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 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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER CLEVELAND

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1971

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)
UNITED WAY OF GREATER CLEVELAND

1331 EUCLID AVE.
CLEVELAND, OH 44115-1854

2b Employer Identification Number (EIN) 34-6516654

2c Plan Sponsor's telephone number 216-436-2100

2d Business code (see instructions) 813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2019	SARAH MUELLER
	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

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b**	EIN
		4d	PN
5	Total number of participants at the beginning of the plan year	**5**	194
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	32
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	27
b	Retired or separated participants receiving benefits	**6b**	64
c	Other retired or separated participants entitled to future benefits	**6c**	85
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	176
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	188
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **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 CLEVELAND

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UNITED WAY OF GREATER CLEVELAND

D Employer Identification Number (EIN)
34-6516654

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	8735566
b Actuarial value	**2b**	8354455

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	73	6093960	6093960
b For terminated vested participants	89	2795962	2795962
c For active participants	32	1526771	1541095
d Total	194	10416693	10431017

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**	5.67 %
6 Target normal cost	**6**	166343

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 10/10/2019

LAWRENCE E. SCHERER — Type or print name of actuary

17-06389 — Most recent enrollment number

FINDLEY, INC. — Firm name

216-875-1900 — Telephone number (including area code)

1660 WEST 2ND STREET, SUITE 900
CLEVELAND, OH 44113

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	349678
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	349678
10	Interest on line 9 using prior year's actual return of 13.59 %	0	47521
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		76378
	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 5.88%		4491
	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		80869
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	387558
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	9641

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00%
15	Adjusted funding target attainment percentage	15	80.00%
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	80.00%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/04/2018	100000	0			
07/10/2018	100000	0			
10/02/2018	100000	0			
01/09/2019	200000	0			
03/12/2019	350000	0			
07/05/2019	98000	0			
			Totals ► 18(b)	948000	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	898679

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.92%	5.52%	6.29%	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 64

23 Mortality table(s) (see instructions)

Prior regulation: ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☐ 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**	

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**	166343
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2086203	240863
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**	407206

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	407206
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	898679

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	491473
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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER CLEVELAND

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED WAY OF GREATER CLEVELAND

D Employer Identification Number (EIN)
34-6516654

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

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

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

FINDLEY, INC.

34-1213174

(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	36323	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KEY TRUST CO OF OHIO NA

34-6798132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 13 21 28 50 59 99	TRUSTEE	8386	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: GAIL R. STEWARD	**b** EIN: 34-1213174	
c Position: ACTUARY		
d Address: 1660 WEST SECOND STREET SUITE 900 CLEVELAND, OH 44113	**e** Telephone: 216-875-1900	

Explanation: THE ENROLLED ACTUARY CHANGED DUE TO INTERNAL CLIENT ASSIGNMENT ADJUSTMENTS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER CLEVELAND

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UNITED WAY OF GREATER CLEVELAND

D Employer Identification Number (EIN)
34-6516654

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: KEY TRUST MULTIPLE INV. FOR EBT'S

b Name of sponsor of entity listed in (a): KEYBANK NATIONAL ASSOC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
34-6514544-001	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER CLEVELAND

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED WAY OF GREATER CLEVELAND

D Employer Identification Number (EIN)
34-6516654

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	1403	6199
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	648000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2805	3810
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2664584	302973
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	67549	0
(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)	2255624	0
(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)	3743601	6457099
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	1045128

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	8735566	8463209
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8735566	8463209

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)	948000	
	(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)		948000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6462	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6462
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	155860	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		155860
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5163461	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5165869	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-2408
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-74872	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-74872

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-35532
(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)		-515038
c Other income	2c		153162
d Total income. Add all **income** amounts in column (b) and enter total	2d		635634
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	747464	
(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)		747464
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)	36323	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	8386	
(4) Other	2i(4)	115818	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		160527
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		907991
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-272357
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: MEADEN & MOORE, LTD **(2)** EIN: 34-1818258

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	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.)	4a		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.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4148331. (See instructions.)

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 sections 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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER CLEVELAND

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED WAY OF GREATER CLEVELAND

D Employer Identification Number (EIN)
34-6516654

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 34-6798132

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** 1

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

DEFINED BENEFIT PENSION PLAN OF UNITED WAY OF GREATER CLEVELAND

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2018

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MEADEN & MOORE

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Defined Benefit Pension Plan of United Way of Greater Cleveland
Cleveland, 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 Cleveland (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years ended December 31, 2018 and 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by KeyBank National Association, 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 investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2018 and 2017, and for the years ended December 31, 2018 and 2017, 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.

Other Matter

The schedule of assets held for investment purposes at end of year as of December 31, 2018 and the schedule of reportable transactions for the year ended December 31, 2018 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.

