Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CALFEE HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1968

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

CALFEE HALTER & GRISWOLD LLP

1405 EAST SIXTH STREET
CLEVELAND, OH 44114

2b Employer Identification Number (EIN)
34-0732302

2c Sponsor's telephone number
216-622-8200

2d Business code (see instructions)
541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	R.J. HAUER, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

MEADEN & MOORE, LTD.

1100 SUPERIOR AVE.
SUITE 1100
CLEVELAND, OH 44114

Preparer's telephone number (optional)
216-241-3272

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	368
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	280
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	112
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	392
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	395
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	355
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2K 2R 3B 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
CALFEE HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALFEE HALTER & GRISWOLD LLP

D Employer Identification Number (EIN)
34-0732302

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

PNC BANK, N.A.

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 25 27 63	TRUSTEE	121189	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
CALFEE HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CALFEE HALTER & GRISWOLD LLP

D Employer Identification Number (EIN)
34-0732302

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

b Name of sponsor of entity listed in (a): BNP PARIBAS INVESTMENT PARTNERS TRUST CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-0373646-007	C	3814153

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
CALFEE HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALFEE HALTER & GRISWOLD LLP

D Employer Identification Number (EIN)
34-0732302

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	389922	345273
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	47427	11409
(2) Participant contributions	1b(2)	17000	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	903077	999041
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	11818089	10779720
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	796359	669007
(9) Value of interest in common/collective trusts	1c(9)	3631690	3814153
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	30778051	36922878
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	96191548	107731963

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	144573163	161273444
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	144573163	161273444

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3432385	
	(B) Participants	2a(1)(B)	1518548	
	(C) Others (including rollovers)	2a(1)(C)	1197053	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6147986
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	30111	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		30111
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1769185	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1769185
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		20555
(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)		4337566
c Other income	2c		14936420
d Total income. Add all **income** amounts in column (b) and enter total	2d		27241823
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10588202	
(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)		10588202
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	143006	
(4) Other	2i(4)	2120	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		145126
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10733328
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		16508495
l Transfers of assets:			
(1) To this plan	2l(1)		191786
(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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

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

(1) Name: MEADEN & MOORE, LTD. **(2)** EIN: 34-1818258

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
CALFEE HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALFEE HALTER & GRISWOLD LLP

D Employer Identification Number (EIN)
34-0732302

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**

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

EIN(s): 25-1211909

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	0

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):

CALFEE, HALTER & GRISWOLD LLP
PROFIT SHARING TRUST AND PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2013

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Meaden&Moore

Independent Auditor's Report

Profit Sharing Advisory Committee
Calfee, Halter & Griswold Profit Sharing Trust and Plan
Cleveland, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of the Calfee, Halter & Griswold Profit Sharing Trust and Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the years ended December 31, 2013 and 2012, 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 are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2013 and 2012, and the changes in net assets available for benefits of the Plan as of December 31, 2013 and 2012, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2013 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Meaden & Moore, Ltd.
Cleveland, Ohio
October 13, 2014

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Calfee, Halter & Griswold LLP
Profit Sharing Trust and Plan

	December 31	
	2013	2012
ASSETS		
Cash and cash equivalents	**$ 345,273**	$ 389,922
Receivable - Employer contributions	**11,409**	47,427
Receivable - Employee contributions	**-**	17,000
Notes receivable from participants	**669,007**	796,359
Total Receivables	**680,416**	860,786
Investments (at Fair Value):		
American Beacon Large Cap Value Fund	**1,684,899**	1,247,949
American Funds Growth Fund	**6,036,058**	4,585,320
American Funds Europacific Growth Fund	**4,074,488**	3,480,046
American Century Balanced Fund	**570,774**	245,804
Fidelity Spartan 500 Index Fund	**3,915,323**	2,575,734
Income Plus Fund	**3,807,419**	3,659,112
T. Rowe Price Mid Cap Value Fund	**2,256,302**	1,882,144
PIMCO Total Return Fund	**3,886,060**	3,858,047
BlackRock LifePath Retirement	**993,320**	871,924
BlackRock LifePath 2020	**3,029,967**	2,653,196
BlackRock LifePath 2030	**2,191,912**	2,115,916
BlackRock LifePath 2040	**1,135,949**	882,925
BlackRock LifePath 2050	**93,449**	74,828
Dreyfus Mid Cap Index Fund	**1,206,403**	1,029,878
Dreyfus Small Cap Stock Index Fund	**148,715**	-
Goldman Sachs Growth Opportunity Class A	**1,432,085**	1,332,182
Vanguard Mid Cap Growth Index	**782,094**	433,552
Wells Fargo Advantage Small Cap Fund	**3,485,080**	3,508,606
PNC Treasury Money Market Fund	**999,041**	903,077
Brokerage Accounts - Limited Partnerships	**10,779,720**	11,818,089
Brokerage Accounts - Other	**107,731,963**	96,191,548
Total Investments	**160,241,021**	143,349,877
Total Assets	**161,266,710**	144,600,585
LIABILITIES	**-**	-
Net Assets Reflecting All Investments at Fair Value	**161,266,710**	144,600,585
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	**6,734**	(27,422)
Net Assets Available for Benefits	**$ 161,273,444**	$ 144,573,163

