the valuation years ended January 1:

	2016	2015
Actuarial present value of accumulated plan benefits at beginning of year	\$ 35,492,711	\$ 33,638,311
Change attributable to		
Change in actuarial assumptions	-	1,557,812
Decrease in the discount period	2,582,468	2,612,233
Benefits paid to participants	(2,158,659)	(2,009,447)
Benefits accumulated, including (gains) and losses	<u>(239,802)</u>	<u>(306,198)</u>
Net change	<u>184,007</u>	<u>1,854,400</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 35,676,718</u>	<u>\$ 35,492,711</u>

The significant actuarial assumptions used in calculating accumulated plan benefits are as follows as of January 1, 2016:

Valuation interest rate	7.5%
Retirement age	Normal retirement age (65), or immediate, if past the normal retirement age
Participant withdrawal rates	None
Mortality basis	RP-2000 Static Non-Generational mortality table for males and females

All actuarial methods and assumptions used as of January 1, 2016 were consistent with those used as of January 1, 2015. These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

NOTES TO FINANCIAL STATEMENTS

3. INVESTMENTS

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Matrix Trust Company, formerly Wilmington Trust Company, as trustee, has certified the completeness and accuracy of the investment information reflected in (1) the accompanying statements of net assets available for benefits as of December 31, 2015 and 2014, (2) the supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended December 31, 2015, and (3) the related investment activity reflected in the statements of changes in net assets available for benefits during 2015 and 2014. Matrix Trust Company has also certified the completeness and accuracy of the investment income receivable and noninterest-bearing cash as of December 31, 2015 and 2014.

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in markets that are not active;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy of each of the Plan's assets and liabilities is based on the lowest level of any input that is significant to the fair value measurements. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

NOTES TO FINANCIAL STATEMENTS

The following is a description of the valuation methodologies used for assets measured at fair value. For financial assets recorded at fair value, the description includes an indication of the level of the fair value hierarchy in which the assets are classified. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Common and preferred stocks and exchange traded funds: Shares of common and preferred stocks and exchange traded funds are valued at quoted market prices reported in an active market and are classified as Level 1.

Mutual funds: Shares held in mutual funds are valued at quoted market prices that represent the NAV of shares held by the Plan at year end and are classified as Level 1. The NAV is based on the value of the underlying assets owned by the fund, less its liabilities, then divided by the number of shares outstanding. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Interest-bearing cash: The fair value of the interest-bearing cash is based on the prevailing interest yields and these investments are classified as Level 2.

Corporate and municipal bonds and government and agency securities: Values are estimated using benchmark yields, recently executed transactions, market price quotations (where observable), bond spreads, two-sided markets, benchmark securities, bids, offers and reference data including market research publications. Corporate bonds and government and agency securities are classified as Level 2.

Commercial mortgage and asset backed securities: Fair value is based on yields currently available for comparable securities and these investments are classified as Level 2.

Hedge funds: These investments are not traded in a market that is active and are valued using the NAV of shares held by the plan on a monthly basis as determined by the issuer and, therefore, are not assigned a level in the fair value hierarchy. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets owned by the fund net of investment management fees. The practical expedient is not used when it is determined to be probable that the investment will be sold for an amount different than the reported NAV.

Money market fund: The money market fund is comprised of debt securities, primarily repurchase agreements and commercial paper, with individual maturities of generally 3 months or less and an average maturity of 60 days or less. The composition of the fund is structured to maintain a value of \$1 per share. This money market fund is classified as Level 2.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

NOTES TO FINANCIAL STATEMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31:

2015	Level 1	Level 2	Level 3	Other (1)	Total
Common and preferred stocks	\$ 10,355,111	\$ -	\$ -	\$ -	\$ 10,355,111
Mutual funds	7,148,059	-	-	-	7,148,059
Interest-bearing cash	-	5,168,912	-	-	5,168,912
Exchange traded funds	3,655,391	-	-	-	3,655,391
Corporate and municipal bonds	-	5,979,653	-	-	5,979,653
Government and agency securities	-	213,250	-	-	213,250
Commercial mortgage and asset backed securities	-	1,142,478	-	-	1,142,478
Hedge funds	-	-	-	4,825,587	4,825,587
Government and agency	-	-	-	-	-
Money market fund	-	832,788	-	-	832,788
Total investments at fair value	\$ 21,158,561	\$ 13,337,081	\$ -	\$ 4,825,587	\$ 39,321,229

2014	Level 1	Level 2	Level 3	Other (1)	Total
Common and preferred stocks	\$ 14,740,241	\$ -	\$ -	\$ -	\$ 14,740,241
Mutual funds	5,325,009	-	-	-	5,325,009
Interest-bearing cash	-	1,112,000	-	-	1,112,000
Exchange traded funds	1,482,541	-	-	-	1,482,541
Corporate and municipal bonds	-	7,093,144	-	-	7,093,144
Commercial mortgage and asset backed securities	-	1,311,640	-	-	1,311,640
Hedge funds	-	-	-	4,749,913	4,749,913
Money market fund	-	456,802	-	-	456,802
Total investments at fair value	\$ 21,547,791	\$ 9,973,586	\$ -	\$ 4,749,913	\$36,271,290

(1) Certain investments are measured at NAV per share (or its equivalent) on a market that is not active and have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

NOTES TO FINANCIAL STATEMENTS

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. Plan management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

The following tables set forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31:

Investment Type	2015			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hedge funds				
ACL Alternative Fund	\$ 1,190,990	\$ -	Daily	Daily
Ironwood Institutional Multi-Strategy Fund LLC	2,119,301	-	Semi-annual	95 days
Private Advisors Hedged Equity Fund Ltd Series 0113	1,515,296	-	Quarterly	65 days

Investment Type	2014			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hedge funds				
ACL Alternative Fund	\$ 1,148,738	\$ -	Daily	Daily
Ironwood Institutional Multi-Strategy Fund LLC	2,103,627	-	Semi-annual	95 days
Private Advisors Hedged Equity Fund Ltd Series 0113	1,497,548	-	Quarterly	65 days

The following is a description of the investment strategies for investments in certain entities that calculate net asset value per share (or its equivalent) at December 31, 2015 or 2014:

Hedge Funds: These funds seek long-term capital appreciation above historical equity returns with volatility that is lower than that of the equity market by investing with investment advisors and fund managers that have a history of high returns and low volatility.

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

NOTES TO FINANCIAL STATEMENTS

5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Morgan Stanley Smith Barney ("MSSB"). MSSB is the custodian and investment advisor of the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan to Matrix Trust Company, trustee of the Plan, MSSB and other parties-in-interest for audit, legal, actuarial and record keeping services amounted to \$454,539 in 2015 and \$377,788 in 2014.

6. TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated January 15, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, that the Plan is qualified and the related trust is tax exempt.

The Plan Administrator has analyzed the income tax positions taken by the Plan and has concluded that, as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan may be subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2012.

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan Sponsor has the right to terminate the Plan subject to certain provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan would 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. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- B. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC"), a U.S. government agency, up to the applicable limitations (discussed subsequently).
- C. All other vested benefits (that is, vested benefits not insured by the PBGC).

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

NOTES TO FINANCIAL STATEMENTS

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.

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.

It is the Board's intention to terminate the Plan when the assets of the Plan are sufficient to annuitize the Plan's remaining obligations.

8. 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 fair 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 and the statements of changes in 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 estimations and assumptions 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.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

Contributions on the Form 5500 are based on the actuarial information included in Schedule SB and generally represent contributions received through the actuarial report date.

The following is a reconciliation of changes in net assets available for benefits reported in these financial statements to the amounts reported on Schedule H of Form 5500 for the year ended December 31, 2014:

Change in net assets available for benefits reported in these financial statements	\$ 706,595
Difference in employers' contributions recorded	<u>14,240</u>
Change in net assets available for benefits reported on Schedule H of Form 5500	<u>\$ 720,835</u>

■ ■ ■ ■ ■

SUPPLEMENTARY INFORMATION

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2015 Valuation
Retirement Plan for the Employees of United Way of Greater Toledo & Affiliated Agencies
(EIN: 34-4427947; PN: 333)

Attained Age	Years of Credited Service									
	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
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-
30 to 34	-	1 (*)	-	-	-	-	-	-	-	-
35 to 39	1 (*)	10 (*)	1 (*)	-	-	-	-	-	-	-
40 to 44	-	12 (*)	9 (*)	-	-	-	-	-	-	-
45 to 49	6 (*)	14 (*)	12 (*)	5 (*)	-	-	-	-	-	-
50 to 54	2 (*)	11 (*)	10 (*)	4 (*)	3 (*)	-	-	-	-	-
55 to 59	4 (*)	12 (*)	8 (*)	6 (*)	3 (*)	4 (*)	-	-	-	-
60 to 64	2 (*)	12 (*)	9 (*)	7 (*)	5 (*)	5 (*)	3 (*)	-	-	-
65 to 69	1 (*)	5 (*)	5 (*)	3 (*)	4 (*)	1 (*)	1 (*)	-	-	-
70 & up	1 (*)	2 (*)	2 (*)	-	-	-	-	1 (*)	-	-

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

<i>Interest Rates</i>	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%
<i>Salary Scale</i>	None
<i>Mortality</i>	RP-2000 Static Non-Generational Mortality Table as described in Regulation 1.430 (n)(3) projected by scale AA to between 7 and 15 years beyond the year of the obligation (male and female) with different rates for annuitant/non-annuitant.
<i>Rates of Retirement</i>	100% at 65.
	Weighted Average Retirement Age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.
<i>Rates of Disability</i>	None
<i>Rates of Turnover</i>	All actives are assumed to work until Normal Retirement.
<i>Assumptions Made In Valuing Spouse's Benefit</i>	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.
<i>Optional Form Election</i>	All employees are assumed to elect the life annuity benefit.
<i>Annual Increases to Maximum Benefits and Plan Compensation Limits</i>	0.00%
<i>Annual Increases to Social Security</i>	0.00%

APPENDIX B (Continued)

Provision for Expenses

The expected administrative (i.e. non-investment) expenses that will be paid from plan assets were included in the Normal Cost for minimum contribution purposes.