Meaden & Moore, Ltd.
Cleveland, Ohio

October 3, 2019

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Defined Benefit Pension Plan of United Way of Greater Cleveland

	December 31	
	2018	2017
ASSETS		
Cash	**$ 6,199**	$ 1,403
Receivable - Interest	**3,810**	2,805
Receivable - Employer Contribution	**550,000**	-
Total Receivables	**553,810**	2,805
Investments (at Fair Value):		
Money Market Funds	**302,973**	2,664,584
Common Collective Funds	**-**	2,255,624
Mutual Funds	**6,457,099**	3,743,601
Structured Notes	**1,045,128**	-
Limited Partnerships	**-**	67,549
Total Investments	**7,805,200**	8,731,358
Total Assets	**8,365,209**	8,735,566
LIABILITIES	**-**	-
Net Assets Available for Benefits	**$ 8,365,209**	$ 8,735,566

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Defined Benefit Pension Plan of United Way of Greater Cleveland

	Year Ended December 31	
	2018	2017
Additions to Net Assets Attributed to:		
Contributions:		
Employer	**$ 850,000**	$ 500,000
Investment Income (Loss):		
Interest and dividend income	**315,484**	104,792
Net unrealized/realized appreciation (depreciation)	**(627,850)**	1,003,241
Total Investment Income (Loss)	**(312,366)**	1,108,033
Deductions from Net Assets Attributed to:		
Benefits paid to participants	**747,464**	1,468,709
PBCG premium	**115,818**	127,162
Administrative expenses	**44,709**	50,508
Total Deductions	**907,991**	1,646,379
Net Decrease	**(370,357)**	(38,346)
Net Assets Available for Benefits:		
Beginning of Year	**8,735,566**	8,773,912
End of Year	**$ 8,365,209**	$ 8,735,566

See accompanying notes.

1 Description of Plan

The following description of the Defined Benefit Pension Plan of United Way of Greater Cleveland (the "Plan"), is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General:

The Plan, which was established January 1, 1978, is a non-contributory plan covering all employees of United Way of Greater Cleveland (the "Organization") who meet certain age and service requirements. The Plan is administered by United Way of Greater Cleveland. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2009, the Plan was last amended and restated, and the Plan was frozen to new participants. In addition, former participants in the Plan who were re-hired after December 31, 2009 will not resume participation in the Plan.

Eligibility:

Prior to December 31, 2009, all employees of United Way of Greater Cleveland age twenty-one and older and with one year of service of at least 1,000 hours were eligible to participate in the Plan.

Vesting:

Vesting in the participant's account balance is based on years of service. A participant also becomes fully vested upon reaching age 55, regardless of the years of employment. A participant is vested as follows:

Years of Service	%
1	20%
2	40%
3	60%
4	80%
5	100%

Benefits:

Pension benefits are based on a participant's average annual compensation and years of eligible benefit service on or prior to December 31, 2009. Normally, benefits are paid monthly in the form of an annuity that commences when the participant attains age 65 and continues until the death of the retired participant and participant's spouse, but generally not less than ten years. Participants may elect to receive benefits in the form of a single life annuity, joint pensioner annuity, period certain annuity, or lump sum distribution for benefits accrued prior to July 1, 2006. Benefits accrued after July 1, 2006, shall not be paid in lump sum, unless the amount is less than $5,000. The Plan permits early retirement with reduced benefits for vested participants who have reached age 55. Benefits are recorded when paid.

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Valuation of Investments:

Investments held in the Plan are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker. Investments in alternate investment vehicles are valued using a net asset value method, as calculated monthly by an independent third party.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Administrative Fees:

All costs of administering the Plan are paid by the Plan, unless otherwise paid by the Organization.

Plan Termination:

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive the benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

2 Summary of Significant Accounting Policies, Continued

Plan Termination, Continued:

Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Risks and Uncertainties:

The Plan's investment include investments in mutual funds, structured notes, and collective funds holding investment contracts with varying degrees of risk, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through October 3, 2019, which is the date the financial statements were available to be issued.

3 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) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

* Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
* Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
    * Quoted prices for similar assets or liabilities in active markets
    * Quoted prices for identical or similar assets or liabilities in inactive markets
    * Inputs other than quoted prices that are observable for the asset or liability
    * 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 that are unobservable inputs for the asset or liability.

3 Fair Value Measurements, Continued

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Mutual Funds:

The fair value of the mutual funds are based on quoted market prices. These fall into the Level 1 category of the valuation hierarchy.

Money Market Funds:

The valuation of this fund is based on net asset value as a practical expedient ("NAV") of shares held by the Plan at year-end. Net asset value is equal to market value of each of the funds' investments and other assets, less liabilities, divided by the number of fund shares. The fund is composed of highly liquid investments with maturities of three months or less and are not likely to be sold at amounts different from net asset value per share.

