

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . . <input type="checkbox"/>      |                                                                                                                                                                                                                                                                                                                                           |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                               |                                                                |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                | <b>Basic Plan Information</b> —enter all requested information |                                                                     |  |
| <b>1a</b> Name of plan<br><br><u>UNITED WAY OF GREATER CLEVELAND 403(B) RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                   | <b>1b</b> Three-digit plan number (PN) ▶                       | <u>003</u>                                                          |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br><u>UNITED WAY OF GREATER CLEVELAND</u><br><br><u>1331 EUCLID AVE.</u><br><u>CLEVELAND, OH 44115-1819</u> |                                                                | <b>1c</b> Effective date of plan<br><u>01/01/2010</u>               |  |
|                                                                                                                                                                                                                                                                                                                                                                               |                                                                | <b>2b</b> Employer Identification Number (EIN)<br><u>34-6516654</u> |  |
|                                                                                                                                                                                                                                                                                                                                                                               |                                                                | <b>2c</b> Plan Sponsor's telephone number<br><u>216-436-2100</u>    |  |
|                                                                                                                                                                                                                                                                                                                                                                               |                                                                | <b>2d</b> Business code (see instructions)<br><u>813000</u>         |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2020 | AUGUST NAPOLI                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)  
v. 190130

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                   |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 201                                                                                                                                                                                                                       |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 159<br><b>6a(2)</b> 132<br><b>6b</b> 8<br><b>6c</b> 45<br><b>6d</b> 185<br><b>6e</b> 0<br><b>6f</b> 185<br><b>6g</b> 155<br><b>6h</b> 10 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                           |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2G 2L 3D<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

**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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 \_\_\_\_\_

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                  |                                                             |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019       |                                                             |
| <b>A</b> Name of plan<br>UNITED WAY OF GREATER CLEVELAND 403(B) RETIREMENT PLAN                  | <b>B</b> Three-digit plan number (PN) ▶ 003                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>UNITED WAY OF GREATER CLEVELAND | <b>D</b> Employer Identification Number (EIN)<br>34-6516654 |

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

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                                     |
|-------------------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY |
|-------------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1590850 | 65935         | MR 60512 - 1                          | 150                                                                         | 01/01/2019              | 12/31/2019 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|                                             |                                      |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

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

---

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

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

---

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

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

---

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

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

---

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

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

---

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |        |
|--------------------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 518480 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 0      |

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

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

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

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

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

|                                                                                                         |              |        |
|---------------------------------------------------------------------------------------------------------|--------------|--------|
| <b>b</b> Balance at the end of the previous year.....                                                   | <b>7b</b>    | 415553 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> | 15231  |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> | 0      |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> | 6893   |
| (4) Transferred from separate account.....                                                              | <b>7c(4)</b> | 79982  |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> | 18733  |
| ▶ LOAN REPAYMENTS, FORFEITURES                                                                          |              |        |
| (6) Total additions.....                                                                                | <b>7c(6)</b> | 120839 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 536392 |
| <b>e</b> Deductions:                                                                                    |              |        |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> | 17358  |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> | 549    |
| (3) Transferred to separate account.....                                                                | <b>7e(3)</b> | 5      |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> | 0      |
| ▶                                                                                                       |              |        |
| (5) Total deductions.....                                                                               | <b>7e(5)</b> | 17912  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 518480 |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |          |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |          |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |          |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | <b>0</b> |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |          |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |          |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                       |                 | <b>9b(3)</b>    | <b>0</b> |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |          |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |          |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |          |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |          |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |          |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |          |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |          |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |          |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |          |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | <b>0</b> |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |          |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |          |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |          |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |          |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                          |                 | <b>9e</b>       |          |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2019                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019 |                                                      |     |
| A Name of plan<br>UNITED WAY OF GREATER CLEVELAND 403(B) RETIREMENT PLAN                   | B Three-digit plan number (PN) ▶                     | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>UNITED WAY OF GREATER CLEVELAND  | D Employer Identification Number (EIN)<br>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 |
|                                                                                                            |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |

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

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

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

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

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

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

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**(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)

GLOBAL RETIREMENT PARTNERS LLC

47-1411118

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISOR                                                                                | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 15729                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

MASSACHUSETTS MUTUAL LIFE INS

04-1590850

| (b)<br>Service Code(s)        | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 62 67<br>52 63 72<br>60 64 | CONTRACT ADMINISTRATOR                                                                            | 7934                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

CBIZ RETIREMENT PLAN SERVICES

31-1582098

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 14                  | THIRD PARTY ADMINISTRATOR                                                                         | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 2992                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                                                          |                     |              |
|--------------------|----------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | MEADEN & MOORE, LTD.                                     | <b>b</b> EIN:       | 34-1818258   |
| <b>c</b> Position: | AUDITOR                                                  |                     |              |
| <b>d</b> Address:  | 1375 EAST NINTH STREET, SUITE 500<br>CLEVELAND, OH 44114 | <b>e</b> Telephone: | 216-241-3272 |
|                    |                                                          |                     |              |

Explanation: TERMINATION OF AUDITOR.

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>UNITED WAY OF GREATER CLEVELAND 403(B) RETIREMENT PLAN</b>                                                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>003</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>UNITED WAY OF GREATER CLEVELAND</b>                                                                                                                                                                  | <b>D</b> Employer Identification Number (EIN)<br><b>34-6516654</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 96969                 | 89909           |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 0                     | 11016           |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 24028                 | 22342           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 4220369               | 5352901         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 415553                | 518480          |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                 |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 4756919 5994648 |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                 |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                 |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                 |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                 |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0             |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 4756919 5994648 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 357270    |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 356955    |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> | 114818    |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 829043    |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> | 1209      |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 1209      |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> | 240670    |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 240670    |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 721713    |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 1792635   |

**Expenses**

|                                                                                      |       |        |        |
|--------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 545629 |        |
| (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) |        | 545629 |
| f Corrective distributions (see instructions) .....                                  | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |        | 1344   |
| h Interest expense .....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) |        |        |
| (2) Contract administrator fees .....                                                | 2i(2) | 7933   |        |
| (3) Investment advisory and management fees .....                                    | 2i(3) |        |        |
| (4) Other .....                                                                      | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |        | 7933   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 554906 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 1237729 |
| 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) ☐ Unmodified (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: BDO USA, LLP

(2) EIN: 13-5381590

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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.) .....                                          |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>d</b> 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.).....                                |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>g</b> 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?.....                                                     |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>h</b> 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?.....                                           |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |        |
| <b>j</b> 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.) ..... |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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 \_\_\_\_\_. (See instructions.)

|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                      | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>UNITED WAY OF GREATER CLEVELAND 403(B) RETIREMENT PLAN                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 003                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>UNITED WAY OF GREATER CLEVELAND                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>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):<br><br>EIN(s): 04-1590850                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                              | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2019 v. 190130                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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 .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

**b** The corresponding number for the second preceding plan year .....

**15a****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 .....

**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 .....

**16a****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): \_\_\_\_\_

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_



## **United Way of Greater Cleveland 403(b) Retirement Plan**

### **Financial Statements and Supplemental Schedule**

As of December 31, 2019 and 2018 and for the Year  
Ended December 31, 2019

## **United Way of Greater Cleveland 403(b) Retirement Plan**

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Financial Statements and Supplemental Schedule

As of December 31, 2019 and 2018 and for the Year Ended December 31, 2019

# United Way of Greater Cleveland 403(b) Retirement Plan

## Contents

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Tel: 216-325-1700  
Fax: 216-325-1701  
[www.bdo.com](http://www.bdo.com)

1422 Euclid Avenue, Suite 1500  
Hanna Building  
Cleveland, OH 44115

## **Independent Auditor's Report**

To the Plan Administrator  
United Way of Greater Cleveland 403(b) Retirement Plan  
Cleveland, Ohio

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the United Way of Greater Cleveland 403(b) Retirement Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

#### ***Management's Responsibility for the Financial Statements***

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

#### ***Auditor's Responsibility***

Our responsibility is to express an opinion on the 2019 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 5, which was certified by Reliance Trust Company (Reliance) and Massachusetts Mutual Life Insurance Company (Mass Mutual), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Reliance and Mass Mutual hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from Reliance and Mass Mutual as of and for the year ended December 31, 2019, that the information provided to the plan administrator by Reliance and Mass Mutual 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 on the 2019 financial statements. Accordingly, we do not express an opinion on the 2019 financial statements.