Asset Method

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

Funding Method

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.

The present value of the individual's future normal costs on the valuation date equals the present value of future benefits less the accrued liability.

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.

Multiple-Employer Plan Participating Employer Information
Employee Benefits Plan of United Way of Greater Toledo
2015 Form 5500 Part 1 A
EIN/PN: 34-4427947 / 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 Toledo	34-4427947	8.12%
Family Service of Northwest Ohio	34-4428488	6.41%
International Institute of Greater Toledo, Inc.	34-4431870	0.60%
Toledo Day Nursery	34-4465880	2.75%
Harbor Behavioral Healthcare	34-4434924	22.69%
Catholic Social Services of Toledo (Catholic Charities)	34-4428254	5.71%
Toledo District Nurse Association	34-4427949	17.38%
The Toledo Society for the Blind (The Sight Center of Northwest Ohio)	34-4428258	2.30%
UJC Holdings, Incorporated (Jewish Community Center)	34-4428223	1.95%
Jewish Family Service	34-4428257	0.80%
James C. Caldwell Community Center	34-4316930	1.38%
East Toledo Family Center	34-4429426	1.25%
Girl Scouts of Maumee Valley Council	31-0679091	4.07%
The Catholic Club	34-4428936	0.98%
Frederick Douglass Community Association	34-4429189	0.59%
Friendly Center, Inc.	34-4428217	0.80%
Dental Center of Northwest Ohio	34-4441883	0.99%
Lutheran Social Services	34-4428225	4.36%
Safety Council of Northwest Ohio	34-0872610	0.65%
Mobile Meals of Toledo	34-1019610	0.66%
Area Office on Aging	34-1310295	7.58%
Toledo Community Foundation	23-7284004	1.30%
Kidney Foundation of Northwestern Ohio	34-1133682	0.28%
Family & Child Abuse Prevention Center	34-1375936	1.09%
United Way of Henry County	34-1359317	0.28%
Central-Lagrange Senior Center (Chester Zablocki Senior Center)	34-1354379	0.22%
Senior Centers, Inc.	34-1197082	0.41%
Life Connection of Ohio	31-1285637	2.84%
Family House	34-1556086	0.39%
NAMI of Greater Toledo	34-1723306	0.31%
Visiting Nurse Corporation	34-4427949	0.87%
Health Planning Association	34-0896356	0.00%
Northwest Ohio Health Planning, Inc.	34-1376261	0.00%
Toledo-Lucas County Council for Human Services	34-4428255	0.00%
United Health Services	34-1084073	0.00%
Toledo Hearing & Speech Center	34-4428992	0.00%
Connecting Point	23-7437319	0.00%
Parents Helping Parents (A Place for Parents)	34-1790232	0.00%
		100.00%

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER AFFILIATED AGENCIES

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2015

PLAN #333

EIN 34-4427947

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
a) A single transaction in excess of 5% of the current value of Plan assets						
Morgan Stanley Smith Barney	Morgan Stanley Bank Deposit Program	\$ 5,157,098	\$ -	\$ 5,157,098	\$ 5,157,098	\$ -
c) A series of transactions with respect to securities of the same issue which amount in the aggregate to more than 5% of the current value of Plan assets:						
Morgan Stanley Smith Barney	Morgan Stanley Bank Deposit Program					
	26 purchases	5,457,460	-	5,457,460	5,457,460	-
	33 sales	-	1,400,549	1,400,549	1,400,549	-

There were no reportable transactions under categories b) or d) during 2015.

The above information has been certified by Matrix Trust Company, trustee of the Plan, as complete and accurate.

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

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 THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES		B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF United Way Of Greater Toledo		D Employer Identification Number (EIN) 34-4427947
E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value.....		2a	37,189,151
b Actuarial value.....		2b	38,702,356
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.....	556	20,035,271	20,035,271
b For terminated vested participants.....	710	13,457,425	13,458,425
c For active participants.....	207	6,545,190	6,545,190
d Total.....	1,473	40,037,886	40,038,886
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	6.24%
6 Target normal cost.....		6	575,000

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	<u>AKC</u>	<u>9/13/16</u>
Signature of actuary		Date
AMY L. KENNEDY		1407365
Type or print name of actuary		Most recent enrollment number
FINDLEY DAVIES, INC.		419-255-1360
Firm name		Telephone number (including area code)
ONE SEAGATE, SUITE 2050		
TOLEDO OH 43604		
Address of the firm		

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

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

Schedule SB (Form 5500) 2015
v. 150123

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
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).....		0
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>6.45</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	96.66%
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	95.85%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

b If 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: %	2nd segment: %	3rd segment: %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22
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	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

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

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

41 If 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 SB, line 22 – Description of Weighted Average Retirement Age
Employee Benefits Plan of United Way of Greater Toledo
January 1, 2015 Valuation
EIN/PN: 34-4427947 / 333

Rates of Retirement

100% at 65.

Weighted Average Retirement Age is 65. 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
Employee Benefits Plan of United Way of Greater Toledo
January 1, 2015
EIN/PN: 34-4427947 / 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, Line 3 – Contributions Made to Plan
Employee Benefits Plan of United Way of Greater Toledo
January 1, 2015 Valuation
EIN/PN: 34-4427947 / 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
01/06/2015	\$ 1,575.00	\$ 0.00	\$ 116.00
04/06/2015	299,023.75	0.00	16,370.00
04/09/2015	18,376.50	0.00	995.00
04/27/2015	14,495.25	0.00	730.00
04/30/2015	3,050.75	0.00	152.00
06/15/2015	8,971.00	0.00	361.00
07/06/2015	226,963.75	0.00	8,148.00
07/24/2015	54,109.50	0.00	1,743.00
08/07/2015	17,061.25	0.00	501.00
08/17/2015	5,616.75	0.00	153.00
10/01/2015	238,668.75	0.00	4,342.00
10/13/2015	57,059.00	0.00	900.00
10/26/2015	4,112.50	0.00	54.00
11/17/2015	898.78	0.00	8.00
12/18/2015	34,340.75	0.00	89.00
12/24/2015	243,709.00	0.00	338.00
12/24/2015	4,913,389.00	0.00	6,819.00
12/28/2015	195,077.00	0.00	116.00
01/04/2016	16,769.28	0.00	0.00
01/08/2016	54,194.75	0.00	0.00
01/22/2016	5,132.00	0.00	0.00
02/01/2016	9,496.50	0.00	0.00
03/14/2016	14,495.25	0.00	0.00
04/04/2016	<u>3,601.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL	\$ 6,440,187.06	\$ 0.00	\$ 41,935.00

APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

<i>Plan Sponsor</i>	United Way of Greater Toledo
<i>EIN/PN</i>	34-4427947/333
<i>Effective Date</i>	January 1, 1975; last amendment effective November 1, 2011
<i>Other Information</i>	This Plan qualifies as an Eligible Charity Plan.
<i>Plan Year</i>	The 12-month period beginning each January 1.
<i>Participation</i>	Any employee participates on the first day of the month coinciding with or next following the date he has both attained age 21 and completed one Year of Service. (A Year of Service is a Plan Year in which an employee is paid for at least 1,000 hours.) No new participants will be added to the plan on or after December 31, 2003.
<i>Compensation</i>	Total wages, salary, fees and amounts received for personal service rendered in the course of employment, including contributions made to a salary reduction or deferred compensation plan. Prior to 2002, compensation for any plan year is limited to \$150,000 adjusted for increases as prescribed by the Secretary of the Treasury. For the 2002 plan year, the plan recognizes the limit of \$200,000 including retroactively for years prior to 2002. For years after 2002, the \$200,000 limit will be indexed for inflation.
<i>Final Average Earnings</i>	<p>The annual Compensation of a Participant averaged over the 5 consecutive completed calendar years of employment during which the Participant is credited with Benefit Accrual Service, including periods prior to the Effective Date of the Plan, which produce the highest average within the last consecutive ten (10) completed calendar years coincident with or preceding termination of employment.</p> <p>Final Average Compensation does not include Compensation earned after December 31, 2003.</p>
<i>Social Security Average Monthly Wage</i>	Monthly average of the Social Security Taxable Wage Bases for the 35 calendar years ending with the year the participant attains Social Security Retirement Age.

