

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2019 and ending 12/19/2019

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ▶
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>UNITED WAY OF GREENVILLE COUNTY, INC. DEFINED BENEFIT PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
	1c Effective date of plan	<u>07/01/1980</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNITED WAY OF GREENVILLE COUNTY, INC.</u> <u>105 EDINBURGH COURT</u> <u>GREENVILLE, SC 29607-2529</u>	2b Employer Identification Number (EIN)	<u>57-0362066</u>
	2c Sponsor's telephone number	<u>864-467-3335</u>
	2d Business code (see instructions)	<u>624100</u>
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5a Total number of participants at the beginning of the plan year	5a	<u>96</u>
b Total number of participants at the end of the plan year	5b	<u>0</u>
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	<u>36</u>
d(2) Total number of active participants at the end of the plan year	5d(2)	<u>0</u>
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	<u>0</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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/05/2025</u>	<u>MEGHAN BARP</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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: 573126. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	3101208	0
b Total plan liabilities	7b		0
c Net plan assets (subtract line 7b from line 7a)	7c	3101208	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	51805	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	107782	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		159587
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3230685	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	30110	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3260795
i Net income (loss) (subtract line 8h from line 8c)	8i		-3101208
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <u>1A 1I</u>
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b			
c Was the plan covered by a fidelity bond?	10c			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d			
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 20543

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

United Way of Greenville County, Inc. Defined Benefit Pension Plan

EIN/PN: 57-0362066/001

Schedule SB, Line 26a – Schedule of Active Participant Data

Age	Completed Years of Service										Total
	0-1	2-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Below 25	-	-	-	-	-	-	-	-	-	-	0
25-29	-	5	1	-	-	-	-	-	-	-	6
30-34	-	4	5	-	-	-	-	-	-	-	9
35-39	-	-	-	-	1	-	-	-	-	-	1
40-44	-	1	1	2	-	-	-	-	-	-	4
45-49	-	-	2	2	1	-	-	-	-	-	5
50-54	-	4	2	-	-	-	-	1	-	-	7
55-59	-	1	-	-	1	-	-	-	-	-	2
60-64	-	-	1	-	1	-	-	-	-	-	2
65+	-	-	-	-	-	-	-	-	-	-	0
Total	0	15	12	4	4	0	0	1	0	0	36

United Way of Greenville County, Inc, Defined Benefit Pension Plan

EIN/PN: 57-0362066/001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Status	The plan was terminated effective January 1, 2019.
Funding Interest Rates	ARPA Adjusted Segment Rates Segment 1: 3.74% Segment 2: 5.35% Segment 3: 6.11% Effective Interest Rate (EIR): 5.80% Unadjusted Segment Rates – September 2018 Segment 1: 2.28% Segment 2: 3.81% Segment 3: 4.46% Effective Interest Rate (EIR): 4.24%
Mortality	Pre-retirement: IRS 2018 Applicable Mortality Table for 417(e) Post-retirement: 2019 Small Plan Combined Static Mortality
Retirement Rates	100% at assumed age of retirement. Assumed age of retirement is the participant's earliest unreduced retirement age, generally age 65 or age 62, as provided in the data provided for the 2019 valuation.
Termination Rates	Sarason T09 Table
Form of Payment	Retirees: Based on optional form elected All others: Lump Sum
Marital Status	Percent married: Males: 80%; Females: 80% Age difference: Males are assumed to be 3 years older than females
Loading for Expenses	Expenses expected to be paid in the plan year.
Disability Rates	None
Actuarial Value of Assets	Fair market value of assets adjusted for contributions under IRC 430(g)(4)
Actuarial Cost Method	Unit Credit

United Way of Greenville County, Inc. Defined Benefit Pension Plan

EIN/PN: 57-0362066/001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Actuarial Valuation Modeling
Method

Liabilities shown in this report were determined using third-party actuarial valuation software. This software is designed for the specific purpose of modeling pension plan liabilities and costs and is the standard pension valuation software used by Gallagher Benefit Services, Inc. The results in this report are based on various inputs into the software model, including the plan provisions and assumptions shown in this report, and demographic and financial information provided by United Way of Greenville County. While the results have been tested and reviewed for overall accuracy and consistency, we have relied upon the validity of the underlying software coding in preparing this report.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 01/01/2019

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


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

A Name of plan United Way of Greenville County, Inc. Defined Benefit Pension Plan		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF United Way of Greenville County, Inc.		D Employer Identification Number (EIN) 57-0362066	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2019</u>		
2 Assets:			
a Market value.....		2a	3,098,842
b Actuarial value.....		2b	3,098,842
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	4	686,703	686,703
b For terminated vested participants.....	56	1,181,951	1,181,951
c For active participants.....	36	758,410	758,410
d Total.....	96	2,627,064	2,627,064
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....		5	5.80%
6 Target normal cost.....		6	0

Statement by Enrolled Actuary

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

SIGN HERE		<u>8/1/2025</u>
	Signature of actuary	Date
Edwin L. McNamara Jr.		2306568
Type or print name of actuary		Most recent enrollment number
Gallagher Benefit Services, Inc.		952-918-3954
Firm name		Telephone number (including area code)
3600 American Blvd West		
Suite 500		
Bloomington MN 55431		
Address of the firm		

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

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

Schedule SB (Form 5500) 2019
v. 190130

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

21 Discount rate:

a Segment rates:

1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment Yes No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)..... **31a** 0

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

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment.....	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 50,673
38 Present value of excess contributions for current year (see instructions)			50,673
a Total (excess, if any, of line 37 over line 36).....			38a 50,673
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40 Unpaid minimum required contributions for all years			40 0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected 2 plus 7 years 15 years

b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011

United Way of Greenville County, Inc. Defined Benefit Pension Plan

EIN/PN: 57-0362066/001

Schedule SB, line 22 - Description of Weighted Average Retirement Age

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 01/01/2019

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C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF United Way of Greenville County, Inc.	D Employer Identification Number (EIN) 57-0362066	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information

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a For retired participants and beneficiaries receiving payment	4	686,703	686,703
b For terminated vested participants	56	1,181,951	1,181,951
c For active participants	36	758,410	758,410
d Total	96	2,627,064	2,627,064
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor			4b
5 Effective interest rate.....			5 5.80%
6 Target normal cost			6 0

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

Edwin L. McNamara Jr.