### ***Other Matter - Supplemental Schedule***

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2019 is 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 is presented for the purpose of additional analysis and is 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 the supplemental schedule.

### ***Other Matter - 2018 Financial Statements***

The financial statements of the Plan as of December 31, 2018 were audited by predecessor auditors. 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 the predecessor auditors not to perform, and they did not perform, auditing procedures with respect to the information certified by the custodians. Their report, dated October 4, 2019, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion, and (b) the form and content of the information included in the financial statements, other than that derived from the information certified by the custodians, was prepared in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

### **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 schedule, other than that derived from the information certified by the custodian, 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.

**BD&USA, LLP**

Cleveland, Ohio  
October 14, 2020

## Financial Statements

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# United Way of Greater Cleveland 403(b) Retirement Plan

## Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | 2019                | 2018                |
|------------------------------------------|---------------------|---------------------|
| <b>Assets</b>                            |                     |                     |
| Investments, at fair value               | \$ 5,871,381        | \$ 4,635,922        |
| <b>Receivables</b>                       |                     |                     |
| Participant contributions                | 11,016              | -                   |
| Employer contributions                   | 89,909              | 96,969              |
| Notes receivable from participants       | 22,342              | 24,028              |
| <b>Total Receivables</b>                 | <b>123,267</b>      | <b>120,997</b>      |
| <b>Net Assets Available for Benefits</b> | <b>\$ 5,994,648</b> | <b>\$ 4,756,919</b> |

*See accompanying notes to financial statements.*

# United Way of Greater Cleveland 403(b) Retirement Plan

## Statement of Changes in Net Assets Available for Benefits

| <i>Year Ended December 31,</i>                       |    | <b>2019</b> |
|------------------------------------------------------|----|-------------|
| <b>Additions</b>                                     |    |             |
| <b>Net Investment Income</b>                         |    |             |
| Net appreciation in fair value of investments        | \$ | 721,696     |
| Interest and dividend income                         |    | 240,688     |
| Total Investment Income                              |    | 962,384     |
| Interest on Notes Receivable from Participants       |    | 1,209       |
| <b>Contributions</b>                                 |    |             |
| Participant                                          |    | 357,270     |
| Employer                                             |    | 356,955     |
| Rollover                                             |    | 114,818     |
| Total Contributions                                  |    | 829,043     |
| Total Additions                                      |    | 1,792,636   |
| <b>Deductions</b>                                    |    |             |
| Benefits paid to participants                        |    | 546,973     |
| Administrative expenses                              |    | 7,934       |
| Total Deductions                                     |    | 554,907     |
| Net Increase                                         |    | 1,237,729   |
| Net Assets Available for Benefits, beginning of year |    | 4,756,919   |
| Net Assets Available for Benefits, end of year       | \$ | 5,994,648   |

*See accompanying notes to financial statements.*

# United Way of Greater Cleveland 403(b) Retirement Plan

## Notes to Financial Statements

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### 1. Description of the Plan

The following description of the United Way of Greater Cleveland 403(b) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

#### *General*

The Plan, which began January 1, 2010, is a defined contribution plan under section 403(b) of the Internal Revenue Code (IRC) covering all employees of The United Way of Greater Cleveland (the Organization or Employer). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### *Eligibility*

All employees of the Organization are eligible to participate in the Plan immediately upon hire. All employees of the Organization who have attained the age of 21 and have completed one year of service may receive employer contributions. The Plan allows for prior service for employees who were previously employed by another United Way organization for purposes of eligibility, vesting and determination of the participant's non-elective contribution.

#### *Contributions*

Participants may elect a portion of their compensation to be contributed to the Plan by the Organization on a pre-tax basis. Participants who have attained age 50 before the end of the Plan year may also make catch-up contributions to the Plan, up to limits prescribed. Participants may also contribute amounts representing distributions from other qualified plans, provided certain specified conditions are met.

The Organization may make a discretionary Employer contribution equal to a percentage of each participant's compensation based upon total points. A participant's total points are determined by adding the participant's age to their total years of service on the first day of the Plan year, as follows:

| Points | Percentage of Compensation |
|--------|----------------------------|
| 0-29   | 2.50%                      |
| 30-39  | 3.25%                      |
| 40-49  | 4.25%                      |
| 50-59  | 5.50%                      |
| 60-64  | 6.75%                      |
| 65-74  | 8.00%                      |
| 75-84  | 9.50%                      |
| 85+    | 11.00%                     |

Any participant with 65 or more points as of January 1, 2010 will receive an additional annual contribution equal to 3%.

Contributions are subject to limitations on annual additions and other limitations imposed by the IRC.

# United Way of Greater Cleveland 403(b) Retirement Plan

## Notes to Financial Statements

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### ***Participants' Accounts***

Each participant's account is credited with the participant's elective contributions, employer contributions, and an allocation of earnings and losses thereon. Allocations are based upon the participant earnings, account balances, or specific transactions, as defined. The Plan offers mutual funds and a separate account as participant directed investment options. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### ***Vesting***

All participants are 100% vested in elective deferrals, qualified non-elective contributions and rollover contributions made to the Plan. Participants receive no vesting in Employer contributions and Employer discretionary contributions until after completing three year of service, at which time they become 100% vested in all Employer contributions. Upon reaching normal retirement age, a participant will become 100% vested in his or her account, regardless of years of service.

### ***Forfeitures***

If, upon termination of employment, a participant is not 100% vested in his or her account balance, the non-vested portion will be forfeited on the date that the participant receives a distribution of their vested account balance. Unallocated forfeitures are applied to administrative expenses or to reduce future Employer contributions. Forfeited non-vested accounts totaled \$15,983 and \$6,548 as of December 31, 2019 and 2018, respectively. For the year ended December 31, 2019, forfeitures used to Employer contributions were \$15,500.

### ***Payment of Benefits***

Upon termination of service by reason of retirement (age 55), death or total and permanent disability, a participant receives a lump sum amount equal to the value of his or her vested account balance. Withdrawals may also be made upon attainment of age 59 ½ and circumstance of financial hardship as defined by the Plan and the IRC. In-service distributions can only be made from accounts which are 100% vested. The Plan complies with applicable sections of the IRC regarding mandatory cash-out distributions. Vested account balances of \$5,000 or less for terminated participants are automatically distributed to the participant in the form of a lump sum distribution.

### ***Notes Receivable from Participants***

Loans are permitted under certain circumstances and are subject to certain limitations. Participants may borrow from their fund accounts up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Loans are repaid over a period not to exceed 5 years with an exception for the purchase of a primary residence, which may be repaid over a period not to exceed 15 years. The loans are secured by the balance in the participant's account and bear interest at rates equal to Prime plus 1%. Interest rates ranged from 4.25% to 6.50% as of December 31, 2019, and 4.25% to 6.25% as of December 31, 2018. Principal and interest are paid ratably through payroll deductions.

# United Way of Greater Cleveland 403(b) Retirement Plan

## Notes to Financial Statements

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### 2. Summary of Significant Accounting Policies

#### ***Basis of Presentation***

The financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with generally accepted accounting principles in the United States of America (GAAP).

#### ***Investment Valuation and Income Recognition***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by Reliance Trust Company (Reliance) and Massachusetts Mutual Life Insurance Company (Mass Mutual). See Note 3 for discussion of fair value measurements.

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

#### ***Use of Estimates***

The preparation of financial statements in conformity with GAAP 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. Actual results could differ from those estimates.

#### ***Note Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document.

#### ***Benefit Payments***

Benefits are recorded when paid.

#### ***Administrative Expenses***

Certain administrative expenses are paid by the Organization and are excluded from these financial statements. Administrative expenses paid by the Plan comprise loan and record-keeping fees, in addition to certain participant directed services.