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Calfee, Halter & Griswold LLP
Profit Sharing Trust and Plan

	Year Ended December 31	
	2013	2012
Additions to Net Assets Attributed to:		
Contributions:		
Employer	**$ 3,432,385**	$ 3,444,329
Employee	**1,518,548**	1,350,571
Rollover	**1,197,053**	17,069
	6,147,986	4,811,969
Investment Income:		
Interest and dividend income	**4,545,267**	4,739,055
Net unrealized/realized appreciation	**16,548,570**	9,829,194
Total Investment Income	**21,093,837**	14,568,249
Deductions from Net Assets Attributed to:		
Benefits paid to participants	**10,588,202**	7,172,146
Administrative expenses	**145,126**	7,237
Total Deductions	**10,733,328**	7,179,383
Net Increase before Plan Transfer	**16,508,495**	12,200,835
Transfer from Associates Plan	**191,786**	123,527
Net Assets Available for Benefits:		
Beginning of Year	**144,573,163**	132,248,801
End of Year	**$ 161,273,444**	$ 144,573,163

See accompanying notes.

1 Description of Plan

The following description of the Calfee, Halter & Griswold Profit Sharing Trust and Plan ("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 December 1, 1968, is a defined contribution plan covering all employees of Calfee, Halter & Griswold LLP (the "Company") who meet service, age and classification requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan also includes a profit sharing provision, a cash or deferred arrangement [401(k)], and matching employer contributions, integrated with Social Security.

Effective January 1, 2013, the Plan was amended and restated to incorporate all prior amendments since the June 1, 2006 restatement.

Eligibility:

An employee or partner becomes eligible to be a full participant when all of the following requirements are met:

a. Completion of two years of service with 1,000 or more hours completed in each of the two years;

b. Attainment of age of twenty-one years;

c. Not being a leased employee within the meaning of 414(n)(2) of the Internal Revenue Code;

d. Not being employed as an associate attorney;

e. Not being employed as a summer associate or an intern;

f. Not being employed in accordance with an oral or written employment, consulting or other arrangement, the terms and conditions of which preclude a person's participation in the Plan;

g. Not being employed by Calfee Strategic Solutions, LLC, a wholly owned subsidiary of the sponsor.

Eligible persons become participants as of the first day of the calendar quarter coinciding with or next following the date they first satisfy the eligibility requirements.

1 Description of Plan, Continued

Eligibility, Continued:

In addition, an employee or partner may become a "Special 401(k) Contributor" when he or she has met the requirements in (c) through (g) as previously described. A "Special 401(k) Contributor" may participate in the cash or deferred option feature of the Plan, but is not entitled to any other contributions under the Plan.

Contributions:

A. Firm Contributions:

(1) Base Contribution - (a) equal to the greater of 7.0% of each full participant's eligible compensation or .5% of each full participant's eligible compensation multiplied by his or her full years of benefit service up to a maximum of twenty-one years of benefit service or (b) for participants who are partners and are age 40 or older, the contribution is equal to 10.5% of eligible compensation.

(2) Integrated Contribution - equal to 5.7% of each full participant's eligible compensation in excess of the social security taxable wage base.

(3) Matching Contribution - for non-partner full participants only. The matching contribution is the lesser of 25% of the participant's 401(k) deferral or 1% of eligible compensation.