APPENDIX A (Continued)

<i>Vesting Service</i>	<p>Elapsed time from the first day of employment until termination, expressed in the number of whole years represented by such sum, and for this purpose, fractional periods of a year will be expressed in terms of months.</p> <p>A participant will be 100% vested upon completion of 5 year of service or upon attaining age 55.</p>
<i>Benefit Accrual Service</i>	<p>Elapsed time from date of participation expressed as years and months. Benefit Accrual Service is frozen as of December 31, 2003.</p>
<i>Benefit Formula</i>	<p>The monthly Normal Retirement benefit is determined as the greater of (A) or (B):</p> <ul style="list-style-type: none"> (A) The Accrued Benefit as of the Fresh Start Date of December 31, 1988 determined under the provisions of the plan then in effect. (B) The sum of 1.375% of Final Average Earnings multiplied by Benefit Accrual Service and 0.65% of Final Average Earnings in excess of the Social Security Average Monthly Wage multiplied by benefit Accrual Service not greater than 35.
<i>Accrued Benefit</i>	<p>The Accrued Benefit is calculated under the Benefit Formula using the Final Average Earnings and Social Security Average Monthly Wage at date of determination assuming the Participant continues to earn Benefit Accrual Service until his Normal Retirement Age or date of determination, if later, and adjusted as follows:</p> <p>The portion of the retirement benefit based on total Benefit Accrual Service ((B) from Benefit Formula) is multiplied by a fraction, not to exceed one, equal to actual Benefit Accrual Service divided by projected Benefit Accrual Service at Normal Retirement Age. The multiplication by this factor does not apply the Frozen Accrued Benefit ((A) from Benefit Formula).</p>
<i>Normal Retirement</i>	<p><u>Eligibility:</u> Age 65.</p> <p><u>Monthly Benefit:</u> The Accrued Benefit.</p>
<i>Deferred Retirement</i>	<p><u>Eligibility:</u> After age 65.</p> <p><u>Monthly Benefit:</u> The Accrued Benefit at actual retirement date</p>

APPENDIX A (Continued)

Early Retirement

Eligibility:

Age 55

Monthly Benefit:

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

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.

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>
0-4	0%
5 or more	100%

All participants are 100% vested as of December 31, 2003.

Pre-Retirement Death Benefit

Eligibility:

Any vested participant.

Monthly Benefit:

A monthly benefit for life with 120 payments guaranteed and commencing at the time the participant would have first been eligible for retirement. The benefit is equal to 66 2/3% of the benefit vested on the date of death, payable for 10 years guaranteed, adjusted as appropriate for early commencement and the 66 2/3% Joint and Survivor Annuity with 10 years certain form of payment. The benefit is payable to the surviving spouse.

If participant dies prior to Early Retirement Age, the benefit is payable only to a surviving eligible spouse. If there is no eligible spouse, then no benefit is payable.

If participant dies on or after Early Retirement Age, then the amount is payable to the eligible spouse. If there is no eligible spouse, then the benefit is payable to surviving "Eligible Children" (under the age of 19). If there are no eligible children, then no benefit is payable. Standard survivor benefit for eligible children is the 120 months certain.

APPENDIX A (Continued)

Optional Forms Available

The following optional forms are available under this plan: life annuity; period certain and continuous annuity, with either a 120 or 180 month guarantee; joint and survivor annuity, with either 75% or 100% continuation.

The conversion factors are based on the 1983 Individual Annuity Mortality Table for females and 8.5% interest.

Benefits Available as Lump Sums

This plan pays small benefit amounts (lump sums less than \$1,000) automatically.

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, based on the \$200,000 limit adjusted for inflation.

Changes in Plan Provisions

None.

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

<i>Interest Rates</i>	<p>Funding:</p> <table> <tr> <td>a. Accrued Liability and Assets</td><td></td></tr> <tr> <td> (i) Pre-decrement</td><td>7.50%</td></tr> <tr> <td> (ii) Post-decrement</td><td>7.50%</td></tr> <tr> <td>b. RPA '94 Current Liability</td><td>6.81%</td></tr> </table> <p>ASC 960-20:</p> <table> <tr> <td> Present Value of Vested and Accumulated Benefits</td><td>7.50%</td></tr> </table>	a. Accrued Liability and Assets		(i) Pre-decrement	7.50%	(ii) Post-decrement	7.50%	b. RPA '94 Current Liability	6.81%	Present Value of Vested and Accumulated Benefits	7.50%
a. Accrued Liability and Assets											
(i) Pre-decrement	7.50%										
(ii) Post-decrement	7.50%										
b. RPA '94 Current Liability	6.81%										
Present Value of Vested and Accumulated Benefits	7.50%										
<i>Salary Scale</i>	None										
<i>Mortality</i>	RP-2000 Static Non-Generational Mortality Table as described in Regulation 1.430 (n)(3) projected by scale AA to between 7 and 15 years beyond the year of the obligation (male and female) with different rates for annuitant/non-annuitant.										
<i>Rates of Retirement</i>	<p>100% at 65.</p> <p>Weighted Average Retirement Age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.</p>										
<i>Rates of Disability</i>	None										
<i>Rates of Turnover</i>	All actives are assumed to work until Normal Retirement.										
<i>Assumptions Made In Valuing Spouse's Benefit</i>	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.										
<i>Optional Form Election</i>	All employees are assumed to elect the life annuity benefit.										
<i>Annual Increases to Maximum Benefits and Plan Compensation Limits</i>	0.00%										
<i>Annual Increases to Social Security</i>	0.00%										

APPENDIX B (Continued)

Provision for Expenses

The expected administrative (i.e. non-investment) expenses that will be paid from plan assets were included in the Normal Cost for minimum contribution purposes.

Asset Method

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

Funding Method

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.

The present value of the individual's future normal costs on the valuation date equals the present value of future benefits less the accrued liability.

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.

APPENDIX B (Continued)

***Changes in
Assumptions and
Methods since the Last
Actuarial Valuation***

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

The accrued liability interest rate was updated to better reflect current trends and allocation of assets.

The mortality for RPA '94 Current Liability purposes was changed as required under PPA '06.

***Justification for
Changing the Current
Liability Assumptions***

Assumption changes other than the prescribed assumptions were made to better anticipate future experience. We believe that no approval is required for these changes because the net effect of the assumption changes was to increase the liability, and the aggregate funding for PBGC purposes within the Controlled Group for this plan year does not exceed \$50,000,000.

**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 Defined Benefit Pension Plan of United Way of Greater Toledo	B Three-digit plan number ... ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ. United Way of Greater Toledo	D Employer Identification Number 34-4427947
E Type of plan: (1) ☐ Multiemployer (2) ☐ Single-employer (3) ☒ Multiple-employer	F ☐ 100 or fewer participants in prior plan year

Part II 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) 37,189,151
(2) Actuarial value of assets for funding standard account b(2) 38,702,356
c (1) Accrued liability for plans using immediate gain methods c(1) 35,492,771
(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**

AW

9/13/16

Signature of actuary	Date
Amy L. Kennedy	G 14-07365
Type or print name of actuary	Most recent enrollment number
Findley Davies, Inc.	(419) 255-1360
Firm name	Telephone number (including area code)

One Seagate, Suite 2050, Toledo, OH 43604

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

0 8 0 7 3 5 0 1 0 0



2015 Schedule SB, Line 27 - Actuarial Information Based on Pre-PPA Funding Rules

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)	37,857,465
(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)	37,857,465
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	2,551,269
(3) Expected plan disbursements for the plan year	d(3)	2,551,269

2 Operational information as of beginning of this plan year:			
a Current value of the assets (see instructions)		2a	37,005,750
b "RPA '94" current liability:			
	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments	556	18,969,344	18,969,344
(2) For terminated vested participants	710	12,708,425	12,708,425
(3) For active participants	207	6,179,696	6,179,696
(4) Total	1473	37,857,465	37,857,465
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
	6,440,187				
3 Totals ▶ (b)			(c)		
			6,440,187		

4 Quarterly contributions and liquidity shortfall(s):	
a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)	4a 101.12 %

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



2015 Schedule SB, Line 27 - Actuarial Information Based on Pre-PPA Funding Rules

Schedule B (Form 5500) 2007-2015

Page 3

Official Use Only

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	65	☐ N/A
c	Rates specified in insurance or annuity contracts	6c	☐ Yes ☒ No	☐ N/A
d	Mortality table code for valuation purposes:			
	(1) Males	d(1)	A	
	(2) Females	d(2)	A	
e	Valuation liability interest rate	6e	7.50 %	☐ N/A
f	Expense loading	6f	100.00 %	☐ N/A
g	Annual withdrawal rates:			
	(1) Age 25	g(1)	0 %	
	(2) Age 40	g(2)	0 %	
	(3) Age 55	g(3)	0 %	
h	Salary scale	6h	0.00 %	☐ N/A
i	Estimated investment return on actuarial value of assets for year ending on the valuation date	6i	8.00 %	
j	Estimated investment return on current value of assets for year ending on the valuation date	6j	8.00 %	

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

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



2015 Schedule SB, Line 27 - Actuarial Information Based on Pre-PPA Funding Rules

Schedule B (Form 5500) 2007-2015

Page 4

Official Use Only

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	575,000
c Amortization charges as of valuation date:		
(1) All bases except funding waivers	▶ (\$ 0)	c(1) 0
(2) Funding waivers	▶ (\$ 0)	c(2) 0
d Interest as applicable on lines 9a, 9b, and 9c	9d	43,125
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	618,125

Credits to funding standard account:

h Prior year credit balance, if any	9h	4,864,129
i Employer contributions. Total from column (b) of line 3	9i	6,440,187
		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	406,745
l Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	l(1) 4,023,455	
(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	11,711,061
o Credit balance: If line 9n is greater than line 9g, enter the difference	9o	11,092,936
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



2015 Schedule SB, Line 27 - Actuarial Information Based on Pre-PPA Funding Rules

Schedule B (Form 5500) 2007 2015

Page 5

Official Use Only

Part III Additional Information for Certain Plans Other Than Multiemployer Plans

Please see **Who Must File** in the Schedule B instructions to determine if you must complete Part III.