# United Way of Greater Cleveland 403(b) Retirement Plan

## Notes to Financial Statements

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### ***Risks and Uncertainties***

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, as well as the level of uncertainty related to changes in the value of the investment securities, it is reasonably possible that changes in investment values in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

### ***Recent Accounting Pronouncement***

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update (ASU) 2018-13, *Fair Value Measurement (Topic 820), Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 eliminates certain disclosures including the disclosure related to transfers between Level 1 and 2 investments, the valuation policies for Level 3 measurements and, for nonpublic entities, the change in the Level 3 investments' unrealized gains and losses included in earnings. This ASU also amends certain disclosures including disclosing purchases, sales, and transfers for Level 3 investments instead of the Level 3 roll-forward. ASU 2018-13 is effective for periods beginning after December 15, 2019. Early adoption is permitted. Management is currently evaluating the impact of this ASU on the Plan's financial statements.

### ***Revision***

The investments at fair value as of December 31, 2018 differ from what was presented in the prior year audited financial statements as follows: the Massachusetts Mutual Life Insurance Company Capital Preservation Account totaling \$415,554 was revised from level 2 in the fair value hierarchy to being valued at the net asset value (NAV) as a practical expedient at December 31, 2018.

### ***Subsequent Events***

The Plan has evaluated subsequent events through October 14, 2020, which is the date the financial statements were available to be issued. See Note 9.

## **3. Fair Value Measurements**

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

- |          |                                                                                                                                                                                                                                                               |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1: | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.                                                                                               |
| Level 2: | Inputs to the valuation methodology include: <ul style="list-style-type: none"><li>• Quoted prices for similar assets or liabilities in active markets;</li><li>• Quoted prices for identical or similar assets or liabilities in inactive markets;</li></ul> |

# United Way of Greater Cleveland 403(b) Retirement Plan

## Notes to Financial Statements

- 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 inputs must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodology used for assets measured at fair value.

*Registered investment companies (mutual funds):* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. The mutual funds held by the Plan are deemed to be actively traded.

*Separate account:* Valued using the unit value based on the NAV of the underlying securities. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Purchases and sales may occur daily within this account. As of December 31, 2019 and 2018, there were no unfunded commitments. The account allows for daily redemptions and contributions. The separate account is reported at the NAV, as provided by the insurance company, as a practical expedient for estimating fair value.

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

| <i>December 31, 2019</i>          | Level 1             | Level 2     | Level 3     | Total               |
|-----------------------------------|---------------------|-------------|-------------|---------------------|
| Registered investment companies   | \$ 5,352,901        | \$ -        | \$ -        | \$ 5,352,901        |
| Investments measured at NAV (a)   |                     |             |             | 518,480             |
| <b>Balance, December 31, 2019</b> | <b>\$ 5,352,901</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 5,871,381</b> |
| <i>December 31, 2018</i>          | Level 1             | Level 2     | Level 3     | Total               |
| Registered investment companies   | \$ 4,220,368        | \$ -        | \$ -        | \$ 4,220,368        |
| Investments measured at NAV (a)   |                     |             |             | 415,554             |
| <b>Balance, December 31, 2018</b> | <b>\$ 4,220,368</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 4,635,922</b> |

# United Way of Greater Cleveland 403(b) Retirement Plan

## Notes to Financial Statements

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- (a) In accordance with GAAP, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

### *Transfers between Levels*

There were no transfers between Levels 1 and 2 and no transfers in or out of Level 3 during 2019.

### **4. Tax Status**

The Plan has adopted the FIS Business Systems LLC Volume Submitter 403(b) Plan document that received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2017, stating that the Plan was designed to operate in compliance with the applicable sections of the IRC. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more-likely-than-not would not be sustained upon examination by the tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods are in progress.

### **5. Information Prepared and Certified**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, information certified by Reliance and Mass Mutual as of December 31, 2019 and 2018 and for the year ended December 31, 2019, was not audited, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedule.

| <i>December 31,</i>                                   | <b>2019</b>  | <b>2018</b>  |
|-------------------------------------------------------|--------------|--------------|
| Investments at fair value                             | \$ 5,871,381 | \$ 4,635,922 |
| Notes receivable from participants                    | \$ 22,342    | \$ 24,028    |
| <hr/>                                                 |              |              |
| <i>Year Ended December 31,</i>                        | <b>2019</b>  |              |
| Net appreciation in fair value of investments         | \$           | 721,696      |
| Interest and dividend income                          | \$           | 240,688      |
| Interest income on notes receivable from participants | \$           | 1,209        |

# United Way of Greater Cleveland 403(b) Retirement Plan

## Notes to Financial Statements

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### 6. 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. In the event of Plan termination, participants will become 100% vested in their accounts.

### 7. Party-in-Interest Transactions

As of and for the year ended December 31, 2019, the separate account is issued by Mass Mutual and, therefore, the related transactions qualify as party-in-interest transactions. Usual and customary fees were paid by the funds 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. Subsequent Events

On January 30, 2020, the World Health Organization (WHO) announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the COVID-19 Outbreak) and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 Outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 Outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to volatility in financial markets. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law. The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management has evaluated the relief provisions available to Plan participants under the CARES Act and has implemented the following provisions:

- Special coronavirus distributions up to \$100,000;
- Increased the available loan amount as described in Note 1 to the lesser of \$100,000 or 100% of the participant's vested account balance;
- Extended the period for loan repayments, if applicable, up to one year.

Although Plan management cannot estimate the length or gravity of the impact of the COVID-19 Outbreak at this time, if the pandemic continues, it may have an adverse effect on the Plan.

## Supplemental Schedule

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# United Way of Greater Cleveland 403(b) Retirement Plan

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

Plan No: 003  
EIN: 34-6516654

December 31, 2019

| (a)                                          | (b)                                                   | (c)                                                                                                      | (d)  | (e)                 |
|----------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------|---------------------|
|                                              | Identity of issuer, borrower, lessor or similar party | Description of investment (including maturity date, rate of interest, collateral, par or maturity value) | Cost | Current Value       |
| <b>Registered Investment Companies</b>       |                                                       |                                                                                                          |      |                     |
| *                                            | Massachusetts Mutual                                  | S&P 500 Index Fund (Nrthn Tr)                                                                            | **   | 1,034,855           |
|                                              | T. Rowe Price                                         | Retirement 2030 Fund                                                                                     | **   | 542,123             |
|                                              | T. Rowe Price                                         | Retirement 2015 Fund                                                                                     | **   | 492,738             |
|                                              | Calvert                                               | Bond Fund                                                                                                | **   | 437,778             |
|                                              | T. Rowe Price                                         | Retirement 2020 Fund                                                                                     | **   | 436,257             |
|                                              | T. Rowe Price                                         | Retirement 2025 Fund                                                                                     | **   | 365,987             |
|                                              | AB Funds                                              | Global Bond Fund                                                                                         | **   | 324,444             |
|                                              | Invesco                                               | Oppenheimer Developing Markets Fund                                                                      | **   | 295,692             |
| *                                            | Massachusetts Mutual                                  | Russell 200 Small Cap Index Fund (Nrthn Tr)                                                              | **   | 272,962             |
|                                              | Northern Funds                                        | Mid Cap Index Fund                                                                                       | **   | 260,068             |
|                                              | T. Rowe Price                                         | Retirement 2050 Fund                                                                                     | **   | 256,748             |
|                                              | T. Rowe Price                                         | Retirement 2035 Fund                                                                                     | **   | 192,899             |
|                                              | T. Rowe Price                                         | Retirement 2040 Fund                                                                                     | **   | 168,347             |
|                                              | T. Rowe Price                                         | Retirement 2045 Fund                                                                                     | **   | 165,139             |
|                                              | T. Rowe Price                                         | Retirement 2010 Fund                                                                                     | **   | 63,207              |
|                                              | T. Rowe Price                                         | Retirement 2055 Fund                                                                                     | **   | 33,426              |
|                                              | T. Rowe Price                                         | Retirement 2060 Fund                                                                                     | **   | 8,105               |
|                                              | T. Rowe Price                                         | Retirement 2005 Fund                                                                                     | **   | 2,126               |
| <b>Total Registered Investment Companies</b> |                                                       |                                                                                                          |      | <b>5,352,901</b>    |
| <b>Separate Account</b>                      |                                                       |                                                                                                          |      |                     |
| *                                            | Massachusetts Mutual Life Insurance Company           | Capital Preservation Account                                                                             | **   | 518,480             |
| *                                            | <b>Participant Loans</b>                              | Interest rates - 4.25% - 6.50%                                                                           |      | 22,342              |
| <b>Total Investments per Form 5500</b>       |                                                       |                                                                                                          |      | <b>\$ 5,893,723</b> |

\* Indicates a party-in-interest as defined by ERISA.