B. Optional 401(k)/Roth Contributions:

Active full participants and Special 401(k) Contributors may direct that a portion of their future compensation not be paid to them, but rather be contributed by the Firm to the Plan.

C. Voluntary After-Tax Contributions:

Active full participants may also make voluntary contributions not deductible on their Federal income tax returns.

Eligible compensation is subject to the maximum permitted to be considered in determining contributions by Section 401(a)(17) of the Internal Revenue Code. Maximum eligible compensation was $255,000 in 2013 and $250,000 in 2012.

Contributions are subject to limitations imposed by the Internal Revenue Code as defined in the Plan agreement.

1 Description of Plan, Continued

Participants' Accounts:

Participants may generally maintain up to seven different types of bookkeeping accounts. Certain accounts are funded by the contributions described above. All accounts include earnings thereon.

A. Employer Contribution Accounts - includes base contribution and matching contribution.

B. Integrated Accounts - includes employer integrated contributions.

C. 401(k) Accounts - employee deferrals under 401(k) provisions.

D. Roth Contribution Accounts - employee Roth deferrals.

E. After Tax Accounts -
   1. Pre-87 accounts - contributions made before 1987.
   2. Post-86 accounts - contributions made after 1986.

F. Voluntary Deductible Contribution Accounts - contains contributions made before January 1, 1987, under Individual Retirement Account provisions of the Internal Revenue Code. No voluntary deductible contributions have been permitted since then.

Vesting:

The amounts credited to all accounts established and held for any employee are fully vested and non-forfeitable at all times.

Notes Receivable from Participants:

Loans are permitted under certain circumstances and are subject to limitations. Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loans are repaid over a period not to exceed five years with exceptions for the purchase of a primary residence. Loans are valued at unpaid principal plus accrued interest.

The loans are secured by the balance in the participant's account and bear interest at a rate 1% per annum above the prime rate of interest charged by PNC Bank at the time the loan is approved. However, if the loan is used to acquire a participant's principal residence, the note may have a term comparable to those in similar transactions involving lending institutions. The amount of any such loan is subject to limitations explained in the Plan. Principal and interest are paid ratably no less frequently than quarterly.

1 Description of Plan, Continued

Payment of Benefits:

Participants ceasing employment due to retirement, termination, death or disability are entitled to distributions of all amounts credited to their accounts and, in the case of death, any proceeds on life insurance contracts.

Benefits will normally be paid to terminated full participants and Special 401(k) Contributors in an annuity form of distribution unless they elect an optional form of distribution (a lump sum, installments, 50% joint and survivor, or a combination of these forms of distribution). Spouses of deceased full participants and Special 401(k) Contributors will generally receive their death benefit pursuant to a single life annuity form of distribution unless they elect a lump sum or installment form of distribution. Non-spouse beneficiaries of full participants and Special 401(k) Contributors will generally receive their death benefit pursuant to a lump sum form of distribution unless they elect an installment form of distribution.

Hardship Withdrawals:

Hardship withdrawals are permitted in accordance with Internal Revenue Service guidelines.

Investment Options:

Upon enrollment in the Plan, a participant may direct his or her contributions in any of the investment options offered by the Plan. In order to utilize the self-directed option, the participant must have at least $25,000 in their account.

2 Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated April 25, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2013, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress. The Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to December 31, 2010.

3 Summary of Significant Accounting Policies

Basis of Accounting:

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

Valuation of Investments:

Under current accounting guidance, investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates:

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

Administrative Fees:

Generally all administrative fees were paid by the Plan sponsor except for trustee fees applicable to maintenance of brokerage accounts of former employees who terminated employment prior to reaching retirement status.

Plan Termination:

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

Risks and Uncertainties:

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

3 Summary of Significant Accounting Policies, Continued

Subsequent Events:

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

Subsequent events have been evaluated through October 13, 2014, which is the date the financial statements were available to be issued.

4 Fair Value Measurements

As defined in FASB ASC 820, "Fair Value Measurements," 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. In determining fair value, the Plan utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and/or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable firm inputs. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the examination of the inputs used in the valuation techniques, the Plan is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

* Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
* Level 2: Inputs to the valuation methodology include:
  * Quoted prices for similar assets or liabilities in active markets;
  * Quoted prices for identical or similar assets or liabilities in inactive markets;
  * Inputs other than quoted prices that are observable for the asset or liability;
  * Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
* Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

4 Fair Value Measurements, Continued

Money Market:

Money market funds are classified as Level 2 since they are not traded on an active market. The values are updated periodically and are, as such, valued on an inactive market.

