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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u> |                                                                                                                                                                                                                                                                                                                                                 |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                       |
| C If the plan is a collectively-bargained plan, check here. ....                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                             | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>SHEFSKY &amp; FROELICH, LTD PROFIT SHARING 401(K) PLAN</u>                                                                                                                                                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>010</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>06/01/1971</u></td> </tr> </table>                                                                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>010</u>                                                       | <b>1c</b> Effective date of plan<br><u>06/01/1971</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                   | <u>010</u>                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>06/01/1971</u>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>TAFT STETTINIUS &amp; HOLLISTER LLP</u><br><br><u>425 WALNUT STREET, SUITE 1800</u><br><u>CINCINNATI, OH 45202</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>31-0541755</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>513-381-2838</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>541110</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-0541755</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>513-381-2838</u> | <b>2d</b> Business code (see instructions)<br><u>541110</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-0541755</u>                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>513-381-2838</u>                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>541110</u>                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |

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

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

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/01/2015 | ARNOLA STUECK                                                |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/01/2015 | MICHAEL J SCHALLER                                           |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) |                                                   |            | Preparer's telephone number (optional)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                           | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                           |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br>SHEFSKY & FROELICH, LTD                                                                                                                                                                       | <b>4b</b> EIN<br>36-2693453<br><b>4c</b> PN<br>002                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                            | <b>5</b> 154                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                            | <b>6a(1)</b> 126                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                  | <b>6a(2)</b> 134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                | <b>6b</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                  | <b>6c</b> 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....                                                                                                                                                                                                                                                                                                                                      | <b>6d</b> 169                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                         | <b>6e</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ....                                                                                                                                                                                                                                                                                                                                                           | <b>6f</b> 169                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                    | <b>6g</b> 169                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                         | <b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2R 2S 2T 3D                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                      | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

**Part III****Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2014</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                  |                                                             |     |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014       |                                                             |     |
| <b>A</b> Name of plan<br>SHEFSKY & FROELICH, LTD PROFIT SHARING 401(K) PLAN                      | <b>B</b> Three-digit plan number (PN) ▶                     | 010 |
|                                                                                                  |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TAFT STETTINIUS & HOLLISTER LLP | <b>D</b> Employer Identification Number (EIN)<br>31-0541755 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| BMO HARRIS BANK, N.A.                                                                                             |

36-2085229

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

BMO HARRIS BANK NA

36-2085229

| <b>(b)</b><br>Service Code(s)                         | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 19 21 25<br>36 37 38 49<br>50 57 59 62<br>63 64 65 | NONE                                                                                                     | 69218                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

GENEVA INVESTMENT MANAGEMENT

181 WEST MADISON ST  
35TH FLOOR  
CHICAGO, IL 60602

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 51                         | NONE                                                                                                     | 9792                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

SEGALL BRYANT & HAMILL

10 S WACHER DR #3500  
CHICAGO, IL 60606

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 51                         | NONE                                                                                                     | 7461                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>SHEFSKY &amp; FROELICH, LTD PROFIT SHARING 401(K) PLAN</u>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>010</u>                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TAFT STETTINIUS &amp; HOLLISTER LLP</u>                                                                                                                                                              |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>31-0541755</u>                                       |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       | 709             |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 638973                | 95871           |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 86019                 | 86639           |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 7430                  | 9021            |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | 440040                | 464896          |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    | 58000                 |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 423846                | 438727          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 20353436              | 23444297        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   | 6057331               | 6932710         |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 28065075              | 31472870        |