\*\* The cost of participant-directed investments is not required to be disclosed.

**United Way of Greater Cleveland 403b Retirement Plan  
MR 60512 - 1**

4/15/2020

**5500 Schedule C Service Provider Information for the period of: 01/01/2019 - 12/31/2019**

The following information may be required for the preparation of Schedule C (Service Provider Information (Form 5500)) for the plan year indicated above.

Some of the information provided in this report may be information that was furnished to MassMutual via the Plan Year End Plan Census or if information is not provided it is anticipated that this information can be supplied from your own records.

**Part I Service Provider Information**

**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

**Yes**

**X 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.

**Name**

**EIN**

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation**

**(a) Name and EIN or address of Service Provider**

**Name**

**EIN**

| <b>(b) Service Codes</b>                                                                                            | <b>(c) Relationship to employer, employee, organization, or person known to be a party-in-interest</b> | <b>(d) Enter direct compensation paid by the plan. If none, enter 0</b> | <b>(e) Did Service Provider receive indirect compensation? (sources other than plan or plan sponsor)</b> | <b>(f) Did indirect compensation include eligible indirect compensation for which the plan received the required disclosures?</b> | <b>(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-</b> | <b>(h) Did the service provider give you a formula instead of an amount or estimated amount?</b> |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Global Retirement Partners LLC                                                                                      |                                                                                                        |                                                                         | 471411118                                                                                                |                                                                                                                                   |                                                                                                                                                                                 |                                                                                                  |
| 27                                                                                                                  | Investment Advisor                                                                                     | 0.00                                                                    | Y                                                                                                        | N                                                                                                                                 | 15729.37                                                                                                                                                                        | N                                                                                                |
| Massachusetts Mutual Life Insurance Company                                                                         |                                                                                                        |                                                                         | 041590850                                                                                                |                                                                                                                                   |                                                                                                                                                                                 |                                                                                                  |
| 49 52 60 62 63 64 67 72                                                                                             | Contract Administrator                                                                                 | 7933.58                                                                 | Y                                                                                                        | Y                                                                                                                                 | 0.00                                                                                                                                                                            | Y                                                                                                |
| CBIZ Retirement Plan Services                                                                                       |                                                                                                        |                                                                         | 311582098                                                                                                |                                                                                                                                   |                                                                                                                                                                                 |                                                                                                  |
| 13 14                                                                                                               | Third Party Administrator                                                                              | 0.00                                                                    | Y                                                                                                        | N                                                                                                                                 | 2991.67                                                                                                                                                                         | N                                                                                                |
| Calvert                                                                                                             |                                                                                                        |                                                                         | 521233223                                                                                                |                                                                                                                                   |                                                                                                                                                                                 |                                                                                                  |
| 52                                                                                                                  | Investment Provider                                                                                    | 0.00                                                                    | Y                                                                                                        | N                                                                                                                                 | 0.00                                                                                                                                                                            | Y                                                                                                |
| Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001. |                                                                                                        |                                                                         |                                                                                                          |                                                                                                                                   |                                                                                                                                                                                 |                                                                                                  |

# United Way of Greater Cleveland 403b Retirement Plan

4/15/2020

MR 60512 - 1

5500 Schedule C Service Provider Information for the period of: 01/01/2019 - 12/31/2019

|                |                     |           |   |   |      |   |
|----------------|---------------------|-----------|---|---|------|---|
| Invesco        |                     | 936305075 |   |   |      |   |
| 52             | Investment Provider | 0.00      | Y | N | 0.00 | Y |
| AB Funds       |                     | 134071393 |   |   |      |   |
| 52             | Investment Provider | 0.00      | Y | N | 0.00 | Y |
| BlackRock      |                     | 046171663 |   |   |      |   |
| 52             | Investment Provider | 0.00      | Y | N | 0.00 | Y |
| T. Rowe Price  |                     | 521151266 |   |   |      |   |
| 52             | Investment Provider | 0.00      | Y | N | 0.00 | Y |
| American Funds |                     | 951411037 |   |   |      |   |
| 52             | Investment Provider | 0.00      | Y | N | 0.00 | Y |
| Northern Funds |                     | 363608252 |   |   |      |   |
| 52             | Investment Provider | 0.00      | Y | N | 0.00 | Y |

## 3. Sources of Indirect Information

| Name                                                | EIN                                                             | (c) Enter Amount of Indirect Compensation |
|-----------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------|
| (b) Service Codes                                   |                                                                 |                                           |
| Calvert                                             | 521233223                                                       |                                           |
| 52                                                  |                                                                 | 0.00                                      |
| (d) Name and EIN of source of indirect compensation | (e) Describe the indirect compensation including any formula... |                                           |
| Calvert Bond Fund 521233223                         | Basis points * plan assets                                      |                                           |

|          |           |
|----------|-----------|
| AB Funds | 134071393 |
|----------|-----------|

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

**United Way of Greater Cleveland 403b Retirement Plan**

4/15/2020

**MR 60512 - 1****5500 Schedule C Service Provider Information for the period of: 01/01/2019 - 12/31/2019**

|    |                                                     |                                                                 |      |
|----|-----------------------------------------------------|-----------------------------------------------------------------|------|
| 52 | (d) Name and EIN of source of indirect compensation | (e) Describe the indirect compensation including any formula... | 0.00 |
|    | AB Global Bond Fund 134071393                       | Basis points * plan assets                                      |      |

|         |           |
|---------|-----------|
| Invesco | 936305075 |
|---------|-----------|

|    |                                                     |                                                                 |      |
|----|-----------------------------------------------------|-----------------------------------------------------------------|------|
| 52 | (d) Name and EIN of source of indirect compensation | (e) Describe the indirect compensation including any formula... | 0.00 |
|    | Invesco Oppenheimer Dvlpng Mrk Fd 936305075         | Basis points * plan assets                                      |      |

|                |           |
|----------------|-----------|
| Northern Funds | 363608252 |
|----------------|-----------|

|    |                                                     |                                                                 |      |
|----|-----------------------------------------------------|-----------------------------------------------------------------|------|
| 52 | (d) Name and EIN of source of indirect compensation | (e) Describe the indirect compensation including any formula... | 0.00 |
|    | Northern Mid Cap Index Fund 363608252               | Basis points * plan assets                                      |      |

|           |           |
|-----------|-----------|
| BlackRock | 046171663 |
|-----------|-----------|

|    |                                                     |                                                                 |      |
|----|-----------------------------------------------------|-----------------------------------------------------------------|------|
| 52 | (d) Name and EIN of source of indirect compensation | (e) Describe the indirect compensation including any formula... | 0.00 |
|    | BlackRock Core Bond Portfolio Fund 046171663        | Basis points * plan assets                                      |      |

|               |           |
|---------------|-----------|
| T. Rowe Price | 521151266 |
|---------------|-----------|

|    |                                                     |                                                                 |      |
|----|-----------------------------------------------------|-----------------------------------------------------------------|------|
| 52 | (d) Name and EIN of source of indirect compensation | (e) Describe the indirect compensation including any formula... | 0.00 |
|    | T. Rowe Price Retirement 2005 Fund 521151266        | Basis points * plan assets                                      |      |

|               |           |
|---------------|-----------|
| T. Rowe Price | 521151266 |
|---------------|-----------|

|    |                                                     |                                                                 |      |
|----|-----------------------------------------------------|-----------------------------------------------------------------|------|
| 52 | (d) Name and EIN of source of indirect compensation | (e) Describe the indirect compensation including any formula... | 0.00 |
|    | T. Rowe Price Retirement 2010 Fund 521151266        | Basis points * plan assets                                      |      |

|               |           |
|---------------|-----------|
| T. Rowe Price | 521151266 |
|---------------|-----------|