Net investment income is distributed to participants as earned on a monthly basis for the EB Short-Term Investment Fund. In accordance with the regulations governing the operation of the money market funds, sufficient cash is retained to fund the distribution of income prior to the actual receipt of the income.

Limited Partnerships:

The fair value of the limited partnership interest is derived from the net asset value of the fund holdings, measured on a monthly basis. These investments fall into the Level 3 category on the valuation hierarchy.

The Plan invests in a limited partnership interest, which is valued monthly. The Plan is permitted to exit the investment on an annual basis, with written notice provided to the Fund no later than the last business day of October. Redemptions of the Fund are processed using the Fund's net asset value as of December 31.

Common/Collective Trust Funds:

The fair value of the common/collective trust funds are based on the net fair value of the underlying assets. The underlying investments are valued at fair value based on commercial quotation services. The fair value is allocated among the contract holders based on a unit value. These fall into the Level 2 category of the valuation hierarchy.

Participant transactions (purchased and sales) may occur daily. The investment strategy for the equity fund is to seek capital appreciation with underlying equity securities. The strategy for the fixed income fund is to seek appreciation based on investments in bonds.

3 Fair Value Measurements, Continued

Structured Notes:

The fair value of the structured notes is par value multiplied by the number of units. These fall into the Level 2 category of the valuation hierarchy.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Assets at Fair Value as of December 31, 2018			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual Funds	**$ 6,457,099**	**$ -**	**$ -**	**$ 6,457,099**
Structured Notes	**-**	**1,045,128**	**-**	**1,045,128**
Total assets in the fair value hierarchy	**$ 6,457,099**	**$ 1,045,128**	**$ -**	**7,502,227**
Investments measured at net asset value				**302,973**
Total investments at fair value				**$ 7,805,200**

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 3,743,601	$ -	$ -	$ 3,743,601
Common/Collective Trusts	-	2,255,624	-	2,255,624
Limited Partnerships	-	-	67,549	67,549
Total assets in the fair value hierarchy	$ 3,743,601	$ 2,255,624	$ 67,549	6,066,774
Investments measured at net asset value				2,664,584
Total investments at fair value				$ 8,731,358

Transfers between Levels:

For the years ended December 31, 2018 and 2017, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

Changes in Fair Value of Level 3 Assets and Related Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2018 and 2017.

3 Fair Value Measurements, Continued:

	Limited Partnerships	
	2018	2017
Balance, beginning of year	**$ 67,549**	$ 191,218
Sales	**(65,141)**	(125,328)
Gain on sale of investments	**9,923**	28,850
Unrealized losses on investments held at reporting date	**(12,331)**	(27,191)
Balance, end of year	**$ -**	$ 67,549
The amount of total losses for the period attributable to the change in unrealized losses relating to assets still held at the reporting date.	**$ (12,331)**	$ (27,191)

Investments measured using the Net Asset Value per Share Practical Expedient:

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2018 and 2017, respectively.

December 31, 2018	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
EB Short-Term Investment	**$ 302,973**	**$ -**	**Daily**	**N/A**

December 31, 2017	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
EB Short-Term Investment	$ 2,664,584	$ -	Daily	N/A

4 Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Trustee.

	2018	2017
Investments, at fair value	**$ 7,805,200**	$ 8,731,358
Interest and dividend income	**$ 315,484**	$ 104,792
Net unrealized/realized appreciation	**$ (627,850)**	$ 1,003,241

5 Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees to their beneficiaries. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits was determined by an independent actuary and is an amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated Plan benefit information as of the beginning of the Plan year is as follows:

	2018
Actuarial Present Value of Plan Benefits:	
Vested benefits:	
Participants currently receiving payments	**$ 5,406,829**
Other participants	**3,590,008**
Total Vested Benefits	**8,996,837**
Non-vested benefits	**68,957**
Total Actuarial Present Value	**$ 9,065,794**

5 Accumulated Plan Benefits, Continued

The following highlights the changes in the actuarial present value of accumulated Plan benefits:

Present value of accumulated Plan benefits at January 1, 2017	**$ 9,605,119**
Increase (Decrease) during the year attributable to:	
Change in actuarial assumptions	**50,767**
Benefits accumulated (including gains and losses)	**212,314**
Interest	**666,303**
Benefits paid	**(1,468,709)**
Net Decrease	**(539,325)**
Actuarial present value of accumulated Plan benefits at January 1, 2018	**$ 9,065,794**

Significant assumptions underlying the actuarial computations for 2018 are as follows:

Actuarial Cost Method	Unit Credit Method
Assumed Rate of Return of Investments	7.50%
Mortality Basis	RP-2014 Mortality Table

Retirement Age

Age	Probability
62	10%
63	50%
64	15%
65	100%

The effective interest rates were 4.00% (Before BBA) and 5.67% (Reflecting BBA) for current year liability and 4.08% (Before BBA) and 5.88% (Reflecting BBA) for prior year liability. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

6 Funding Policy

The Organization’s funding policy is to make contributions to the Plan on the basis of an annual actuarial determination of the Plan's liabilities. The amounts of contributions are intended to maintain funding levels in the Plan that will meet current obligations to participants of the Plan, amortize unfunded liabilities and amortize actuarial gains or losses. The Organization's contributions for the years ended December 31, 2018 and 2017 have met the minimum funding requirements under ERISA and the Plan document.