**Liabilities**

|                                                                           |           |       |      |
|---------------------------------------------------------------------------|-----------|-------|------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |      |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |       |      |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |      |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 68593 | 6498 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 68593 | 6498 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 27996482 | 31466372 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 728459     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1160494    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 172487     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2061440   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 18607      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 12537      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 31144     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 346406     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 346406    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 97445      |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 127920     |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -30475    |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -2789      |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -2789     |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 1125337   |
| c Other income.....                                                                            | 2c     |            | 611655    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 4142718   |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 583257 |        |
| (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) |        | 583257 |
| 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) | 20353  |        |
| (4) Other.....                                                                      | 2i(4) | 69218  |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 89571  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 672828 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 3469890 |
| l Transfers of assets:                                  |       |  |         |
| (1) To this plan.....                                   | 2l(1) |  |         |
| (2) From this plan.....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

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

☒ Yes ☐ No

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

(1) Name: FINANCIAL REPORTING SERVICES LLC

(2) EIN: 26-2700223

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

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

**Part IV Compliance Questions**

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

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

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |         |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               |     | X  |         |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 3000000 |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |         |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     | X  |         |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |         |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
 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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                           | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under 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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>SHEFSKY & FROELICH, LTD PROFIT SHARING 401(K) PLAN                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) ▶ 010                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TAFT STETTINIUS & HOLLISTER LLP                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>31-0541755                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                    | Distributions                                                                                                                                                                                                                                                                                   |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 39-6436442                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                   | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                 | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                  | Amendments                                                                                                                                                                                                                                                                                      |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No         |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                   | ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                      |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Schedule R (Form 5500) 2014 v. 140124                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                                                                                                 |

**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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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: 0.0% 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): \_\_\_\_\_

**SHEFSKY & FROELICH LTD.  
PROFIT SHARING 401(K) PLAN & TRUST**

**FINANCIAL STATEMENTS**

**FOR THE YEARS ENDED DECEMBER 31, 2014 & 2013**

**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
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**December 31, 2014 and 2013**

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# FINANCIAL REPORTING SERVICES, LLC

95 Revere Drive, Suite A • Northbrook • Illinois • 60062  
(847) 480-4400 • (847) 480-9983 (fax)

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## **Independent Auditor's Report**

Board of Directors of  
Taft Stettinius & Hollister, LLP

## **Report of the Financial Statements**

We were engaged to audit the accompanying financial statements of Shesky & Froelich Ltd. Profit Sharing 401 (k) Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

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

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

## **Auditor's Responsibility**

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

## **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5 which was certified by BMO Harris Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds certain of the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the years ended December, 31 2014 and 2013, that the information provided to the Plan administrator by the Trustee is complete and accurate.

## **Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

# FINANCIAL REPORTING SERVICES, LLC

95 Revere Drive, Suite A • Northbrook • Illinois • 60062  
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## **Other Matter**

The supplemental schedule of assets held for investment purposes as of or for the year ended December 31, 2014 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Financial Reporting Services, LLC*

Northbrook, Illinois  
September 30, 2015

**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**As of December 31, 2014 and 2013**

---

| <b>Assets</b>                                | <b><u>2014</u></b>       | <b><u>2013</u></b>       |
|----------------------------------------------|--------------------------|--------------------------|
| Investments, at fair value                   |                          |                          |
| Cash equivalents                             | \$ 1,770,613             | \$ 1,572,615             |
| Mutual & fixed income security funds         | 21,674,393               | 18,780,821               |
| Self-directed accounts                       | 7,397,606                | 6,555,371                |
| Total Investments                            | <u>30,842,612</u>        | <u>26,908,807</u>        |
| Receivables                                  |                          |                          |
| Employer contribution                        | 95,871                   | 638,973                  |
| Employee contributions                       | 86,639                   | 86,019                   |
| Notes receivable from participants           | 438,727                  | 423,846                  |
| Other                                        | 9,021                    | 7,430                    |
| Total Receivables                            | <u>630,258</u>           | <u>1,156,268</u>         |
| <br>Total Assets                             | <br>31,472,870           | <br>28,065,075           |
| <br><b>Liabilities</b>                       |                          |                          |
| Due to broker                                | <u>6,498</u>             | <u>68,593</u>            |
| <br><b>Net Assets Available for Benefits</b> | <br><u>\$ 31,466,372</u> | <br><u>\$ 27,996,482</u> |