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

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52 0.00

(d) Name and EIN of source of indirect compensation  
T. Rowe Price Retirement 2015 Fund 521151266

(e) Describe the indirect compensation including any formula...  
Basis points \* plan assets

T. Rowe Price

521151266

52 0.00

(d) Name and EIN of source of indirect compensation  
T. Rowe Price Retirement 2020 Fund 521151266

(e) Describe the indirect compensation including any formula...  
Basis points \* plan assets

T. Rowe Price

521151266

52 0.00

(d) Name and EIN of source of indirect compensation  
T. Rowe Price Retirement 2025 Fund 521151266

(e) Describe the indirect compensation including any formula...  
Basis points \* plan assets

T. Rowe Price

521151266

52 0.00

(d) Name and EIN of source of indirect compensation  
T. Rowe Price Retirement 2030 Fund 521151266

(e) Describe the indirect compensation including any formula...  
Basis points \* plan assets

T. Rowe Price

521151266

52 0.00

(d) Name and EIN of source of indirect compensation  
T. Rowe Price Retirement 2035 Fund 521151266

(e) Describe the indirect compensation including any formula...  
Basis points \* plan assets

T. Rowe Price

521151266

52 0.00

(d) Name and EIN of source of indirect compensation  
T. Rowe Price Retirement 2040 Fund 521151266

(e) Describe the indirect compensation including any formula...  
Basis points \* plan assets

T. Rowe Price

521151266

52 0.00

(d) Name and EIN of source of indirect compensation

(e) Describe the indirect compensation including any formula...

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|    |                                                     |           |                                                                                               |           |
|----|-----------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------|-----------|
|    | T. Rowe Price Retirement 2045 Fund                  | 521151266 | Basis points * plan assets                                                                    |           |
|    | T. Rowe Price                                       |           |                                                                                               | 521151266 |
| 52 | (d) Name and EIN of source of indirect compensation |           |                                                                                               | 0.00      |
|    | T. Rowe Price Retirement 2050 Fund                  | 521151266 | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets |           |
|    | T. Rowe Price                                       |           |                                                                                               | 521151266 |
| 52 | (d) Name and EIN of source of indirect compensation |           |                                                                                               | 0.00      |
|    | T. Rowe Price Retirement 2055 Fund                  | 521151266 | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets |           |
|    | T. Rowe Price                                       |           |                                                                                               | 521151266 |
| 52 | (d) Name and EIN of source of indirect compensation |           |                                                                                               | 0.00      |
|    | T. Rowe Price Retirement 2060 Fund                  | 521151266 | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets |           |
|    | American Funds                                      |           |                                                                                               | 951411037 |
| 52 | (d) Name and EIN of source of indirect compensation |           |                                                                                               | 0.00      |
|    | Amer Funds EuroPacific Growth Fund                  | 951411037 | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets |           |
|    | Massachusetts Mutual Life Insurance Company         |           |                                                                                               | 041590850 |
| 49 | (d) Name and EIN of source of indirect compensation |           |                                                                                               | 0.00      |
|    | Millennium Trust Company, LLC                       | 364400066 | (e) Describe the indirect compensation including any formula...<br>Referral Fee               |           |
|    | Massachusetts Mutual Life Insurance Company         |           |                                                                                               | 041590850 |
| 49 | (d) Name and EIN of source of indirect compensation |           |                                                                                               | 0.00      |
|    | Millennium Trust Company, LLC                       | 364400066 | (e) Describe the indirect compensation including any formula...<br>Referral Fee               |           |

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|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------|
| Massachusetts Mutual Life Insurance Company                                                                  | 041590850                                                                                     |          |
| 60                                                                                                           |                                                                                               | 0.00     |
| (d) Name and EIN of source of indirect compensation<br>Calvert Bond Fund 521233223                           | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets |          |
| Massachusetts Mutual Life Insurance Company                                                                  | 041590850                                                                                     |          |
| 63                                                                                                           |                                                                                               | 0.00     |
| (d) Name and EIN of source of indirect compensation<br>Calvert Bond Fund 521233223                           | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets |          |
| Massachusetts Mutual Life Insurance Company                                                                  | 041590850                                                                                     |          |
| 60                                                                                                           |                                                                                               | 0.00     |
| (d) Name and EIN of source of indirect compensation<br>AB Global Bond Fund 134071393                         | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets |          |
| Massachusetts Mutual Life Insurance Company                                                                  | 041590850                                                                                     |          |
| 63                                                                                                           |                                                                                               | 0.00     |
| (d) Name and EIN of source of indirect compensation<br>AB Global Bond Fund 134071393                         | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets |          |
| Global Retirement Partners LLC                                                                               | 471411118                                                                                     |          |
| 27                                                                                                           |                                                                                               | 15729.37 |
| (d) Name and EIN of source of indirect compensation<br>Massachusetts Mutual Life Insurance Company 041590850 | (e) Describe the indirect compensation including any formula...<br>Plan Related Expenses      |          |
| Massachusetts Mutual Life Insurance Company                                                                  | 041590850                                                                                     |          |
| 60                                                                                                           |                                                                                               | 0.00     |
| (d) Name and EIN of source of indirect compensation<br>Northern Mid Cap Index Fund 363608252                 | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets |          |
| Massachusetts Mutual Life Insurance Company                                                                  | 041590850                                                                                     |          |

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52 0.00

(d) Name and EIN of source of indirect compensation (e) Describe the indirect compensation including any formula...  
Capital Preservation Account 041590850 Basis points \* plan assets

Massachusetts Mutual Life Insurance Company 041590850

67 0.00

(d) Name and EIN of source of indirect compensation (e) Describe the indirect compensation including any formula...  
Capital Preservation Account 041590850 Basis points \* plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation (e) Describe the indirect compensation including any formula...  
Capital Preservation Account 041590850 Basis points \* plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation (e) Describe the indirect compensation including any formula...  
Invesco Oppenheimer Dvlpng Mrk Fd 936305075 Basis points \* plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation (e) Describe the indirect compensation including any formula...  
Invesco Oppenheimer Dvlpng Mrk Fd 936305075 Basis points \* plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation (e) Describe the indirect compensation including any formula...  
Amer Funds EuroPacific Growth Fund 951411037 Basis points \* plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

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| (d) Name and EIN of source of indirect compensation                                                                 |                                                     | (e) Describe the indirect compensation including any formula... |      |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------|------|
| BlackRock Core Bond Portfolio Fund 046171663                                                                        |                                                     | Basis points * plan assets                                      |      |
| Massachusetts Mutual Life Insurance Company                                                                         |                                                     | 041590850                                                       |      |
| 60                                                                                                                  | (d) Name and EIN of source of indirect compensation | (e) Describe the indirect compensation including any formula... | 0.00 |
|                                                                                                                     | T. Rowe Price Retirement 2005 Fund 521151266        | Basis points * plan assets                                      |      |
| Massachusetts Mutual Life Insurance Company                                                                         |                                                     | 041590850                                                       |      |
| 60                                                                                                                  | (d) Name and EIN of source of indirect compensation | (e) Describe the indirect compensation including any formula... | 0.00 |
|                                                                                                                     | T. Rowe Price Retirement 2010 Fund 521151266        | Basis points * plan assets                                      |      |
| Massachusetts Mutual Life Insurance Company                                                                         |                                                     | 041590850                                                       |      |
| 60                                                                                                                  | (d) Name and EIN of source of indirect compensation | (e) Describe the indirect compensation including any formula... | 0.00 |
|                                                                                                                     | T. Rowe Price Retirement 2015 Fund 521151266        | Basis points * plan assets                                      |      |
| Massachusetts Mutual Life Insurance Company                                                                         |                                                     | 041590850                                                       |      |
| 60                                                                                                                  | (d) Name and EIN of source of indirect compensation | (e) Describe the indirect compensation including any formula... | 0.00 |
|                                                                                                                     | T. Rowe Price Retirement 2020 Fund 521151266        | Basis points * plan assets                                      |      |
| Massachusetts Mutual Life Insurance Company                                                                         |                                                     | 041590850                                                       |      |
| 60                                                                                                                  | (d) Name and EIN of source of indirect compensation | (e) Describe the indirect compensation including any formula... | 0.00 |
|                                                                                                                     | T. Rowe Price Retirement 2025 Fund 521151266        | Basis points * plan assets                                      |      |
| Massachusetts Mutual Life Insurance Company                                                                         |                                                     | 041590850                                                       |      |
| 60                                                                                                                  | (d) Name and EIN of source of indirect compensation | (e) Describe the indirect compensation including any formula... | 0.00 |
|                                                                                                                     | T. Rowe Price Retirement 2030 Fund 521151266        | Basis points * plan assets                                      |      |
| Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001. |                                                     |                                                                 |      |