7 Party-in-Interest Transactions

Certain Plan investments are collective investment funds managed by KeyBank National Association, the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Usual and customary fees were paid by the Fund for the investment management services. In addition, the Plan has arrangements with various service providers and these arrangements qualify as party-in-interest transactions.

8 Tax Status

On November 10, 2010, the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2018, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Defined Benefit Pension Plan of United Way of Greater Cleveland

EIN 34-6516654
Plan 002

December 31, 2018

(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
	Equity Mutual Funds:			
	Vanguard Small Cap Index Fund	Small Cap Index Fund	$ 165,566	$ 299,747
	Scout Mid Cap Fund	Mid Cap Blend Fund	323,848	296,572
	Neuberger Berman Emerging Markets Equity Fund	International Fund - Open End Fund	229,144	248,601
	iShares Core S&P 500 ETF	Large Cap U.S. Equities	2,016,992	1,837,759
	Alternative Mutual Funds:			
	Gotham Absolute Return Fund	Long-Term Equity Fund	138,011	154,322
	Western Asset Macro Opptys Fund	Opportunities Fund - Open End Fund	152,989	141,957
	Parametric Vol Risk Premium Defensive Fund	Defensive Fund - Open End Fund	829,532	784,107
	Fixed Income Mutual Funds:			
	Vanguard Total BD Market Index	Index Fund - Open End	1,914,969	1,946,636
	Virtus Seix Flrt High Income	Income Fund - Open End Fund	296,698	278,320
	Templeton Global Bond Fund	International Fund - Open End Fund	239,229	209,781
	American Beacon Frontier Markets Income	Income Fund - Open End Fund	125,443	124,261
	Other Real Assets			
	JP Morgan Alerian MLP Index ETN	Exchange Traded Note - Closed End	150,394	135,036
	Structured Notes			
	Citigroup Global Markets Holdings Eurostoxx 50 Linked	Medium Term Note - Due 11/06/2023	560,000	524,608
	GS Finance Corp Eurostoxx 50 Linked	Medium Term Note - Due 11/06/2023	560,000	520,520
	Cash Equivalent:			
*	EB Short Term Investment Fund	Employee Benefit Money Market Fund	302,973	302,973
	Total Investments		$ 8,005,788	$ 7,805,200

* Party-in-interest to the Plan.

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Defined Benefit Pension Plan of United Way of Greater Cleveland

EIN 34-6516654
Plan 002

December 31, 2018

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single transaction in excess of five percent of Plan assets								
Keybank	iShares Core S&P 500 ETF	$ 2,427,350	$ -	$ -	$ 352	$ 2,427,350	$ 2,427,350	$ -
Keybank	GS Finance Corp EuroStoxx 50 Linked	$ 560,000	$ -	$ -	$ -	$ 560,000	$ 560,000	$ -
Keybank	CitiGroup Global Markets Holding Inc	$ 560,000	$ -	$ -	$ -	$ 560,000	$ 560,000	$ -
Keybank	Vanguard Total Bond Market Index Fund	$ 2,113,808	$ -	$ -	$ -	$ 2,113,808	$ 2,113,808	$ -
Keybank	EB Short Term Investment Fund	$ 506,118	$ -	$ -	$ -	$ 506,118	$ 506,118	$ -
Keybank	EB Short Term Investment Fund	$ 600,053	$ -	$ -	$ -	$ 600,053	$ 600,053	$ -
Keybank	EB Short Term Investment Fund	$ -	$ 1,120,000	$ -	$ -	$ 1,120,000	$ 1,120,000	$ -
Keybank	EB Short Term Investment Fund	$ -	$ 2,427,350	$ -	$ -	$ 2,427,350	$ 2,427,350	$ -
Keybank	iShares Core MSCI EAFE	$ -	$ 506,118	$ -	$ 355	$ 469,730	$ 575,115	$ (68,997)
Keybank	EB Core Bond Index Fund CTF	$ -	$ 2,120,130	$ -	$ -	$ 1,820,545	$ 2,153,820	$ (33,690)
Category (iii) - Series of transactions in excess of five percent of Plan assets								
Keybank	EB Short Term Investment Fund	$ 2,736,710	$ -	$ -	$ -	$ 2,736,710	$ 2,736,710	$ -
Keybank	EB Short Term Investment Fund	$ -	$ 5,098,320	$ -	$ -	$ 5,098,320	$ 5,098,320	$ -
Keybank	Parametric Vol Risk Premium Defensive Fund	$ 829,532	$ -	$ -	$ -	$ 829,532	$ 829,532	$ -
Keybank	iShares Core S&P 500 ETF	$ 2,427,350	$ -	$ -	$ 352	$ 2,427,350	$ 2,427,350	$ -
Keybank	iShares Core S&P 500 ETF		$ 412,139	$ -	$ 65	$ 410,357	$ 410,357	$ 1,782
Keybank	EB Core Bond Index Fund CTF	$ -	$ 2,220,092	$ -	$ -	$ 1,906,597	$ 2,255,624	$ (35,532)
Keybank	iShares Core MSCI EAFE	$ -	$ 845,266	$ -	$ 590	$ 781,624	$ 956,983	$ (111,717)
Keybank	Vanguard Total Bond Market Index Fund	$ 2,113,808	$ -	$ -	$ -	$ 2,113,808	$ 2,113,808	$ -
Keybank	Vanguard Total Bond Market Index Fund		$ 200,387	$ -	$ -	$ 198,839	$ 198,839	$ 1,548