12 Additional required funding charge (see instructions):

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

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

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

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

and enter -0-. Otherwise, go to line 12b

12a 102.23 %

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

12b

c Adjusted value of assets (see instructions)

12c

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

12d %

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

12e

f Liability attributable to any unpredictable contingent event benefit

12f

g Outstanding balance of unfunded old liability

12g

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

12h

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

12i

j Unfunded old liability amount

12j

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

12k

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

12l

m Unpredictable contingent event amount:

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

m(1) 0

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

m(2) 0.00 %

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

m(3)

(4) Ammortization of all unpredictable contingent event liabilities

m(4)

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

m(5)

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

m(6)

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

12n

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

12o

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

12p

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

12q 0

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 Toledo
<i>EIN/PN</i>	34-4427947/333
<i>Effective Date</i>	January 1, 1975; last amendment effective November 1, 2011
<i>Other Information</i>	This Plan qualifies as an Eligible Charity Plan.
<i>Plan Year</i>	The 12-month period beginning each January 1.
<i>Participation</i>	Any employee participates on the first day of the month coinciding with or next following the date he has both attained age 21 and completed one Year of Service. (A Year of Service is a Plan Year in which an employee is paid for at least 1,000 hours.) No new participants will be added to the plan on or after December 31, 2003.
<i>Compensation</i>	Total wages, salary, fees and amounts received for personal service rendered in the course of employment, including contributions made to a salary reduction or deferred compensation plan. Prior to 2002, compensation for any plan year is limited to \$150,000 adjusted for increases as prescribed by the Secretary of the Treasury. For the 2002 plan year, the plan recognizes the limit of \$200,000 including retroactively for years prior to 2002. For years after 2002, the \$200,000 limit will be indexed for inflation.
<i>Final Average Earnings</i>	<p>The annual Compensation of a Participant averaged over the 5 consecutive completed calendar years of employment during which the Participant is credited with Benefit Accrual Service, including periods prior to the Effective Date of the Plan, which produce the highest average within the last consecutive ten (10) completed calendar years coincident with or preceding termination of employment.</p> <p>Final Average Compensation does not include Compensation earned after December 31, 2003.</p>
<i>Social Security Average Monthly Wage</i>	Monthly average of the Social Security Taxable Wage Bases for the 35 calendar years ending with the year the participant attains Social Security Retirement Age.

APPENDIX A (Continued)

<i>Vesting Service</i>	<p>Elapsed time from the first day of employment until termination, expressed in the number of whole years represented by such sum, and for this purpose, fractional periods of a year will be expressed in terms of months.</p> <p>A participant will be 100% vested upon completion of 5 year of service or upon attaining age 55.</p>
<i>Benefit Accrual Service</i>	<p>Elapsed time from date of participation expressed as years and months. Benefit Accrual Service is frozen as of December 31, 2003.</p>
<i>Benefit Formula</i>	<p>The monthly Normal Retirement benefit is determined as the greater of (A) or (B):</p> <ul style="list-style-type: none"> (A) The Accrued Benefit as of the Fresh Start Date of December 31, 1988 determined under the provisions of the plan then in effect. (B) The sum of 1.375% of Final Average Earnings multiplied by Benefit Accrual Service and 0.65% of Final Average Earnings in excess of the Social Security Average Monthly Wage multiplied by benefit Accrual Service not greater than 35.
<i>Accrued Benefit</i>	<p>The Accrued Benefit is calculated under the Benefit Formula using the Final Average Earnings and Social Security Average Monthly Wage at date of determination assuming the Participant continues to earn Benefit Accrual Service until his Normal Retirement Age or date of determination, if later, and adjusted as follows:</p> <p>The portion of the retirement benefit based on total Benefit Accrual Service ((B) from Benefit Formula) is multiplied by a fraction, not to exceed one, equal to actual Benefit Accrual Service divided by projected Benefit Accrual Service at Normal Retirement Age. The multiplication by this factor does not apply the Frozen Accrued Benefit ((A) from Benefit Formula).</p>
<i>Normal Retirement</i>	<p><u>Eligibility:</u> Age 65.</p> <p><u>Monthly Benefit:</u> The Accrued Benefit.</p>
<i>Deferred Retirement</i>	<p><u>Eligibility:</u> After age 65.</p> <p><u>Monthly Benefit:</u> The Accrued Benefit at actual retirement date</p>

APPENDIX A (Continued)

Early Retirement

Eligibility:

Age 55

Monthly Benefit:

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

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.

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>
0-4	0%
5 or more	100%

All participants are 100% vested as of December 31, 2003.

Pre-Retirement Death Benefit

Eligibility:

Any vested participant.

Monthly Benefit:

A monthly benefit for life with 120 payments guaranteed and commencing at the time the participant would have first been eligible for retirement. The benefit is equal to 66 2/3% of the benefit vested on the date of death, payable for 10 years guaranteed, adjusted as appropriate for early commencement and the 66 2/3% Joint and Survivor Annuity with 10 years certain form of payment. The benefit is payable to the surviving spouse.

If participant dies prior to Early Retirement Age, the benefit is payable only to a surviving eligible spouse. If there is no eligible spouse, then no benefit is payable.

If participant dies on or after Early Retirement Age, then the amount is payable to the eligible spouse. If there is no eligible spouse, then the benefit is payable to surviving "Eligible Children" (under the age of 19). If there are no eligible children, then no benefit is payable. Standard survivor benefit for eligible children is the 120 months certain.

APPENDIX A (Continued)

Optional Forms Available

The following optional forms are available under this plan: life annuity; period certain and continuous annuity, with either a 120 or 180 month guarantee; joint and survivor annuity, with either 75% or 100% continuation.

The conversion factors are based on the 1983 Individual Annuity Mortality Table for females and 8.5% interest.

Benefits Available as Lump Sums

This plan pays small benefit amounts (lump sums less than \$1,000) automatically.

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, based on the \$200,000 limit adjusted for inflation.

Changes in Plan Provisions

None.

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

PLAN #333

EIN 34-4427947

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common and preferred stocks			
	Abbott Laboratories	1,595 shares	\$ 60,724	\$ 71,631
	Abbvie Inc	620 shares	37,002	36,729
	ACI Worldwide Inc	402 shares	9,720	8,603
	Adobe Systems Inc.	595 shares	39,534	55,894
	Aetna Inc	228 shares	11,756	24,651
	Agilent Technologies	735 shares	32,107	30,730
	Agios Pharmaceuticals Inc	43 shares	4,638	2,792
	Aia Group Ltd Spon ADR	3,559 shares	69,122	85,790
	Air Liquide ADR France ADR	2,658 shares	65,147	59,619
	Akorn Inc	380 shares	10,896	14,178
	Akzo Nobel Sponsored ADR NV	3,360 shares	76,959	74,642
	Alexion Pharmaceutical	255 shares	38,315	48,641
	Alibaba Group Holding-Sp ADR	500 shares	44,157	40,635
	Align Technology Inc.	193 shares	10,352	12,709
	Allergan plc	105 shares	29,791	32,812
	Allianz SE - ADR	4,216 shares	66,410	74,286
	Allstate Corp	329 shares	17,689	20,428
	Alphabet Inc CL A	170 shares	94,990	132,262
	Alphabet Inc CL C	116 shares	59,033	88,030
	Amag Pharmaceuticals Inc	73 shares	4,847	2,204
	Amazon Com Inc	180 shares	56,852	121,660
	Amdocs Ltd	601 shares	22,308	32,797
	American Electric Power Co	302 shares	12,785	17,598
	American Express Co.	345 shares	29,048	23,995
	American International Group	409 shares	18,643	25,346
	American Tower REIT Inc	275 shares	23,274	26,661
	Anacor Pharmaceuticals Inc	38 shares	4,262	4,293
	Anadarko Pete Corp.	585 shares	47,349	28,419
	Anheuser Busch Inbev	377 shares	38,976	47,125
	Apple Inc	1,065 shares	96,574	112,102
	Applied Material	530 shares	9,009	9,895
	Archer Daniels Midland	459 shares	15,782	16,836
	Arm Holdings Plc Spon ADR	1,755 shares	77,758	79,396
	ARRIS Group Inc	600 shares	17,934	18,342
	Aryzta Ag-Unspon ADR	944 shares	28,339	24,251
	Ashland Inc.	193 shares	14,890	19,821
	Assured Guranty Ltd	965 shares	18,934	25,505
	Astrazeneca Plc Sponsored ADR	1,179 shares	39,482	40,027
	Atlas Copco Ab-Spons ADR	1,317 shares	35,520	32,160
	Autoliv Inc.	182 shares	11,469	22,708
	Avis Budget Group Inc	191 shares	11,433	6,931
	Aviva PLC ADR	4,160 shares	64,396	63,274
	B/E Aerospace Inc	129 shares	6,473	5,466
	Baidu Inc	327 shares	67,197	61,816
	Balfour Beatty Plc-Spon ADR	2,082 shares	16,699	17,072
	Banco Bilbao Vizcaya ADR	3,394 shares	40,810	24,878
	BankUnited Inc	812 shares	25,177	29,281
	Barclays Plc ADR	4,025 shares	64,701	52,164
	Baxalta Inc	900 shares	27,515	35,127
	Bayer Ag Sponsored ADR	255 shares	33,524	31,833
	BB&T Corp	1,165 shares	41,096	44,049
	Bg Group Plc New	3,449 shares	60,508	50,079