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|------------------------------------------------------------|--|------------------------------------------------------------------------|------|
| Massachusetts Mutual Life Insurance Company                |  | 041590850                                                              |      |
| 60                                                         |  |                                                                        | 0.00 |
| <b>(d) Name and EIN of source of indirect compensation</b> |  | <b>(e) Describe the indirect compensation including any formula...</b> |      |
| T. Rowe Price Retirement 2035 Fund 521151266               |  | Basis points * plan assets                                             |      |
| Massachusetts Mutual Life Insurance Company                |  | 041590850                                                              |      |
| 60                                                         |  |                                                                        | 0.00 |
| <b>(d) Name and EIN of source of indirect compensation</b> |  | <b>(e) Describe the indirect compensation including any formula...</b> |      |
| T. Rowe Price Retirement 2040 Fund 521151266               |  | Basis points * plan assets                                             |      |
| Massachusetts Mutual Life Insurance Company                |  | 041590850                                                              |      |
| 60                                                         |  |                                                                        | 0.00 |
| <b>(d) Name and EIN of source of indirect compensation</b> |  | <b>(e) Describe the indirect compensation including any formula...</b> |      |
| T. Rowe Price Retirement 2045 Fund 521151266               |  | Basis points * plan assets                                             |      |
| Massachusetts Mutual Life Insurance Company                |  | 041590850                                                              |      |
| 60                                                         |  |                                                                        | 0.00 |
| <b>(d) Name and EIN of source of indirect compensation</b> |  | <b>(e) Describe the indirect compensation including any formula...</b> |      |
| T. Rowe Price Retirement 2050 Fund 521151266               |  | Basis points * plan assets                                             |      |
| Massachusetts Mutual Life Insurance Company                |  | 041590850                                                              |      |
| 60                                                         |  |                                                                        | 0.00 |
| <b>(d) Name and EIN of source of indirect compensation</b> |  | <b>(e) Describe the indirect compensation including any formula...</b> |      |
| T. Rowe Price Retirement 2055 Fund 521151266               |  | Basis points * plan assets                                             |      |
| Massachusetts Mutual Life Insurance Company                |  | 041590850                                                              |      |
| 60                                                         |  |                                                                        | 0.00 |
| <b>(d) Name and EIN of source of indirect compensation</b> |  | <b>(e) Describe the indirect compensation including any formula...</b> |      |
| T. Rowe Price Retirement 2060 Fund 521151266               |  | Basis points * plan assets                                             |      |
| Massachusetts Mutual Life Insurance Company                |  | 041590850                                                              |      |

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|----|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------|
| 63 | <b>(d) Name and EIN of source of indirect compensation</b><br>Amer Funds EuroPacific Growth Fund      951411037 | <b>(e) Describe the indirect compensation including any formula...</b><br>Basis points * plan assets | 0.00 |
|----|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------|

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|---------------------------------------------|-----------|
| Massachusetts Mutual Life Insurance Company | 041590850 |
|---------------------------------------------|-----------|

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|----|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------|
| 63 | <b>(d) Name and EIN of source of indirect compensation</b><br>BlackRock Core Bond Portfolio Fund      046171663 | <b>(e) Describe the indirect compensation including any formula...</b><br>Basis points * plan assets | 0.00 |
|----|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------|

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|---------------------------------------------|-----------|
| Massachusetts Mutual Life Insurance Company | 041590850 |
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|----|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------|
| 63 | <b>(d) Name and EIN of source of indirect compensation</b><br>T. Rowe Price Retirement 2005 Fund      521151266 | <b>(e) Describe the indirect compensation including any formula...</b><br>Basis points * plan assets | 0.00 |
|----|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------|

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|---------------------------------------------|-----------|
| Massachusetts Mutual Life Insurance Company | 041590850 |
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|----|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------|
| 63 | <b>(d) Name and EIN of source of indirect compensation</b><br>T. Rowe Price Retirement 2010 Fund      521151266 | <b>(e) Describe the indirect compensation including any formula...</b><br>Basis points * plan assets | 0.00 |
|----|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------|

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|---------------------------------------------|-----------|
| Massachusetts Mutual Life Insurance Company | 041590850 |
|---------------------------------------------|-----------|

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|----|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------|
| 63 | <b>(d) Name and EIN of source of indirect compensation</b><br>T. Rowe Price Retirement 2015 Fund      521151266 | <b>(e) Describe the indirect compensation including any formula...</b><br>Basis points * plan assets | 0.00 |
|----|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------|

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|---------------------------------------------|-----------|
| Massachusetts Mutual Life Insurance Company | 041590850 |
|---------------------------------------------|-----------|

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|----|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------|
| 63 | <b>(d) Name and EIN of source of indirect compensation</b><br>T. Rowe Price Retirement 2020 Fund      521151266 | <b>(e) Describe the indirect compensation including any formula...</b><br>Basis points * plan assets | 0.00 |
|----|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------|

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|                                             |           |
|---------------------------------------------|-----------|
| Massachusetts Mutual Life Insurance Company | 041590850 |
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|----|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|
| 63 | (d) Name and EIN of source of indirect compensation<br>T. Rowe Price Retirement 2025 Fund 521151266 | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets | 0.00 |
|----|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|

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|---------------------------------------------|-----------|
| Massachusetts Mutual Life Insurance Company | 041590850 |
|---------------------------------------------|-----------|

|    |                                                                                                     |                                                                                               |      |
|----|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|
| 63 | (d) Name and EIN of source of indirect compensation<br>T. Rowe Price Retirement 2030 Fund 521151266 | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets | 0.00 |
|----|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|

|                                             |           |
|---------------------------------------------|-----------|
| Massachusetts Mutual Life Insurance Company | 041590850 |
|---------------------------------------------|-----------|

|    |                                                                                                     |                                                                                               |      |
|----|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|
| 63 | (d) Name and EIN of source of indirect compensation<br>T. Rowe Price Retirement 2035 Fund 521151266 | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets | 0.00 |
|----|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|

|                                             |           |
|---------------------------------------------|-----------|
| Massachusetts Mutual Life Insurance Company | 041590850 |
|---------------------------------------------|-----------|

|    |                                                                                                     |                                                                                               |      |
|----|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|
| 63 | (d) Name and EIN of source of indirect compensation<br>T. Rowe Price Retirement 2040 Fund 521151266 | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets | 0.00 |
|----|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|