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2018 Valuation
Defined Benefit Pension Plan of United Way of Greater Cleveland
(EIN: 34-6516654; PN: 002)

Attained Age	Years of Vesting 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	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	1 (*)	1 (*)	-	-	-	-	-	-
40 to 44	-	-	2 (*)	1 (*)	-	-	-	-	-	-
45 to 49	-	-	-	2 (*)	1 (*)	1 (*)	-	-	-	-
50 to 54	-	-	1 (*)	2 (*)	2 (*)	-	-	1 (*)	-	-
55 to 59	-	-	1 (*)	1 (*)	1 (*)	-	-	-	2 (*)	-
60 to 64	-	-	-	1 (*)	2 (*)	1 (*)	-	1 (*)	1 (*)	-
65 to 69	-	-	1 (*)	-	2 (*)	1 (*)	1 (*)	-	-	-
70 & up	-	-	-	-	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

Minimum Funding Annual Interest Rates

24-month segment rates averaged through the end of August 2017 and published in September 2017 (as prescribed by IRC 430) and adjusted to reflect BBA:

- Segment 1 (0 – 5 years) 3.92%
- Segment 2 (5 to 20 years) 5.52%
- Segment 3 (more than 20 years) 6.29%
- Effective Interest Rate 5.67%

Maximum Deductible Annual Interest Rates

24-month segment rates averaged through the end of August 2017 and published in September 2017 (as prescribed by IRC 430) as follows:

- Segment 1 (0 – 5 years) 1.75%
- Segment 2 (5 to 20 years) 3.76%
- Segment 3 (more than 20 years) 4.66%
- Effective Interest Rate 4.00%

Annual Expected Return on Assets

Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 7.50%

Rationale: Based on a review of historical returns on various asset categories held by the plan as well as information provided by the plan's investment advisor.

PBGC Annual Interest Rates

24-month segment rates averaged through the end of August 2017 and published in September 2017 using the Alternative Method (as prescribed by IRC 430) as follows:

- Segment 1 (0 – 5 years) 1.75%
- Segment 2 (5 to 20 years) 3.76%
- Segment 3 (more than 20 years) 4.66%
- Effective Interest Rate 4.00%

Salary Scale

Not applicable as benefits are frozen. For accrued benefits, actual individual pay histories have been used.

Mortality

Funding: RP-2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA, to between 7 and 15 years beyond the year of the obligation, male and female, with combined rates for annuitants and nonannuitants (as prescribed by IRC 430).

The mortality used for lump sum purposes is IRS 2018 Applicable Mortality Table for 417(e) purposes.

Rationale: Lump sum mortality is based on mandated IRS mortality tables.

Appendix B (Continued)

Rates of Retirement

Based on age as follows:

Age	Rate
62	10%
63	50
64	15
65	100

Terminated Vested participants and Deferred Beneficiaries are assumed to commence at Normal Retirement Date.

Weighted Average Retirement Age is 64. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Turnover

Sarason's Table T-11.

Rates of Disability

None

Assumptions Made In Valuing Spouse's Benefit

Eighty percent of the male and seventy percent of the female employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Optional Form Selection

80% of participants are expected to elect a lump sum of the benefit as of 6/30/2006 and 20% are expected to elect the benefit as of 6/30/2006 in the life annuity form. 100% of the benefit earned after 6/30/2006 is expected to be paid in the life annuity form. The QJSA is actuarially equivalent to the life annuity.

Annual Increases to Maximum Benefits, Plan Compensation Limits, and Social Security

Not applicable as benefits are frozen.