(Continued)

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

PLAN #333

EIN 34-4427947

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Biogen Inc	214 shares	\$ 64,685	\$ 65,559
	Biomarin Pharmaceutical	275 shares	29,606	28,809
	Bitauto Holdings Ltd ADR	154 shares	6,714	4,355
	BMW Un-sponsored ADR	1,355 shares	50,577	47,242
	Bnp Paribas ADR	1,256 shares	43,036	35,495
	Boeing Company	290 shares	29,651	41,931
	Bristol-Myers Squibb Co	840 shares	49,522	57,784
	British American Tobacco	702 shares	75,952	77,536
	Broadsoft Inc	126 shares	4,818	4,455
	Brookdale Senior Living Inc	995 shares	20,302	18,368
	Bunge Limited Com	665 shares	49,344	45,406
	Burlington Stores Inc	236 shares	14,028	10,124
	Cable One Inc	60 shares	24,610	26,020
	Caixabank- Unspn ADR	28,310 shares	43,186	31,990
	Canadian Natl Ry Co	804 shares	43,656	44,928
	Capital One Financial Corp Com	754 shares	49,749	54,424
	Carnival PLC ADR	860 shares	33,852	48,951
	Carrizo Oil & Gas Inc	247 shares	10,473	7,306
	Carter's Inc	92 shares	9,488	8,191
	Caseys General Stores	335 shares	21,505	40,351
	CBRE Group Inc	568 shares	10,537	19,641
	Celgene Corp	430 shares	42,383	51,497
	Centene Corp	232 shares	8,787	15,268
	CenturyLink Inc	860 shares	27,724	21,638
	Chevron Corp	324 shares	33,113	29,147
	China Mobile Ltd ADR	755 shares	43,797	42,529
	CIE Financiere Rich-Unsp ADR	4,580 shares	37,891	32,610
	Ciena Corp	524 shares	11,558	10,842
	Cisco Systems Inc	710 shares	16,388	19,280
	Citigroup Inc	1,483 shares	80,122	76,745
	Citizens Financial Group	1,005 shares	23,444	26,321
	Clariant AG Un-sponsored ADR	1,264 shares	25,231	24,294
	Cnooc Ltd Spd ADR	420 shares	62,429	43,840
	Coca-Cola Company	1,065 shares	43,509	45,752
	Coloplast AS- Unspn ADR	1,815 shares	12,548	14,711
	Concho Resources Inc	176 shares	21,371	16,343
	Conocophillips	439 shares	26,650	20,497
	Core Laboratories NV	57 shares	9,360	6,198
	Costco Wholesale Corp-New	276 shares	32,103	44,574
	Crown Holdings Inc	650 shares	24,373	32,955
	CSL Ltd Sponsored ADR	1,243 shares	37,688	47,601
	Cummins Inc	144 shares	16,589	12,673
	CVS Health Corp	610 shares	40,697	59,640
	Danaher Corp Del	232 shares	18,632	21,548
	Darling Ingredients Inc	2,290 shares	36,462	24,091
	Dassault Sys S.A.-ADR	1,238 shares	75,003	99,226
	DBS Group Hldgs Ltd. Spon ADR	627 shares	34,345	29,278
	Devon Energy Corp New	392 shares	24,093	12,544
	Dexcom Inc	168 shares	7,185	13,759
	Diageo Plc Spon ADR New	335 shares	37,429	36,538
	Diamondback Energy Inc	119 shares	9,676	7,961
	Dillard's Department Store	93 shares	7,277	6,111
	Disney Walt Co	519 shares	33,184	54,537

(Continued)

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

PLAN #333

EIN 34-4427947

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Dolby Laboratories Inc A	235 shares	\$ 8,792	\$ 7,908
	Domtar Corp	650 shares	28,409	24,018
	Dunkin' Brands Group Inc	182 shares	9,630	7,751
	East Japan Railway Co ADR	3,828 shares	51,710	60,042
	Ebay Inc	1,403 shares	35,379	38,554
	Emc Corp(mass)com	855 shares	22,820	21,956
	Enanta Pharmaceuticals Inc	270 shares	11,503	8,915
	Engie ADR	3,075 shares	66,813	54,120
	Ensco PLC	782 shares	29,282	12,035
	Entegris Inc	762 shares	6,847	10,112
	Entergy Corp	255 shares	16,205	17,432
	Eog Resources Inc	365 shares	33,710	25,838
	F5 Networks Inc.	135 shares	13,230	13,090
	Facebook Inc-A	1,145 shares	76,542	119,836
	Fanuc Ltd Unsp ADR	2,328 shares	65,481	67,058
	Fireeye Inc	196 shares	9,070	4,065
	First Republic Bank/San Fran	249 shares	10,210	16,449
	Fleetcor Technologies Inc	168 shares	22,200	24,012
	Fluor Corp	765 shares	46,588	36,123
	Footlocker Inc.	302 shares	14,839	19,657
	Ford Motor Co New	2,835 shares	38,410	39,945
	Fortinet Inc	369 shares	13,327	11,502
	Franklin Resources Inc	457 shares	23,813	16,827
	Fresenius Med Care Ag	941 shares	31,975	39,371
	Fuchs Petrolub Se-Pref ADR	2,633 shares	29,787	30,714
	Gartner Inc	116 shares	5,197	10,521
	General Dynamics Corp	134 shares	11,643	18,406
	General Electric Co	750 shares	19,327	23,363
	Givaudan Unspn ADR	228 shares	7,215	8,266
	Glaxosmithkline Plc Ads	1,220 shares	55,066	49,227
	Global Pmts Inc	354 shares	12,776	22,837
	Goldman Sachs Group Inc	97 shares	15,985	17,482
	Grifols Sa ADR	640 shares	22,208	20,736
	Guidewire Software Inc	87 shares	4,623	5,234
	Hain Food Group Inc	191 shares	10,736	7,714
	Hartford Financial Services Group	460 shares	14,048	19,992
	HD Supply Holdings Inc	536 shares	15,743	16,096
	Healthsouth Rehab Corp	629 shares	24,863	21,895
	Heartland Payment Systems	230 shares	6,824	21,809
	Hertz Global Holdings Inc	1,213 shares	29,410	17,261
	Hitachi Ltd Adr	975 shares	69,357	55,283
	Home Depot Incorporated	132 shares	17,526	17,457
	Horizon Pharma PLC	290 shares	9,302	6,284
	Host Hotels & Resorts Inc	1,605 shares	31,742	24,621
	HP Inc	2,165 shares	26,001	25,634
	Hsbc Hldgs PLC	1,545 shares	71,263	60,981
	IAC/InteractiveCorp	295 shares	14,279	17,715
	Icici Bank Ltd - Spon ADR	5,289 shares	43,360	41,413
	Icon Plc	191 shares	10,648	14,841
	Idexx Laboratories Inc	115 shares	8,832	8,386
	Illumina Inc	204 shares	26,826	39,157
	Imax Corp	262 shares	8,847	9,311

(Continued)