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|---------------------------------------------|-----------|
| Massachusetts Mutual Life Insurance Company | 041590850 |
|---------------------------------------------|-----------|

|    |                                                                                                     |                                                                                               |      |
|----|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|
| 63 | (d) Name and EIN of source of indirect compensation<br>T. Rowe Price Retirement 2045 Fund 521151266 | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets | 0.00 |
|----|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|

|                                             |           |
|---------------------------------------------|-----------|
| Massachusetts Mutual Life Insurance Company | 041590850 |
|---------------------------------------------|-----------|

|    |                                                                                                     |                                                                                               |      |
|----|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|
| 63 | (d) Name and EIN of source of indirect compensation<br>T. Rowe Price Retirement 2050 Fund 521151266 | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets | 0.00 |
|----|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|

|                                             |           |
|---------------------------------------------|-----------|
| Massachusetts Mutual Life Insurance Company | 041590850 |
|---------------------------------------------|-----------|

|    |                                                     |                                                                 |      |
|----|-----------------------------------------------------|-----------------------------------------------------------------|------|
| 63 | (d) Name and EIN of source of indirect compensation | (e) Describe the indirect compensation including any formula... | 0.00 |
|----|-----------------------------------------------------|-----------------------------------------------------------------|------|

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|----|-----------------------------------------------------|-----------|-----------------------------------------------------------------|------|
|    | T. Rowe Price Retirement 2055 Fund                  | 521151266 | Basis points * plan assets                                      |      |
|    | Massachusetts Mutual Life Insurance Company         |           | 041590850                                                       |      |
| 63 | (d) Name and EIN of source of indirect compensation |           | (e) Describe the indirect compensation including any formula... | 0.00 |
|    | T. Rowe Price Retirement 2060 Fund                  | 521151266 | Basis points * plan assets                                      |      |
|    | Massachusetts Mutual Life Insurance Company         |           | 041590850                                                       |      |
| 52 | (d) Name and EIN of source of indirect compensation |           | (e) Describe the indirect compensation including any formula... | 0.00 |
|    | MM Rsl 2000 SmCap Indx Fd (Nrtm Tr)                 | 455366542 | Basis points * plan assets                                      |      |
|    | Massachusetts Mutual Life Insurance Company         |           | 041590850                                                       |      |
| 52 | (d) Name and EIN of source of indirect compensation |           | (e) Describe the indirect compensation including any formula... | 0.00 |
|    | MM S&P 500 Index Fd(Northern Trust)                 | 043410047 | Basis points * plan assets                                      |      |
|    | Massachusetts Mutual Life Insurance Company         |           | 041590850                                                       |      |
| 52 | (d) Name and EIN of source of indirect compensation |           | (e) Describe the indirect compensation including any formula... | 0.00 |
|    | Prem U.S. Govt Mny Mkt Fd (Barings)                 | 043212059 | Basis points * plan assets                                      |      |
|    | Massachusetts Mutual Life Insurance Company         |           | 041590850                                                       |      |
| 63 | (d) Name and EIN of source of indirect compensation |           | (e) Describe the indirect compensation including any formula... | 0.00 |
|    | MM Rsl 2000 SmCap Indx Fd (Nrtm Tr)                 | 455366542 | Basis points * plan assets                                      |      |
|    | Massachusetts Mutual Life Insurance Company         |           | 041590850                                                       |      |
| 63 | (d) Name and EIN of source of indirect compensation |           | (e) Describe the indirect compensation including any formula... | 0.00 |
|    | MM S&P 500 Index Fd(Northern Trust)                 | 043410047 | Basis points * plan assets                                      |      |

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|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------|
| Massachusetts Mutual Life Insurance Company                                                                  | 041590850                                                                                               |         |
| 72                                                                                                           |                                                                                                         | 0.00    |
| (d) Name and EIN of source of indirect compensation<br>MM Rsl 2000 SmCap Indx Fd (Nrtm Tr) 455366542         | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets           |         |
| Massachusetts Mutual Life Insurance Company                                                                  | 041590850                                                                                               |         |
| 72                                                                                                           |                                                                                                         | 0.00    |
| (d) Name and EIN of source of indirect compensation<br>MM S&P 500 Index Fd(Northern Trust) 043410047         | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets           |         |
| Massachusetts Mutual Life Insurance Company                                                                  | 041590850                                                                                               |         |
| 72                                                                                                           |                                                                                                         | 0.00    |
| (d) Name and EIN of source of indirect compensation<br>Prem U.S. Govt Mny Mkt Fd (Barings) 043212059         | (e) Describe the indirect compensation including any formula...<br>Basis points * plan assets           |         |
| CBIZ Retirement Plan Services                                                                                | 311582098                                                                                               |         |
| 13                                                                                                           |                                                                                                         | 2616.67 |
| (d) Name and EIN of source of indirect compensation<br>Massachusetts Mutual Life Insurance Company 041590850 | (e) Describe the indirect compensation including any formula...<br>Expense reimbursement to third party |         |
| CBIZ Retirement Plan Services                                                                                | 311582098                                                                                               |         |
| 14                                                                                                           |                                                                                                         | 125.00  |
| (d) Name and EIN of source of indirect compensation<br>Massachusetts Mutual Life Insurance Company 041590850 | (e) Describe the indirect compensation including any formula...<br>Expense reimbursement to third party |         |
| CBIZ Retirement Plan Services                                                                                | 311582098                                                                                               |         |
| 14                                                                                                           |                                                                                                         | 125.00  |
| (d) Name and EIN of source of indirect compensation<br>Massachusetts Mutual Life Insurance Company 041590850 | (e) Describe the indirect compensation including any formula...<br>Expense reimbursement to third party |         |
| CBIZ Retirement Plan Services                                                                                | 311582098                                                                                               |         |

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

|    |                                                       |                                                                 |        |
|----|-------------------------------------------------------|-----------------------------------------------------------------|--------|
| 14 |                                                       |                                                                 | 125.00 |
|    | (d) Name and EIN of source of indirect compensation   | (e) Describe the indirect compensation including any formula... |        |
|    | Massachusetts Mutual Life Insurance Company 041590850 | Expense reimbursement to third party                            |        |

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|                                                                                                         |                                                             |            |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------|
| <b>A Name of Plan</b><br><b>United Way of Greater Cleveland 403b Retirement Plan</b>                    | <b>B Three-digit plan Number</b>                            | <b>003</b> |
| <b>C Plan sponsor's name as shown on line 2a of Form 5500</b><br><b>United Way of Greater Cleveland</b> | <b>D Employer Identification Number</b><br><b>346516654</b> |            |

### Schedule C Formula Description and/or EIC Statement Description

| Service Provider Name                       | Service Provider EIN | Service Provider Address | Formula / EIC Statement                                                                                                                                   |
|---------------------------------------------|----------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| AB Funds                                    | 134071393            |                          | AB Funds received estimated Investment Management Fees of 0.45% with respect to plan assets held in the AB Global Bond Fund (MR-BS).                      |
| American Funds                              | 951411037            |                          | American Funds received estimated Investment Management Fees of 0.41% with respect to plan assets held in the Amer Funds EuroPacific Growth Fund (MR-TH). |
| BlackRock                                   | 046171663            |                          | BlackRock received estimated Investment Management Fees of 0.34% with respect to plan assets held in the BlackRock Core Bond Portfolio Fund (MR-WE).      |
| Calvert                                     | 521233223            |                          | Calvert received estimated Investment Management Fees of 0.42% with respect to plan assets held in the Calvert Bond Fund (MR-JN).                         |
| Invesco                                     | 936305075            |                          | Invesco received estimated Investment Management Fees of 0.75% with respect to plan assets held in the Invesco Oppenheimer Dvlpng Mrk Fd (MR-C9).         |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.                                               |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated 12b-1 Fees of 0.20% with respect to plan assets held in the Calvert Bond Fund (MR-JN).                                      |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Calvert Bond Fund (MR-JN).                                     |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the AB Global Bond Fund (MR-BS).                                    |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated Wrap Fees of 0.50% with respect to plan assets held in the Capital Preservation Account.                                    |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the AB Global Bond Fund (MR-BS).                                   |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated Sub-TA Fees of 0.06% with respect to plan assets held in the Northern Mid Cap Index Fund (MR-QI).                           |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated Administrative Fees of 0.25% with respect to plan assets held in the Capital Preservation Account.                          |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Invesco Oppenheimer Dvlpng Mrk Fd (MR-C9).                      |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the BlackRock Core Bond Portfolio Fund (MR-WE).                     |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2005 Fund (MR-IO).                     |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2010 Fund (MR-ST).                     |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2015 Fund (MR-JO).                     |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2020 Fund (MR-VT).                     |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2025 Fund (MR-KO).                     |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2030 Fund (MR-XT).                     |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2035 Fund (MR-LO).                     |