Appendix B (Continued)

Provision for Expenses	The expected administrative (i.e. non-investment) expenses expected to be paid from plan assets, which were assumed to equal actual administrative expenses during the prior year plus PBGC premiums for the current year, were included in the Target Normal Cost for Minimum Required Contribution purposes. Rationale: Based on actual expenses paid during the prior year adjusted for the actual PBGC premium in 2018.
Standing Elections	The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.
Asset Method	Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.]
Funding Method	Pure Unit Credit
Employees Valued	Only participants as of the valuation date were valued.
Changes in Assumptions and Methods since the Last Actuarial Valuation	The interest rates used for determining the funding target were 4.16%, 5.72% and 6.48%. These rates were updated to the rates required for the current plan year. The mortality table for the funding target was changed as required under PPA '06. The mortality table for the determination of lump sum benefits was IRS 2017 Applicable Mortality Table for 417(e) purposes.
Justification for Changes in Actuarial Assumptions	The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Defined Benefit Pension Plan of United Way of Greater Cleveland

EIN 34-6516654
Plan 002

December 31, 2018

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single transaction in excess of five percent of Plan assets								
Keybank	iShares Core S&P 500 ETF	$ 2,427,350	$ -	$ -	$ 352	$ 2,427,350	$ 2,427,350	$ -
Keybank	GS Finance Corp EuroStoxx 50 Linked	$ 560,000	$ -	$ -	$ -	$ 560,000	$ 560,000	$ -
Keybank	CitiGroup Global Markets Holding Inc	$ 560,000	$ -	$ -	$ -	$ 560,000	$ 560,000	$ -
Keybank	Vanguard Total Bond Market Index Fund	$ 2,113,808	$ -	$ -	$ -	$ 2,113,808	$ 2,113,808	$ -
Keybank	EB Short Term Investment Fund	$ 506,118	$ -	$ -	$ -	$ 506,118	$ 506,118	$ -
Keybank	EB Short Term Investment Fund	$ 600,053	$ -	$ -	$ -	$ 600,053	$ 600,053	$ -
Keybank	EB Short Term Investment Fund	$ -	$ 1,120,000	$ -	$ -	$ 1,120,000	$ 1,120,000	$ -
Keybank	EB Short Term Investment Fund	$ -	$ 2,427,350	$ -	$ -	$ 2,427,350	$ 2,427,350	$ -
Keybank	iShares Core MSCI EAFE	$ -	$ 506,118	$ -	$ 355	$ 469,730	$ 575,115	$ (68,997)
Keybank	EB Core Bond Index Fund CTF	$ -	$ 2,120,130	$ -	$ -	$ 1,820,545	$ 2,153,820	$ (33,690)
Category (iii) - Series of transactions in excess of five percent of Plan assets								
Keybank	EB Short Term Investment Fund	$ 2,736,710	$ -	$ -	$ -	$ 2,736,710	$ 2,736,710	$ -
Keybank	EB Short Term Investment Fund	$ -	$ 5,098,320	$ -	$ -	$ 5,098,320	$ 5,098,320	$ -
Keybank	Parametric Vol Risk Premium Defensive Fund	$ 829,532	$ -	$ -	$ -	$ 829,532	$ 829,532	$ -
Keybank	iShares Core S&P 500 ETF	$ 2,427,350	$ -	$ -	$ 352	$ 2,427,350	$ 2,427,350	$ -
Keybank	iShares Core S&P 500 ETF		$ 412,139	$ -	$ 65	$ 410,357	$ 410,357	$ 1,782
Keybank	EB Core Bond Index Fund CTF	$ -	$ 2,220,092	$ -	$ -	$ 1,906,597	$ 2,255,624	$ (35,532)
Keybank	iShares Core MSCI EAFE	$ -	$ 845,266	$ -	$ 590	$ 781,624	$ 956,983	$ (111,717)
Keybank	Vanguard Total Bond Market Index Fund	$ 2,113,808	$ -	$ -	$ -	$ 2,113,808	$ 2,113,808	$ -
Keybank	Vanguard Total Bond Market Index Fund		$ 200,387	$ -	$ -	$ 198,839	$ 198,839	$ 1,548

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **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 CLEVELAND

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
United Way Of Greater Cleveland

D Employer Identification Number (EIN)
34-6516654

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	8,735,566
b Actuarial value	**2b**	8,354,455

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	73	6,093,960	6,093,960
b For terminated vested participants	89	2,795,962	2,795,962
c For active participants	32	1,526,771	1,541,095
d Total	194	10,416,693	10,431,017

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**	5.67%
6 Target normal cost	**6**	166,343

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

Lawrence E. Scherer LES — Signature of actuary

10/10/2019 — Date

Lawrence E. Scherer — Type or print name of actuary

1706389 — Most recent enrollment number

Findley, Inc. — Firm name

216-875-1900 — Telephone number (including area code)