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

PLAN #333

EIN 34-4427947

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Imperial Oil Ltd	1,170 shares	\$ 54,968	\$ 38,048
	Infinera Corp	735 shares	14,134	13,318
	Ingram Micro Inc Cl A	760 shares	18,866	23,089
	Intel Corporation	590 shares	15,769	20,326
	Interactive Brokers Growth A	188 shares	4,258	8,197
	International Consolidated Airlines Group SA	624 shares	19,031	27,924
	International Paper	410 shares	19,965	15,457
	Ionis Pharmaceuticals Inc	267 shares	10,757	16,535
	Iron Mountain Inc	756 shares	29,227	20,420
	ITAU Unibanco Banco Multi ADR	4,805 shares	51,664	31,281
	Ite Holdings Corp	540 shares	17,377	21,195
	Japan Airlines Co-Unsp ADR	2,090 shares	37,880	37,975
	Jazz Pharmaceuticals PLC	84 shares	11,862	11,807
	JD.com Inc-ADR	965 shares	31,220	31,136
	JGC Corp-Unsponsored ADR	850 shares	52,266	25,976
	Johnson & Johnson	250 shares	19,898	25,680
	JPMorgan Chase & Co	270 shares	13,521	17,828
	Kapstone Paper And Packaging	462 shares	4,868	10,437
	Kbc Groep Nv-Unsp ADR	475 shares	12,861	14,796
	KDDI Corp Unsponsored ADR	6,807 shares	66,371	88,117
	Keycorp	1,750 shares	17,614	23,083
	Kimberly Clark	156 shares	13,921	19,859
	Kohl's Corp	329 shares	17,797	15,670
	Kone Oyj-B-Unsponsored ADR	1,465 shares	33,852	30,780
	Kroger Co	990 shares	35,854	41,412
	L Oreal Co ADR	1,657 shares	54,358	55,924
	Linde AG Sponsored ADR	3,985 shares	71,209	57,484
	Linkedin Corp - A	242 shares	40,687	54,469
	Littelfuse Inc.	196 shares	17,273	20,974
	Live Nation Entertainment Inc	765 shares	12,560	18,796
	Lloyds Tsb Group Plc ADR	11,750 shares	60,124	51,230
	Lvmh Moet Hennessy ADR	740 shares	26,074	23,306
	Manhattan Assoc. Inc.	152 shares	4,142	10,058
	ManpowerGroup	470 shares	32,876	39,616
	Marathon Oil Corp	1,105 shares	31,797	13,912
	Marketaxess Holdings Inc	67 shares	4,442	7,477
	Marriott International Inc	545 shares	35,192	36,537
	Mastercard Inc A	880 shares	66,332	85,677
	Mcdonalds Corp	450 shares	45,572	53,163
	Mcgraw Hill Financial Inc	136 shares	13,271	13,407
	Medidata Solutions	207 shares	9,792	10,203
	Medivation Inc	318 shares	12,697	15,372
	Mercadolibre Inc	141 shares	18,136	16,122
	Merck & Company Inc	343 shares	17,562	18,117
	Metlife Inc	1,293 shares	48,400	62,335
	MGM Resorts International	2,140 shares	50,174	48,621
	Micron Tech. Inc.	1,210 shares	23,835	17,134
	Microsoft Corporation	885 shares	39,302	49,100
	Middleby Corp	120 shares	13,142	12,944
	Mitsubishi Estate Unspd ADR	1,195 shares	33,992	24,802
	Momenta Pharmaceuticals Inc	230 shares	4,307	3,413
	Monotaro Co Ltd - Unsp ADR	978 shares	11,744	27,182
	Monsanto Company	182 shares	19,449	17,931

(Continued)

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

PLAN #333

EIN 34-4427947

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Monster Beverage Corp	162 shares	\$ 23,489	\$ 24,131
	Morgan Stanley	784 shares	24,290	24,939
	Mtn Group Ltd - Spons ADR	1,920 shares	39,824	16,262
	Murphy Oil Corp	670 shares	31,351	15,041
	Naspers LTD N Spons ADR	176 shares	24,084	23,998
	Nestle SA Sponsored ADR Registered (NSRGY)	1,148 shares	81,794	85,434
	Netflix Inc	565 shares	39,109	64,625
	Nike Inc.	1,218 shares	45,433	76,125
	Nikon Corp Plc-Unspon ADR	2,988 shares	50,791	40,189
	Nordson Corp	152 shares	8,258	9,751
	Nordstrom Inc.	485 shares	28,357	24,158
	Northwestern Corp	208 shares	10,848	11,284
	Novartis Ag Sponsored ADR	670 shares	57,363	57,647
	Novo-Nordisk As	1,240 shares	54,726	72,019
	Nucor Inc	450 shares	21,733	18,135
	Nvr Inc	13 shares	18,148	21,359
	NXP Semiconductors Nv	172 shares	17,099	14,491
	O Reilly Automotive Inc	164 shares	27,643	41,561
	Old Dominion Freight Line	236 shares	13,322	13,941
	Omega Healthcare Invs	634 shares	16,149	22,177
	Oneok Inc	344 shares	13,548	8,483
	Ophthotech Corp	109 shares	8,564	8,560
	Oracle Corp	1,040 shares	42,637	37,991
	Owens Ill Inc	1,138 shares	26,051	19,824
	Palo Alto Networks Inc	72 shares	13,602	12,682
	Parker Hannifin Corp	132 shares	14,545	12,801
	Pfizer Incorporated	260 shares	8,505	8,393
	Plantronics Inc New	505 shares	24,989	23,947
	Plum Creek Timber Co	232 shares	8,681	11,071
	Postnl N V Sponsored ADR	3,930 shares	18,679	14,698
	Power Integrations	164 shares	10,043	7,975
	Premier Inc-Class A	520 shares	18,101	18,340
	Priceline Group Inc/The	39 shares	37,538	49,723
	Proto Labs Inc	89 shares	6,194	5,668
	Public Service Enterprise Group Inc.	461 shares	15,481	17,836
	Qualcomm	700 shares	48,361	34,989
	Questar Corp	1,266 shares	28,577	24,662
	Radius Health Inc	77 shares	4,556	4,739
	Red Hat Inc	500 shares	28,632	41,405
	Redwood Trust Inc	1,582 shares	25,610	20,882
	Regeneron Pharma Inc	77 shares	38,843	41,801
	Regions Finl Corp Com	2,700 shares	21,323	25,920
	Relx NV - Spon ADR	4,195 shares	61,612	70,602
	Robert Half Intl Inc	256 shares	9,353	12,068
	Roche Hldg Ltd -Spons ADR	4,155 shares	140,257	143,223
	Ryanair Holdings Plc-Sp ADR	174 shares	9,655	15,044
	Sabre Corp	378 shares	10,969	10,573
	Salesforce.Com Inc	790 shares	45,438	61,936
	Sands China Ltd-Unspons ADR	795 shares	47,424	26,994
	Sanofi - Aventis Sa ADR	1,025 shares	53,898	43,716
	Sap Aktiengesellschaft ADR	1,328 shares	104,566	105,045
	Sasol Ltd Spons ADR	820 shares	34,135	21,992
	Schlumberger Ltd	655 shares	61,877	45,686

(Continued)

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

PLAN #333

EIN 34-4427947

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Schneider Elect Sa ADR	3,575 shares	\$ 52,294	\$ 40,558
	Scottish & Southern Energy Adr	2,985 shares	71,169	66,760
	Shake Shack Inc - Class A	176 shares	9,839	6,970
	Sherwin Williams	98 shares	27,823	25,441
	Shin Etsu Chemical Un-sponsored ADR	1,240 shares	19,224	16,746
	Shire PLC ADR	228 shares	48,216	46,740
	Signet Jewelers Ltd ADR	207 shares	9,855	25,604
	Silgan Holding Inc	237 shares	10,340	12,732
	Sk Telecom Ltd Spon ADR	2,535 shares	61,737	51,080
	Skechers Usa Inc CI A	425 shares	13,393	12,839
	Sonova Holding-Unspon ADR	948 shares	25,154	23,984
	Splunk Inc	631 shares	30,756	37,109
	St. Jude Medical	315 shares	19,780	19,458
	Starbucks Corp.	1,096 shares	43,694	65,793
	State Street Corp	284 shares	16,578	18,846
	Sumitomo Mitsui Fin Unspdr ADR	4,770 shares	37,567	36,204
	Supernus Pharmaceuticals Inc	413 shares	6,681	5,551
	Svenska Handelsb-A-Unsp ADR	3,131 shares	24,114	20,668
	Symrise AG ADR	1,779 shares	24,154	29,309
	Synchrony Financial	1,265 shares	31,716	38,469
	Sysmex Corp-Unspon ADR	2,010 shares	33,584	64,923
	Tableau Software Inc-CI A	190 shares	14,028	17,902
	Taiwan Semiconductor	3,974 shares	74,146	90,408
	Tandem Diabetes Care Inc	202 shares	2,816	2,386
	Taro Pharmaceutical Indus	162 shares	24,195	25,037
	Technip Sa ADR	1,890 shares	34,761	23,634
	Tesla Motors Inc	142 shares	28,918	34,081
	Tidewater Inc.	725 shares	31,259	5,046
	Tiffany & Co New	275 shares	26,634	20,980
	Time Warner Inc	380 shares	32,948	24,575
	Tjx Companies	385 shares	23,655	27,300
	Total Fina Elf Sa ADR	1,190 shares	67,893	53,490
	Total System Services Inc	528 shares	12,717	26,294
	Towers Watson & Co	119 shares	16,454	15,287
	Toyota Motor Corp. Sp ADR Rep2com	406 shares	49,549	49,954
	Tribune Media Co	500 shares	27,912	16,905
	Turkiye Garanti Bankasi ADR	8,716 shares	34,263	20,744
	Twenty-First Century Fox Inc A	455 shares	14,948	12,358
	Tyson Foods Inc CI A	535 shares	23,534	28,532
	UBS Group AG	3,370 shares	65,793	65,277
	Under Armor Inc - CI A	485 shares	27,922	39,096
	Unicharm Corp-Spn ADR	12,746 shares	50,757	51,940
	Unifirst	172 shares	16,823	17,922
	Unilever Plc Spon ADR New	852 shares	36,636	36,738
	United Parcel Service	425 shares	43,436	40,898
	United Therapeutics Del	58 shares	3,966	9,083
	Unitedhealth Group Inc	138 shares	11,154	16,234
	Universal Health Services	312 shares	30,091	37,281
	V.F. Corp.	275 shares	12,766	17,119
	Veeva Systems Inc-Class A	158 shares	4,466	4,558
	Verint Systems Inc	149 shares	8,999	6,043
	Verisk Analytics Inc CL A	445 shares	21,709	34,212
	Verizon Communications	905 shares	42,576	41,829