Mutual Funds, Common Stock, Exchange-Traded Funds, and Master Limited Partnerships:

Valuation of these investments are based on quoted prices in active markets and are classified as a Level 1 in the hierarchy.

Common Collective Trusts:

The Common collective trust held by the Plan is similar to a mutual fund and is valued based on the quoted market prices of the underlying securities. Since the asset is not publicly traded on an active market in and of itself, this investment is classified in Level 2 of the valuation hierarchy.

The net asset value is determined on a daily basis. Units can be issued and redeemed on any business day at that day's unit value. Although it is intended to permit daily withdrawals, some of the assets of the contract may require an adjustment in the value of the investment if a withdrawal is made. In any event, the Trustee may, in its sole discretion, defer such withdrawal over such period of time, not to exceed one year, as the Trustee may determine that it is necessary for fair and orderly management of the Fund.

Certificates of Deposit:

Certificates of deposit are classified as Level 2 since their valuation is not based on quoted prices in an active market. The valuation is based on a market interest rate that is multiplied (at any given time) by the original principal deposit, payable only upon maturity. Since the maturity is a future date, the valuation only approximates fair value. These fall into the Level 2 category of the valuation hierarchy.

U.S. Government Securities:

U.S. Government Securities are classified as Level 2. The majority of these assets are comprised of government-issued bonds which are valued based on the present value of expected future cash flows. While this pricing model is fairly straightforward, there are inherent assumptions in the valuation of these bonds and they are not traded on an active market. As such, there are some unobservable inputs associated with this asset.

4 Fair Value Measurements, Continued

Bonds:

Bonds (convertible, non-convertible, preferred bond issues, corporate, etc.) are classified as Level 2. These assets are valued based on observable and unobservable inputs and are not traded on an active market.

Mortgage-Backed Securities:

Mortgage-backed securities are collateralized by a pool of underlying mortgage agreements. The pool of mortgages prepays at a constant rate and the cash flows associated with the payment of this mortgage pool are calculated by discounting these cash flows at the zero-coupon U.S. Treasury note rate that most closely corresponds to the weighted average maturity of the security itself. This rate is dependent upon the rate at which the securitized mortgages are expected to prepay. Since this valuation is complex and based on multiple inputs, both observable and unobservable, it is classified it as Level 2.

Limited Partnership:

Limited partnership interests are valued at purchase price for the ownership interest. Cost approximates fair value. Assets are classified as Level 3, as there are no observable inputs.

Privately-Held Stock & Investments (Level 2 and 3):

The values of some of the privately-held stocks and investments are determined by independent, third-party appraisal. These appraisers use various assumptions and calculations to arrive at a valuation (Level 2). Privately-held stock and investments include common stock and note issuances from those entities that are not subject to an independent, third-party appraisal and are valued at cost, which approximates fair value. These assets are classified as Level 3, as there are no observable inputs.

4 Fair Value Measurements, Continued

The following table presents the financial instruments carried at fair value, on a recurring basis, as of December 31, 2013, by the valuation hierarchy (as described above).

	Quoted Market Prices in Active Markets (Level 1)	Models with Significant Observable Market Parameters (Level 2)	Models with Significant Unobservable Market Parameters (Level 3)	Total Carrying Value in the Statement of Net Assets Available for Benefits
Money Market	$ -	$ 18,316,380	$ -	$ 18,316,380
Mutual Funds:				
Equity	34,503,337	-	-	34,503,337
Fixed Income	12,245,813	-	-	12,245,813
Lifecycle	7,444,596	-	-	7,444,596
Large Value	1,684,899	-	-	1,684,899
Large Growth	6,036,058	-	-	6,036,058
Alternative	175,979	-	-	175,979
Small Blend	148,715	-	-	148,715
Large Blend	8,560,584	-	-	8,560,584
Mid Value	2,256,302	-	-	2,256,302
Mid Growth	5,699,258	-	-	5,699,258
Bond	3,886,060	-	-	3,886,060
Mid Blend	1,206,403	-	-	1,206,403
Common Stock:				
Consumer Discretionary	2,721,703	-	-	2,721,703
Consumer Staples	2,761,644	-	-	2,761,644
Energy	2,205,379	-	-	2,205,379
Financial	3,982,847	-	-	3,982,847
Health Care	4,760,965	-	-	4,760,965
Industrials	3,083,531	-	-	3,083,531
Information Technology	4,564,222	-	-	4,564,222
Materials	1,988,478	-	-	1,988,478
Telecommunication	609,378	-	-	609,378
Utilities	534,560	-	-	534,560
Other	303,015	-	-	303,015
Exchange-Traded Funds:				
Equity	4,720,896	-	-	4,720,896
Fixed Income	960,582	-	-	960,582
Alternative	268,600	-	-	268,600