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

|                                             |           |                                                                                                                                                       |
|---------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2040 Fund (MR-ZT).                 |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2045 Fund (MR-MO).                 |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2050 Fund (MR-UT).                 |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2055 Fund (MR-NO).                 |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated 12b-1 Fees of 0.75% with respect to plan assets held in the Amer Funds EuroPacific Growth Fund (MR-TH).                 |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Invesco Oppenheimer Dvlpng Mrk Fd (MR-C9).                 |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated 12b-1 Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2060 Fund (MR-CAO).                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2005 Fund (MR-IO).                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2010 Fund (MR-ST).                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2015 Fund (MR-JO).                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2020 Fund (MR-VT).                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2025 Fund (MR-KO).                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2030 Fund (MR-XT).                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2035 Fund (MR-LO).                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2040 Fund (MR-ZT).                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2045 Fund (MR-MO).                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2050 Fund (MR-UT).                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2055 Fund (MR-NO).                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the BlackRock Core Bond Portfolio Fund (MR-WE).                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.35% with respect to plan assets held in the Amer Funds EuroPacific Growth Fund (MR-TH).                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the MM Rsl 2000 SmCap Indx Fd (Nrtn Tr) (MR-CBR).               |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the MM S&P 500 Index Fd(Northern Trust) (MR-CKM).               |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 1.30% with respect to plan assets held in the Capital Preservation Account.               |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the T. Rowe Price Retirement 2060 Fund (MR-CAO).               |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the Prem U.S. Govt Mny Mkt Fd (Barings) (MR-G).        |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.35% with respect to plan assets held in the MM Rsl 2000 SmCap Indx Fd (Nrtn Tr) (MR-CBR).      |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.35% with respect to plan assets held in the MM S&P 500 Index Fd(Northern Trust) (MR-CKM).      |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.35% with respect to plan assets held in the Prem U.S. Govt Mny Mkt Fd (Barings) (MR-G). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.09% with respect to                                                                     |

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

|                                             |           |                                                                                                                                                                                                                                                                      |
|---------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Company                                     |           | plan assets held in the MM S&P 500 Index Fd(Northern Trust) (MR-CKM).                                                                                                                                                                                                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.10% with respect to plan assets held in the MM Rsl 2000 SmCap Indx Fd (Nrtn Tr) (MR-CBR).                                                                                                              |
| Massachusetts Mutual Life Insurance Company | 041590850 | Millennium Trust Company, LLC paid MassMutual a one-time referral fee of: \$40 for balances of \$500 or greater, \$10 for balances from \$75 to less than \$500, and \$0 for balances below \$75 for IRA rollovers processed before 4/1/19.                          |
| Massachusetts Mutual Life Insurance Company | 041590850 | Millennium Trust Company, LLC paid MassMutual a one-time referral fee of: \$50 for balances of \$10,000 or greater, \$40 for balances \$500 to \$10,000, \$20 for balances \$100 to \$500, \$0 for balances below \$100 for IRA rollovers processed 4/1/19 or later. |
| Northern Funds                              | 363608252 | Northern Funds received estimated Investment Management Fees of 0.13% with respect to plan assets held in the Northern Mid Cap Index Fund (MR-QI).                                                                                                                   |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.53% with respect to plan assets held in the T. Rowe Price Retirement 2005 Fund (MR-IO).                                                                                                             |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.53% with respect to plan assets held in the T. Rowe Price Retirement 2010 Fund (MR-ST).                                                                                                             |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.56% with respect to plan assets held in the T. Rowe Price Retirement 2015 Fund (MR-JO).                                                                                                             |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.59% with respect to plan assets held in the T. Rowe Price Retirement 2020 Fund (MR-VT).                                                                                                             |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.63% with respect to plan assets held in the T. Rowe Price Retirement 2025 Fund (MR-KO).                                                                                                             |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.66% with respect to plan assets held in the T. Rowe Price Retirement 2030 Fund (MR-XT).                                                                                                             |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.68% with respect to plan assets held in the T. Rowe Price Retirement 2035 Fund (MR-LO).                                                                                                             |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.70% with respect to plan assets held in the T. Rowe Price Retirement 2040 Fund (MR-ZT).                                                                                                             |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.71% with respect to plan assets held in the T. Rowe Price Retirement 2045 Fund (MR-MO).                                                                                                             |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.71% with respect to plan assets held in the T. Rowe Price Retirement 2050 Fund (MR-UT).                                                                                                             |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.72% with respect to plan assets held in the T. Rowe Price Retirement 2055 Fund (MR-NO).                                                                                                             |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.72% with respect to plan assets held in the T. Rowe Price Retirement 2060 Fund (MR-CAO).                                                                                                            |

# United Way of Greater Cleveland 403(b) Retirement Plan

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

Plan No: 003  
EIN: 34-6516654

December 31, 2019

| (a)                                          | (b)                                                   | (c)                                                                                                      | (d)  | (e)                 |
|----------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------|---------------------|
|                                              | Identity of issuer, borrower, lessor or similar party | Description of investment (including maturity date, rate of interest, collateral, par or maturity value) | Cost | Current Value       |
| <b>Registered Investment Companies</b>       |                                                       |                                                                                                          |      |                     |
| *                                            | Massachusetts Mutual                                  | S&P 500 Index Fund (Nrthn Tr)                                                                            | **   | 1,034,855           |
|                                              | T. Rowe Price                                         | Retirement 2030 Fund                                                                                     | **   | 542,123             |
|                                              | T. Rowe Price                                         | Retirement 2015 Fund                                                                                     | **   | 492,738             |
|                                              | Calvert                                               | Bond Fund                                                                                                | **   | 437,778             |
|                                              | T. Rowe Price                                         | Retirement 2020 Fund                                                                                     | **   | 436,257             |
|                                              | T. Rowe Price                                         | Retirement 2025 Fund                                                                                     | **   | 365,987             |
|                                              | AB Funds                                              | Global Bond Fund                                                                                         | **   | 324,444             |
|                                              | Invesco                                               | Oppenheimer Developing Markets Fund                                                                      | **   | 295,692             |
| *                                            | Massachusetts Mutual                                  | Russell 200 Small Cap Index Fund (Nrthn Tr)                                                              | **   | 272,962             |
|                                              | Northern Funds                                        | Mid Cap Index Fund                                                                                       | **   | 260,068             |
|                                              | T. Rowe Price                                         | Retirement 2050 Fund                                                                                     | **   | 256,748             |
|                                              | T. Rowe Price                                         | Retirement 2035 Fund                                                                                     | **   | 192,899             |
|                                              | T. Rowe Price                                         | Retirement 2040 Fund                                                                                     | **   | 168,347             |
|                                              | T. Rowe Price                                         | Retirement 2045 Fund                                                                                     | **   | 165,139             |
|                                              | T. Rowe Price                                         | Retirement 2010 Fund                                                                                     | **   | 63,207              |
|                                              | T. Rowe Price                                         | Retirement 2055 Fund                                                                                     | **   | 33,426              |
|                                              | T. Rowe Price                                         | Retirement 2060 Fund                                                                                     | **   | 8,105               |
|                                              | T. Rowe Price                                         | Retirement 2005 Fund                                                                                     | **   | 2,126               |
| <b>Total Registered Investment Companies</b> |                                                       |                                                                                                          |      | <b>5,352,901</b>    |
| <b>Separate Account</b>                      |                                                       |                                                                                                          |      |                     |
| *                                            | Massachusetts Mutual Life Insurance Company           | Capital Preservation Account                                                                             | **   | 518,480             |
| *                                            | <b>Participant Loans</b>                              | Interest rates - 4.25% - 6.50%                                                                           |      | 22,342              |
| <b>Total Investments per Form 5500</b>       |                                                       |                                                                                                          |      | <b>\$ 5,893,723</b> |

\* Indicates a party-in-interest as defined by ERISA.

\*\* The cost of participant-directed investments is not required to be disclosed.