(Continued)

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

PLAN #333

EIN 34-4427947

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Visa Inc Class A Shares	1,120 shares	\$ 54,791	\$ 86,856
	Vodafone Group PLC ADR	1,148 shares	44,139	37,034
	Volkswagen Ag Sponsored ADR	2,115 shares	92,527	65,512
	Wabtec	224 shares	22,489	15,931
	Whirlpool Corp.	132 shares	21,209	19,387
	Williams Sonoma Inc	252 shares	12,105	14,719
	Willis Group Holdings	575 shares	21,878	27,928
	Workday Inc-Class A	385 shares	27,890	30,677
	WPP PLC ADR	698 shares	66,193	80,088
	Wyndham Worldwide Corp	174 shares	8,334	12,641
	Xylem	754 shares	20,588	27,521
	YY Inc-ADR	167 shares	10,809	10,432
	Zurich Insurance Group AG	1,890 shares	54,520	48,431
	Total common and preferred stocks		9,931,618	10,355,111
	Mutual Funds			
	Center Coast Mlp Focus Fd-I	111,109 shares	1,282,011	908,869
	Eaton Vance Floating Rate I	51,017 shares	467,730	429,049
	Eaton Vance Inc Boston In	116,103 shares	688,304	626,953
	Matthews Japan	85,586 shares	1,650,958	1,623,570
	Prudential Short-Term Corporate Bond Z	161,491 shares	1,844,245	1,781,249
	Templeton Global Bond Fd - Ad	36,727 shares	483,102	423,461
	Virtus Emerging Markets Opportunity I	151,217 shares	1,478,800	1,354,908
	Total mutual funds		7,895,150	7,148,059
	Interest-bearing cash			
*	Morgan Stanley Bank Deposit Program	5,168,912 shares	5,168,912	5,168,912
	Exchange traded funds			
	Deutsche X-trackers MSCI Europe Hedged Equity ETF	50,467 shares	1,409,907	1,304,572
	iShares Core S&P 500 ETF	5,560 shares	1,078,862	1,139,077
	Vanguard FTSE Emerging Market	37,045 shares	1,552,852	1,211,742
	Total exchange traded funds		4,041,621	3,655,391
	Corporate and municipal bonds			
	3M Company	\$55,000; maturity date 06/15/2044; 3.88% interest	53,317	53,616
	America Movil Sab De Cv	\$40,000; maturity date 09/08/2016; 2.38% interest	40,694	40,147
	American Express Credit	\$25,000; maturity date 03/18/2019; 2.13% interest	24,970	25,007
	American Express Credit	\$60,000; maturity date 05/26/2020; 2.38% interest	59,626	59,541
	AOL Time Warner Inc	\$35,000; maturity date 05/01/2032; 7.70% interest	48,372	43,686
	Apple Inc	\$80,000; maturity date 05/13/2045; 4.38% interest	80,966	80,777
	Applied Materials Inc	\$40,000; maturity date 10/01/2035; 5.10% interest	40,154	40,692
	AT&T Inc	\$65,000; maturity date 05/15/2021; 4.45% interest	69,956	69,183
	AT&T Inc	\$45,000; maturity date 06/15/2045; 4.35% interest	40,166	38,496
	AT&T Inc	\$80,000; maturity date 12/01/2022; 2.63% interest	80,755	75,847
	AT&T Inc	\$30,000; maturity date 05/15/2035; 4.50% interest	28,243	27,746
	Bank Of America Corp	\$75,000; maturity date 07/01/2020; 5.63% interest	87,823	83,192
	Bank Of America Corp	\$50,000; maturity date 01/05/2021; 5.88% interest	57,744	56,604
	Bank Of New York Mellon	\$45,000; maturity date 01/15/2019; 2.10% interest	45,161	45,209
	Bank Of Nova Scotia	\$75,000; maturity date 10/30/2018; 2.05% interest	75,632	75,179

(Continued)

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

PLAN #333

EIN 34-4427947

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Berkshire Hathaway Fin	\$75,000; maturity date 01/15/2021; 4.25% interest	\$ 82,173	\$ 81,722
	Berkshire Hathaway Inc	\$30,000; maturity date 02/11/2023; 3.00% interest	29,797	30,628
	BHP Billiton Fin USA Ltd	\$75,000; maturity date 11/21/2021; 3.25% interest	75,223	70,448
	BNP Paribas	\$80,000; maturity date 12/12/2018; 2.40% interest	80,082	80,629
	BP Capital Markets PLC	\$45,000; maturity date 05/10/2018; 1.38% interest	44,800	44,379
	California St Build America Bonds-Taxable-Va	\$60,000; maturity date 04/01/2039; 7.55% interest	89,565	87,220
	CDP Financial	\$100,000; maturity date 11/25/2019; 4.40% interest	111,119	108,064
	Celgene Corp	\$75,000; maturity date 10/15/2020; 3.95% interest	79,684	78,662
	Citigroup Inc	\$20,000; maturity date 07/15/2039; 8.13% interest	26,022	28,686
	CME Group Inc	\$60,000; maturity date 09/15/2043; 5.30% interest	68,924	68,696
	Conoco Inc	\$55,000; maturity date 04/15/2029; 6.95% interest	70,227	62,996
	CR Bard Inc	\$45,000; maturity date 01/15/2021; 4.40% interest	51,551	47,621
	Duke Energy Corp	\$80,000; maturity date 06/15/2018; 2.10% interest	80,450	80,110
	Electricite De France Sa	\$75,000; maturity date 10/13/2025; 3.63% interest	75,025	73,305
	Energy Transfer Partners	\$50,000; maturity date 02/01/2042; 6.50% interest	55,300	40,665
	Exelon Generation Co LLC	\$70,000; maturity date 10/01/2039; 6.25% interest	80,082	70,811
	Ford Motor Credit Co LLC	\$45,000; maturity date 08/02/2021; 5.88% interest	52,308	50,181
	France Telecom	\$35,000; maturity date 09/14/2021; 4.13% interest	37,275	36,988
	Franklin Resources Inc	\$75,000; maturity date 09/15/2022; 2.80% interest	75,534	73,219
	Freeport-Mcmoran C & G	\$85,000; maturity date 03/15/2018; 2.38% interest	85,597	66,300
	General Elec Cap Corp	\$70,000; maturity date 08/07/2019; 6.00% interest	81,388	79,127
	General Elec Cap Corp	\$75,000; maturity date 09/16/2020; 4.38% interest	83,017	80,552
	General Electric Co	\$70,000; maturity date 03/11/2044; 4.50% interest	72,426	72,039
	Georgia Power Company	\$85,000; maturity date 03/15/2042; 4.30% interest	80,080	78,507
	Glencore Funding LLC	\$85,000; maturity date 05/27/2016; 1.70% interest	85,513	84,150
	Goldman Sachs Group Inc	\$35,000; maturity date 07/08/2044; 4.80% interest	35,691	34,797
	Goldman Sachs Group Inc	\$80,000; maturity date 04/01/2018; 6.15% interest	85,510	86,863
	Goldman Sachs Group Inc	\$65,000; maturity date 01/24/2022; 5.75% interest	73,321	74,032
	Google Inc	\$35,000; maturity date 02/25/2024; 3.38% interest	35,097	36,840
	Hasbro Inc	\$45,000; maturity date 03/15/2040; 6.35% interest	49,628	49,022
	Home Depot Inc	\$70,000; maturity date 02/15/2024; 3.75% interest	73,771	74,408
	HSBC Bank USA	\$80,000; maturity date 11/01/2034; 5.88% interest	83,042	92,701
	Intel Corp	\$75,000; maturity date 07/29/2045; 4.90% interest	77,237	79,272
	Johnson (S.C.) & Son Inc	\$55,000; maturity date 09/01/2040; 4.80% interest	63,190	56,954
	JP Morgan Chase & Co	\$75,000; maturity date 01/15/2018; 6.00% interest	82,137	80,869
	JPMorgan Chase & Co	\$75,000; maturity date 10/15/2020; 4.25% interest	78,466	79,563
	JPMorgan Chase & Co	\$65,000; maturity date 08/16/2043; 5.63% interest	64,507	70,733
	Keycorp	\$65,000; maturity date 03/24/2021; 5.10% interest	72,649	71,134
	Lowe's Companies Inc	\$75,000; maturity date 10/15/2035; 5.50% interest	85,878	87,383
	Mastercard Inc	\$75,000; maturity date 04/01/2024; 3.38% interest	74,955	76,541
	Medtronic Inc	\$70,000; maturity date 04/01/2023; 2.75% interest	69,885	68,389
	Medtronic Inc Sr Gbl Nt3	\$15,000; maturity date 03/15/2025; 3.50% interest	15,219	15,122
	Merck & Co Inc	\$80,000; maturity date 02/10/2025; 2.75% interest	77,974	77,881
	Met Life Glob Funding I	\$100,000; maturity date 01/10/2023; 3.00% interest	102,470	99,495
	Metlife Inc	\$40,000; maturity date 11/13/2043; 4.88% interest	39,906	41,964
	Midamerican Energy Co	\$75,000; maturity date 10/15/2024; 3.50% interest	77,370	76,647
	Nbcuniversal Media LLC	\$70,000; maturity date 04/01/2021; 4.38% interest	77,220	76,036
	New Jersey St Transprt Trust Build America Bonds-B	\$45,000; maturity date 12/15/2040; 6.56% interest	57,471	47,774
	New York NY Build America Bonds	\$40,000; maturity date 10/01/2031; 5.21% interest	45,798	48,455
	Northern Trust Corp	\$60,000; maturity date 10/30/2025; 3.95% interest	59,520	62,825
	Northrop Grumman Corp	\$40,000; maturity date 06/01/2018; 1.75% interest	39,760	39,684
	Northrop Grumman Corp	\$40,000; maturity date 06/01/2043; 4.75% interest	40,456	41,170
	Novartis Capital Corp	\$75,000; maturity date 09/21/2022; 2.40% interest	71,756	73,840