1660 WEST 2ND STREET, SUITE 900
CLEVELAND OH 44113 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	349,678
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	349,678
10 Interest on line 9 using prior year's actual return of 13.59%	0	47,521
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		76,378
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 5.88%		4,491
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		80,869
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	387,558
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	9,641

Part III Funding Percentages

14 Funding target attainment percentage	14	80.00%
15 Adjusted funding target attainment percentage	15	80.00%
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	80.00%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/04/2018	100,000	0			
07/10/2018	100,000	0			
10/02/2018	100,000	0			
01/09/2019	200,000	0			
03/12/2019	350,000	0			
07/05/2019	98,000	0			
			Totals ► 18(b)	948,000	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	898,679

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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
3.92 %	5.52 %	6.29%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions)

Prior regulation: ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☐ 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**	

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**	166,343
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,086,203	240,863
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**	407,206

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	407,206
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	898,679
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	491,473
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

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Defined Benefit Pension Plan of United Way of Greater Cleveland
January 1, 2018 Valuation
EIN/PN: 34-6516654/002

Rates of Retirement

Based on age as follows:

Age	Rate
62	10%
63	50
64	15
65	100

Terminated Vested participants and Deferred Beneficiaries are assumed to commence at Normal Retirement Date.

Weighted Average Retirement Age is 64. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Determination of weighted average retirement age

Age (a)	Rate (b)	Weight (c)	Product (d) = (a) x (b) x (c)
62	10%	1.0000	6.20
63	50%	0.9000	28.35
64	15%	0.4500	4.32
65	100%	0.3825	24.86
		Weighted Average	63.73

Appendix A

Summary of Principal Plan Provisions

Plan Sponsor	United Way of Greater Cleveland
EIN/PN	34-6516654/002
Effective Date	July 1, 1971; last amended and restated effective March 1, 2017.
Plan Year	The 12-month period beginning each January 1.
Participation	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, 2009.
Compensation	Total wages, salary, commissions and overtime pay, as limited by IRC Section 401(a)(17), but based on the adjusted $200,000 limitation.
Average Monthly Compensation	For calculations prior to July 1, 2006 - 1/36th of Compensation for the highest 36 consecutive months of employment in the last 10 years. If less than 36 months of employment, then based on all periods of employment. For calculations on and after July 1, 2006 – 1/60th of Compensation for the highest 60 consecutive months of employment in the last 10 years. If less than 60 months of employment, then based on all periods of employment. Average monthly compensation was frozen as of December 31, 2009.
Social Security Covered Compensation	The average of the Social Security Maximum Taxable Wage Bases for the 35-year period ending with the year in which Social Security Retirement Age is attained. Social Security Retirement Age is 65 for employees born before 1938, 67 for those born after 1954, and 66 for those born in between.
Vesting Service	Elapsed time from date of hire.
Credited Service	Elapsed time from date of participation. Credited service is frozen as of December 31, 2009.
Accrued Benefit	A monthly life annuity starting at age 65 equal to the sum of the following: (1) 1.5% of Average Monthly compensation multiplied by the number of years of Credited Service earned as of June 30, 2006, plus (2) 1.25% of Average Monthly Compensation multiplied by the number of years of Credited Service earned on and after July 1, 2006, plus (3) 0.5% of Average Monthly Compensation in excess of Social Security Covered Compensation multiplied by all years of Credited Service, not to exceed 35 years.

Appendix A (Continued)

Accrued Benefit (Continued)

For those still actively employed on or after July 1, 2006, the Accrued Benefit shall not be less than the Accrued Benefit as of June 30, 2006.

The Accrued Benefit was frozen as of December 31, 2009.

Normal Retirement Benefit

Eligibility:

Age 65.

Monthly Benefit:

The Accrued Benefit.

Late Retirement Benefit

Eligibility:

After age 65.

Monthly Benefit:

The Accrued Benefit at actual retirement (benefits are suspended for participants who continue to work past age 65).

Early Retirement Benefit

Eligibility:

Age 55.

Monthly Benefit:

The Accrued Benefit at early retirement reduced by 1/180th for each of the first 60 months and 1/360th for each of the next 60 months by which retirement precedes age 65.

Early Retirement Benefit with 30 Years of Service

Eligibility:

Age 55 and 30 years of Vesting Service.

Monthly Benefit:

The Accrued Benefit at early retirement reduced by 1/180th for each of the first 60 months and 1/360th for each of the next 24 months by which retirement precedes age 62.

Termination Benefit

Eligibility:

Termination of employment prior to retirement.

Appendix A (Continued)

Termination Benefit (Continued)

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:

Years of Vesting Service	Vesting Percent
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

If hired prior to July 1, 1996 or if eligible for any early retirement benefit, the Vesting Percent is 100%.