4 Fair Value Measurements, Continued

	Quoted Market Prices in Active Markets (Level 1)	Models with Significant Observable Market Parameters (Level 2)	Models with Significant Unobservable Market Parameters (Level 3)	Total Carrying Value in the Statement of Net Assets Available for Benefits
Master Limited Partnerships:				
Energy	884,493	-	-	884,493
Common Collective Trusts	-	5,149,135	-	5,149,135
Certificates of Deposit	-	116,685	-	116,685
U.S. Government Securities	-	1,407,686	-	1,407,686
Bonds	-	3,297,262	-	3,297,262
Mortgage-Backed Securities	-	20,998	-	20,998
Limited Partnerships	-	-	11,814,628	11,814,628
Privately-Held Stock & Investments	-	1,193,676	726,274	1,919,950
Total	$ 118,198,297	$ 29,501,822	$ 12,540,902	$ 160,241,021

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Privately-Held Stock & Investments	Limited Partnerships	Total
Beginning Balance	$ 449,228	$ 12,225,284	$ 12,674,512
Total realized/unrealized gains or losses included in changes in net assets	-	264,869	264,869
Purchases	309,456	1,446,851	1,756,307
Issuances	(29,911)	113,981	84,070
Settlements	(2,499)	(2,236,357)	(2,238,856)
Ending Balance	$ 726,274	$ 11,814,628	$ 12,540,902

4 Fair Value Measurements, Continued

The following table presents the financial instruments carried at fair value, on a recurring basis, as of December 31, 2012, by valuation hierarchy (as described above).

	Quoted Market Prices in Active Markets (Level 1)	Models with Significant Observable Market Parameters (Level 2)	Models with Significant Unobservable Market Parameters (Level 3)	Total Carrying Value in the Statement of Net Assets Available for Benefits
Money Market	$ -	$ 19,441,050	$ -	$ 19,441,050
Mutual Funds:				
Equity	27,685,225	-	-	27,685,225
Fixed Income	11,627,754	-	-	11,627,754
Lifecycle	6,598,789	-	-	6,598,789
Large Value	1,247,949	-	-	1,247,949
Large Growth	4,585,320	-	-	4,585,320
Alternative	28,519	-	-	28,519
Large Blend	6,301,584	-	-	6,301,584
Mid Value	1,882,144	-	-	1,882,144
Mid Growth	5,274,340	-	-	5,274,340
Bond	3,858,047	-	-	3,858,047
Mid Blend	1,029,878	-	-	1,029,878
Common Stock:				
Consumer Discretionary	1,924,918	-	-	1,924,918
Consumer Staples	2,227,538	-	-	2,227,538
Energy	1,830,488	-	-	1,830,488
Financial	2,897,661	-	-	2,897,661
Health Care	3,554,877	-	-	3,554,877
Industrials	3,113,493	-	-	3,113,493
Information Technology	3,793,384	-	-	3,793,384
Materials	1,667,361	-	-	1,667,361
Telecommunication	569,300	-	-	569,300
Utilities	604,132	-	-	604,132
Other	958,653	-	-	958,653
Exchange-Traded Funds:				
Equity	3,638,771	-	-	3,638,771
Fixed Income	1,109,331	-	-	1,109,331
Alternative	167,048	-	-	167,048