(Continued)

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

PLAN #333

EIN 34-4427947

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Nucor Corp	\$55,000; maturity date 08/01/2043; 5.20% interest	\$ 55,556	\$ 49,914
	Nyse Euronext	\$55,000; maturity date 10/05/2017; 2.00% interest	55,282	55,085
	Oglethorpe Power Corp	\$80,000; maturity date 03/15/2019; 6.10% interest	93,336	88,281
	Omnicom Group Inc	\$60,000; maturity date 05/01/2022; 3.63% interest	62,807	60,566
	Oracle Corp	\$50,000; maturity date 04/15/2038; 6.50% interest	63,474	62,704
	Oracle Corp	\$55,000; maturity date 01/15/2019; 2.38% interest	55,770	55,849
	Pacificorp	\$50,000; maturity date 10/15/2037; 6.25% interest	66,351	62,475
	Protective Life Corp	\$45,000; maturity date 10/15/2039; 8.45% interest	55,291	59,353
	Rio Tinto Fin USA Ltd	\$75,000; maturity date 05/20/2021; 4.13% interest	79,707	75,106
	Royal Bank Of Canada	\$105,000; maturity date 03/15/2019; 2.15% interest	105,080	105,294
	Southwestern Public Serv	\$65,000; maturity date 08/15/2041; 4.50% interest	75,263	67,240
	Statoil Asa	\$60,000; maturity date 01/15/2028; 6.80% interest	82,367	74,704
	Stryker Corp	\$75,000; maturity date 11/01/2025; 3.38% interest	75,237	74,026
	Sunoco Logistics Partner	\$75,000; maturity date 02/15/2022; 4.65% interest	76,639	69,712
	Time Warner Cable Inc	\$20,000; maturity date 04/01/2019; 8.25% interest	23,310	22,981
	TJX Cos Inc	\$45,000; maturity date 05/15/2023; 2.50% interest	42,931	43,410
	Toyota Motor Credit Corp	\$20,000; maturity date 09/15/2021; 3.40% interest	20,975	20,757
	Toyota Motor Credit Corp	\$70,000; maturity date 01/12/2022; 3.30% interest	75,144	72,247
	Trans-Canada Pipelines	\$50,000; maturity date 11/09/2017; 1.63% interest	49,717	49,589
	United Technologies Corp	\$55,000; maturity date 06/01/2022; 3.10% interest	57,759	56,025
	Valley National Bancorp	\$20,000; maturity date 09/27/2023; 5.13% interest	19,950	20,890
	Verizon Communications	\$65,000; maturity date 04/01/2019; 6.35% interest	79,976	73,180
	Verizon Communications	\$75,000; maturity date 11/01/2034; 4.40% interest	75,043	70,240
	Virginia Elec & Power Co	\$10,000; maturity date 11/30/2037; 6.35% interest	13,208	12,792
	Visa Inc	\$40,000; maturity date 12/14/2025; 3.15% interest	40,014	40,050
	Wellpoint Inc	\$85,000; maturity date 01/15/2023; 3.30% interest	84,529	82,605
	Wells Fargo & Company	\$70,000; maturity date 02/13/2023; 3.45% interest	70,301	70,165
	Wyeth	\$60,000; maturity date 02/01/2024; 6.45% interest	81,255	73,392
	Total corporate and municipal bonds		6,132,897	5,979,653
	Government and agency securities			
	US Treasury Note/Bond	\$60,000; maturity date 04/01/2039; 7.55% interest	59,828	59,726
	US Treasury Note/Bond	\$60,000; maturity date 04/01/2039; 7.55% interest	44,916	43,713
	US Treasury Note/Bond	\$60,000; maturity date 04/01/2039; 7.55% interest	109,864	109,811
	Total government and agency securities		214,608	213,250
	Commercial mortgage and asset backed securities			
	American Credit Acceptance Rec 2014-2 C	\$90,000; maturity date 03/10/2020; 3.59% interest	90,506	90,023
	American Credit Acceptance Rec 2014-4 C	\$60,000; maturity date 10/12/2020; 4.25% interest	59,983	59,953
	Americredit Automobile Receiva 2014-2 D	\$100,000; maturity date 07/08/2020; 2.57% interest	99,977	98,979
	Americredit Automobile Receiva 2015-4 D	\$70,000; maturity date 12/08/2021; 3.72% interest	69,990	69,796
	Avis Budget Rental Car Funding 2012-2A C	\$70,000; maturity date 05/21/2018; 4.00% interest	69,999	70,631
	Avis Budget Rental Car Funding 2013-1A B	\$70,000; maturity date 09/20/2019; 2.62% interest	69,994	68,529
	Comm Mortgage Trust 2012-Cr4 D	\$50,000; maturity date 10/15/2045; 4.58% interest	48,484	46,628
	Comm Mortgage Trust 2013-Cr7 D	\$75,000; maturity date 03/10/2046; 4.36% interest	68,990	67,259
	Comm Mortgage Trust 2013-Lc6 Am	\$80,000; maturity date 01/10/2046; 3.28% interest	81,062	79,849
	Comm Mortgage Trust 2014-Cr19 D	\$80,000; maturity date 08/10/2047; 4.88% interest	71,752	69,202
	Credit Suisse Mortgage Trust 2014-Usa D	\$60,000; maturity date 09/15/2037; 4.37% interest	58,394	57,110

(Continued)

THE DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER TOLEDO AND AFFILIATED AGENCIES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

PLAN #333

EIN 34-4427947

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Dbubs Mortgage Trust 2011-Lc2A D	\$60,000; maturity date 07/10/2044; 5.44% interest	\$ 60,698	\$ 62,497
	Exeter Automobile Receivables 2014-3A C	\$70,000; maturity date 06/15/2020; 4.17% interest	69,994	70,567
	Exeter Automobile Receivables 2015-1A C	\$60,000; maturity date 12/15/2020; 4.10% interest	59,996	59,435
	FREMF Mortgage Trust 2015-K48 B	\$40,000; maturity date 06/25/2025; 3.64% interest	35,825	36,117
	MVW Owner Trust 2013-1A B	\$32,474; maturity date 04/20/2030; 2.74% interest	32,469	32,126
	Sierra Receivables Funding Co 2013-2A B	\$23,154; maturity date 11/20/2025; 2.92% interest	23,152	23,212
	Springleaf Mortgage Loan Trust 2013-2A M2	\$80,000; maturity date 12/25/2065; 4.48% interest	76,425	80,565
	Total commercial mortgage and asset backed securities		1,147,690	1,142,478
	Hedge funds			
	ACL Alternative Fund	3,741 units	1,000,000	1,190,990
	Ironwood Institutional Multi-Strategy Fund LLC	1,952 units	2,112,232	2,119,301
	Private Advisors Hedged Equity Fund Ltd Series 0113	1,257 units	1,200,000	1,515,296
	Total hedge funds		4,312,232	4,825,587
	Money market fund			
*	Morgan Stanley Dean Witter Liquid Asset Fd	832,788 shares, .01% interest	832,788	832,788
	Total investments		\$ 36,974,139	\$ 39,321,229

* An asterisk in this column identifies a person known to be a party-in-interest to the Plan.

The above information has been certified by Matrix Trust Company, trustee of the Plan, as complete and accurate.