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 66⅔% of the benefit vested on the date of death, payable for 10 years guaranteed, adjusted as appropriate for early commencement and the 66⅔% Joint and Survivor Annuity with 10 years certain form of payment. The benefit is payable to the surviving spouse. If there is no surviving spouse, then any children under the age of 19 share equally in the benefit for the 120 months certain. If there is no surviving spouse and no children under the age of 19, then the named beneficiary receives the benefit for 120 months certain.

Optional Forms of Benefit

The following optional forms are available under this plan: life annuity; full cash refund annuity; period certain and continuous annuity, with either a 60, 120 or 180 month guarantee; joint and survivor annuity, with either 50%, 66⅔%, 75% or 100% continuation; 66⅔% joint and survivor with period certain and continuous annuity, with 120 guaranteed. The guaranteed payments are made based on the amount being paid to the last survivor.

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

Appendix A (Continued)

Benefits Available As Lump Sums	This plan pays small benefit amounts (lump sums less than $5,000) automatically, and participants can elect a lump sum of their benefits accrued prior to July 1, 2006 if the lump sum value is over $5,000, but only if they are eligible for immediate benefit commencement. If a participant who is entitled to a lump sum greater than $1,000 but less than or equal to $5,000 does not elect to receive the amount directly to them, then the lump sum will be automatically rolled over into an IRA for the participant. In years in which benefit restrictions apply, the lump sums are limited as required and any benefit not payable as a lump sum will be paid as an annuity.
Changes in Plan Provisions	None.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Defined Benefit Pension Plan of United Way of Greater Cleveland

EIN 34-6516654
Plan 002

December 31, 2018

(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
	Equity Mutual Funds:			
	Vanguard Small Cap Index Fund	Small Cap Index Fund	$ 165,566	$ 299,747
	Scout Mid Cap Fund	Mid Cap Blend Fund	323,848	296,572
	Neuberger Berman Emerging Markets Equity Fund	International Fund - Open End Fund	229,144	248,601
	iShares Core S&P 500 ETF	Large Cap U.S. Equities	2,016,992	1,837,759
	Alternative Mutual Funds:			
	Gotham Absolute Return Fund	Long-Term Equity Fund	138,011	154,322
	Western Asset Macro Opptys Fund	Opportunities Fund - Open End Fund	152,989	141,957
	Parametric Vol Risk Premium Defensive Fund	Defensive Fund - Open End Fund	829,532	784,107
	Fixed Income Mutual Funds:			
	Vanguard Total BD Market Index	Index Fund - Open End	1,914,969	1,946,636
	Virtus Seix Flrt High Income	Income Fund - Open End Fund	296,698	278,320
	Templeton Global Bond Fund	International Fund - Open End Fund	239,229	209,781
	American Beacon Frontier Markets Income	Income Fund - Open End Fund	125,443	124,261
	Other Real Assets			
	JP Morgan Alerian MLP Index ETN	Exchange Traded Note - Closed End	150,394	135,036
	Structured Notes			
	Citigroup Global Markets Holdings Eurostoxx 50 Linked	Medium Term Note - Due 11/06/2023	560,000	524,608
	GS Finance Corp Eurostoxx 50 Linked	Medium Term Note - Due 11/06/2023	560,000	520,520
	Cash Equivalent:			
*	EB Short Term Investment Fund	Employee Benefit Money Market Fund	302,973	302,973
	Total Investments		$ 8,005,788	$ 7,805,200

* Party-in-interest to the Plan.

Schedule SB, Line 32 – Schedule of Amortization Bases
Defined Benefit Pension Plan of United Way of Greater Cleveland
January 1, 2018 Valuation
EIN/PN: 34-6516654/002

Exhibit VIII
Schedule of Amortization Bases

Shortfall Amortization Bases

Date Established	Present Value of Payments	Remaining Years	Amortization Installment
1/1/2018	$ 22,860	7	$ 3,732
1/1/2017	343,233	6	63,548
1/1/2016	151,742	5	32,726
1/1/2015	(148,500)	4	(39,293)
1/1/2014	(246,135)	3	(85,219)
1/1/2013	243,817	2	124,252
1/1/2012	(180,157)	1	(180,157)
1/1/2011	792,241	8	116,299
1/1/2009	1,107,102	6	204,975
Total	$ 2,086,203		$ 240,863

Waiver Amortization Bases

Date Established	Present Value of Payments	Remaining Years	Amortization Installment
1/1/2018	$ 0	N/A	$ 0
Total	$ 0		$ 0

Schedule SB, Line 24 – Change in Actuarial Assumptions
Defined Benefit Pension Plan of United Way of Greater Cleveland
January 1, 2018 Valuation
EIN/PN: 34-6516654/002

Changes in Assumptions and Methods since the Last Actuarial Valuation	The lump sum mortality was updated to the most current rates.
Justification for Changes in Actuarial Assumptions	Assumption changes other than to prescribed actuarial assumptions were made to better anticipate future experience and to comply with ASOP 35.