4 Fair Value Measurements, Continued

	Quoted Market Prices in Active Markets (Level 1)	Models with Significant Observable Market Parameters (Level 2)	Models with Significant Unobservable Market Parameters (Level 3)	Total Carrying Value in the Statement of Net Assets Available for Benefits
Master Limited Partnerships:				
Energy	825,624			825,624
Common Collective Trusts	-	4,893,269	-	4,893,269
Certificates of Deposit	-	118,829	-	118,829
U.S. Government Securities	-	3,175,520	-	3,175,520
Bonds	-	2,883,281	-	2,883,281
Mortgage-Backed Securities	-	23,758	-	23,758
Limited Partnerships	-	-	12,225,284	12,225,284
Privately-Held Stock & Investments	-	1,137,530	449,228	1,586,758
Total	$ 99,002,128	$ 31,673,237	$ 12,674,512	$ 143,349,877

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Privately-Held Stock & Investments	Limited Partnerships	Total
Beginning Balance	$ 645,229	$ 12,329,195	$ 12,974,424
Total realized/unrealized gains or losses included in changes in net assets	9,000	1,246,149	1,255,149
Purchases	-	317,713	317,713
Issuances	(205,001)	(2,172,958)	(2,377,959)
Settlements	-	505,185	505,185
Ending Balance	$ 449,228	$ 12,225,284	$ 12,674,512

The following table presents information about significant unobservable inputs used in Level 3 assets measured at fair value as of December 31, 2013:

Instrument	Fair Value	Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Limited Partnerships	$ 509,621	Indicative quote	Discounts for lack of marketability	35% - 59%	n/a

5 Parties in Interest

Certain Plan investments are shares of mutual funds managed by PNC Bank, the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Usual and customary fees were paid by the mutual fund for the investment management services.

6 Benefit-Responsive Contract

As described in Note 3, the Plan holds a fund which is a common collective trust that is fully benefit-responsive. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the common collective trust. Contract value, as reported to the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

In certain circumstances, that amount withdrawn from the contract would be payable at fair value rather than at contract value. These events include termination of the Plan or a material adverse change to the provisions of the Plan. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Examples of events that would permit the contract issuer to terminate the contract upon short notice include the incurred loss of the Plan's qualified tax status, incurred material breaches of the contract or material and adverse changes to the provisions of the fund.

The average yield based on actual earnings of the contract was 0.96% and 1.65% as of December 31, 2013 and 2012, respectively. The crediting interest rate was 0.97% and 1.23% as of December 31, 2013 and 2012, respectively.

	2013		
	Investments at Fair Value	**Adjustment to Contract Value**	**Investments at Contract Value**
Income Advantage Fund	**$ 3,807,419**	**$ 6,734**	**$ 3,814,153**

	2012		
	Investments at Fair Value	Adjustment to Contract Value	Investments at Contract Value
Income Advantage Fund	$ 3,659,112	$ (27,422)	$ 3,631,690

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

Calfee, Halter & Griswold LLP
Profit Sharing Trust and Plan

EIN 34-0732302
Plan Number 001

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	American Beacon Large Cap Value Fund	Registered Investment Company	N/A	$ 1,684,899
*	American Funds Growth Fund	Registered Investment Company	N/A	6,036,058
*	American Funds Europacific Growth Fund	Registered Investment Company	N/A	4,074,488
*	American Century Balanced Fund	Registered Investment Company	N/A	570,774
*	Fidelity Spartan 500 Index Fund	Registered Investment Company	N/A	3,915,323
*	Income Plus Fund	Common Collective Trust	N/A	3,807,419
*	T. Rowe Price Mid Cap Value Fund	Registered Investment Company	N/A	2,256,302
*	PIMCO Total Return Fund	Registered Investment Company	N/A	3,886,060
*	BlackRock LifePath Retirement	Registered Investment Company	N/A	993,320
*	BlackRock LifePath 2020	Registered Investment Company	N/A	3,029,967
*	BlackRock LifePath 2030	Registered Investment Company	N/A	2,191,912
*	BlackRock LifePath 2040	Registered Investment Company	N/A	1,135,949
*	BlackRock LifePath 2050	Registered Investment Company	N/A	93,449
*	Dreyfus Mid Cap Index Fund	Registered Investment Company	N/A	1,206,403
*	Dreyfus Small Cap Stock Index Fund	Registered Investment Company	N/A	148,715
*	Goldman Sachs Growth Opportunity Class A	Registered Investment Company	N/A	1,432,085
*	Vanguard Mid Cap Growth Index	Registered Investment Company	N/A	782,094
*	Wells Fargo Advantage Small Cap Fund	Registered Investment Company	N/A	3,485,080
*	PNC Treasury Money Market Fund	Money Market Fund	N/A	999,041
*	Brokerage Accounts - Limited Partnerships	Participant Brokerage Accounts	N/A	10,779,720
*	Brokerage Accounts - Other	Participant Brokerage Accounts	N/A	107,731,963
	Total investments			160,241,021
*	Participant Loans	Notes Receivable (4.25% to 9.74%)	N/A	669,007
				$ 160,910,028

* Party-in-interest to the Plan.