Type or print name of actuary

Gallagher Benefit Services, Inc.

Firm name

3600 American Blvd West
Suite 500
Bloomington MN 55431

Address of the firm

Date

2306568

Most recent enrollment number

952-918-3954

Telephone number (including area code)

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

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

**Schedule SB (Form 5500) 2019
v. 190130**

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	401,223	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8).....	401,223	0
10	Interest on line 9 using prior year's actual return of <u>-3.11%</u>	-12,478	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		272,217
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.92%</u>		16,115
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	c Total available at beginning of current plan year to add to prefunding balance.....		288,332
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	388,745	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	103.16%
15	Adjusted funding target attainment percentage.....	15	117.95%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	108.78%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/24/2019	51,805	0			
Totals ▶			18(b)	51,805	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 50,673
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost			
21	Discount rate:			
a	Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %
		<input type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code).....		21b	4
22	Weighted average retirement age		22	63
23	Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

Part VI	Miscellaneous Items			
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment		27	

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28	Unpaid minimum required contributions for all prior years		28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....		29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)		30	0

Part VIII	Minimum Required Contribution For Current Year			
31	Target normal cost and excess assets (see instructions):			
a	Target normal cost (line 6)		31a	0
b	Excess assets, if applicable, but not greater than line 31a		31b	0
32	Amortization installments:	Outstanding Balance	Installment	
a	Net shortfall amortization installment.....	0	0	
b	Waiver amortization installment	0	0	
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34
		Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement.....	0	0	0
36	Additional cash requirement (line 34 minus line 35).....			36
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37
				50,673
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)		38a	50,673
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39
				0
40	Unpaid minimum required contributions for all years			40
				0

Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)			
41	If an election was made to use PRA 2010 funding relief for this plan:			
a	Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
b	Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		

United Way of Greenville County, Inc. Defined Benefit Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions

This summary has been prepared for valuation purposes only. It summarizes the Plan Provisions necessary to perform the actuarial valuation.

Definitions

Plan Status	The plan was terminated effective January 1, 2019. Benefit accruals were frozen as of December 31, 2018 and all participants were 100% vested.
Effective Date	Original: July 1, 1980 Terminated: January 1, 2019
Accrued Benefit	Unit credit based on service. Benefit frozen as of December 31, 2018. Minimum Benefit – None Maximum Benefit – None Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality
Normal Retirement Date	First of month coincident with or next following attainment of age 65
Early Retirement Date	First of month coincident with or next following attainment of age 55
Average Compensation	Highest 3 consecutive years of the last 10 years of service. Average Compensation was frozen as of December 31, 2018.
Normal Form of Benefit	Life Annuity
Optional Forms of Benefit	Lump Sum, Life Annuity Guaranteed for 5, 10, or 15 Years Joint with 50%, 75%, or 100% Survivor Benefit
Service	1000 hours required for eligibility, benefit accrual, and vesting service
Eligibility	All employees excluding non-resident aliens, members of an excluded class and union Minimum Age: 21 Minimum months of service: 12 Plan Entry: First day of calendar month coincident with or next following eligibility satisfaction

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**Schedule SB, Part V – Summary of Plan Provisions
(Continued)**

Plan Benefits:

Retirement	Derived from the excess benefit formula below: 1% of average compensation per year of service beginning year 1 Maximum spread/offset limited to 0.5% (as adjusted from social security retirement age to normal retirement age, for normal form of payment, and integration level options, if applicable) multiplied by the participant's years of service, not to exceed 35 years. Excess compensation defined as the Participant's Covered Compensation. Covered Compensation determined using the covered compensation table which is averaged to social security retirement age. Benefits were frozen as of December 31, 2018.
Early Retirement	Normal retirement benefit decreased by 1/15 th for each of the first five years and 1/30 th for each of the next five years preceding normal retirement age, where normal retirement age for purposes of determining early retirement benefit is generally considered age 65, or age 62 for participants who have completed 20 or more years of service for vesting service in the not-for-profit human services field, including at least 10 years of service with United Way of Greenville County, Inc. and/or the Community Planning Council.
Death Benefit	Present Value of Accrued Benefit.
Disability Benefit	None.
Vesting Schedule	100% vested in 3 years. Participants affected by plan termination were 100% vested. Service is calculated using all years of service.
Present Value of Accrued Benefit	Greater of 417(e) or Actuarial Equivalence below.
Actuarial Equivalence	Pre-Retirement: Interest: 7.5% Mortality Table: 1983 Group Annuity blended 50.00% male and 50.00% female rates Post-Retirement: Interest: 7.5% Mortality Table: 1983 Group Annuity blended 50.00% male and 50.00% female rates

United Way of Greenville County, Inc. Defined Benefit Pension Plan
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Schedule SB, Line 25 – Change in Method

Daniel Boland from Ascensus, LLC is no longer the Enrolled Actuary for this Plan. An Enrolled Actuary from Gallagher Benefit Services, Inc. was assigned to be the Enrolled Actuary for this Plan. In addition, a new valuation software was used for the 2019 valuation results. Automatic approval for the change in valuation software is provided under IRS Revenue Procedure 2017-56.