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

Calfee, Halter & Griswold LLP
Profit Sharing Trust and Plan

EIN 34-0732302
Plan Number 001

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	American Beacon Large Cap Value Fund	Registered Investment Company	N/A	$ 1,684,899
*	American Funds Growth Fund	Registered Investment Company	N/A	6,036,058
*	American Funds Europacific Growth Fund	Registered Investment Company	N/A	4,074,488
*	American Century Balanced Fund	Registered Investment Company	N/A	570,774
*	Fidelity Spartan 500 Index Fund	Registered Investment Company	N/A	3,915,323
*	Income Plus Fund	Common Collective Trust	N/A	3,807,419
*	T. Rowe Price Mid Cap Value Fund	Registered Investment Company	N/A	2,256,302
*	PIMCO Total Return Fund	Registered Investment Company	N/A	3,886,060
*	BlackRock LifePath Retirement	Registered Investment Company	N/A	993,320
*	BlackRock LifePath 2020	Registered Investment Company	N/A	3,029,967
*	BlackRock LifePath 2030	Registered Investment Company	N/A	2,191,912
*	BlackRock LifePath 2040	Registered Investment Company	N/A	1,135,949
*	BlackRock LifePath 2050	Registered Investment Company	N/A	93,449
*	Dreyfus Mid Cap Index Fund	Registered Investment Company	N/A	1,206,403
*	Dreyfus Small Cap Stock Index Fund	Registered Investment Company	N/A	148,715
*	Goldman Sachs Growth Opportunity Class A	Registered Investment Company	N/A	1,432,085
*	Vanguard Mid Cap Growth Index	Registered Investment Company	N/A	782,094
*	Wells Fargo Advantage Small Cap Fund	Registered Investment Company	N/A	3,485,080
*	PNC Treasury Money Market Fund	Money Market Fund	N/A	999,041
*	Brokerage Accounts - Limited Partnerships	Participant Brokerage Accounts	N/A	10,779,720
*	Brokerage Accounts - Other	Participant Brokerage Accounts	N/A	107,731,963
	Total investments			160,241,021
*	Participant Loans	Notes Receivable (4.25% to 9.74%)	N/A	669,007
				$ 160,910,028

* Party-in-interest to the Plan.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [X] a single-employer plan;
- [ ] a multiple-employer plan; or
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] an amended return/report;
- [ ] the final return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] special extension (enter description)
- [ ] automatic extension;
- [ ] the DFVC program;

Part II Basic Plan Information - enter all requested information

1a Name of plan
CALFEE HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1968

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
CALFEE HALTER & GRISWOLD LLP
1405 EAST SIXTH STREET
CLEVELAND OH 44114

2b Employer Identification Number (EIN) 34-0732302

2c Sponsor's telephone number 216-622-8200

2d Business code (see instructions) 541110

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

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

SIGN HERE	Calfee, Halter & Griswold LLP By: R.J. Hauer Jr.	10/15/14	CALFEE, HALTER & GRISWOLD LLP R.J. HAUER, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Calfee, Halter & Griswold LLP By: R.J. Hauer Jr.	10/15/14	CALFEE, HALTER & GRISWOLD LLP By: R.J. HAUER JR.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)
MEADEN & MOORE, LTD.
1100 SUPERIOR AVE.
SUITE 1100
CLEVELAND OH 44114

Preparer's telephone number (optional) 216-241-3272

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [X] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5 Total number of participants at the beginning of the plan year	**5**	368
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	280
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	112
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	392
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f Total. Add lines **6d** and **6e.**	**6f**	395
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	355
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2F 2G 2J 2K 2R 3B 3H

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

9a Plan funding arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

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