See auditor's disclaimer of opinion and accompanying notes

**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**For The Year Ended December 31, 2014**

---

**Additions to net assets attributed to**

**2014**

Investment income

|                                               |                  |
|-----------------------------------------------|------------------|
| Net appreciation in fair value of investments | \$ 1,632,884     |
| Interest and dividends                        | 429,787          |
| Interest on notes receivable from participant | 18,607           |
|                                               | <u>2,081,278</u> |

Contributions

|                   |                  |
|-------------------|------------------|
| Employer          | 728,459          |
| Employee-directed | 1,160,494        |
| Rollovers         | 172,487          |
|                   | <u>2,061,440</u> |
|                   | <u>4,142,718</u> |

**Deductions from net assets attributed to**

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 583,257        |
| Administrative expenses       | 89,571         |
|                               | <u>672,828</u> |

**Net increase**

3,469,890

Net assets available for benefits

|                   |                   |
|-------------------|-------------------|
| Beginning of year | <u>27,996,482</u> |
|-------------------|-------------------|

**End of year**

\$ 31,466,372

**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**As of December 31, 2014 and 2013**

---

NOTE 1 - DESCRIPTION OF PLAN

The SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST ( the "Plan") is a defined contribution, combination profit sharing and 401(K) plan established in 1971. The Plan's principal purpose is to allow participants to defer receiving some of their compensation until their retirement and, in the event of death, provide for their dependents and beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following description of the Plan is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

Significant Plan Amendments

Effective January 1, 2014, the Plan was amended to provide automatic deferral rate increases (see Participant Contributions note below). Each January 1, all eligible Participants deferring less than 6% of eligible compensation will have their rate of deferral automatically increased by 1%, unless an election is made by the Participant to opt out of the current year increase.

Effective January 1, 2014, the Company amended the Plan to remove the requirement that a participant must be an employee on the last day of the Plan year to receive an employer contribution.

Effective January 2, 2014, Shefsky & Froelich, Ltd, (Plan Sponsor), was acquired via statutory merger by Taft Stettinius & Holister, LLP ("Taft"). In addition, sponsorship of the Plan was transferred to Taft, who by separate action, accepted responsibility from Shefsky & Froelich, Ltd for all assets and liabilities of the Plan and the administrative duties and responsibilities associated with respect to those assets and liabilities, and will assume all responsibility for the sponsorship, administration and operation of the Plan in order to preserve benefits offered with respect to such assets. Shefsky & Froelich, Ltd. also delegated any and all of its power and responsibility to amend (or to approve the amendment of) the Plan to Taft as the Plan Sponsor.

Participant Contributions

The Plan provides for employee-directed contributions to be made by the employer at the direction of the employee in any whole percentage of the employee's compensation between 1 and 100 percent, or any whole dollar amount. Such amounts are deducted from the employee's direct compensation, and are excluded from the employee's reportable wages for the year. Effective July 1 2010, the Plan was amended to add an "automatic" deferral provision. Under this provision, an employee, once eligible to participate in the Plan, will automatically have 2% of their eligible compensation withheld from each paycheck and deposited into the Plan as a participant contribution, unless the participant "opts out" of the Plan or wants to contribute a different amount or percentage. Such contributions are invested in accordance with the Plan's investment policies and are exempt from taxation just like any other salary deferral. All automatic deferrals are invested in the T. Rowe Price Target Date Funds unless the participant elects otherwise. As of January 1, 2006, the plan was amended to allow the participants to choose to defer direct compensation into a Roth 401(k) account. Such contributions are included in the employee's reportable wages for the year. The aggregate annual amount of each individual employee-directed contribution for 2014 was limited to \$17,500 (\$23,000 for participants age 50 and over).

**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**As of December 31, 2014 and 2013**

---

NOTE 1 - DESCRIPTION OF PLAN, continued

Employer Contributions

SHEFSKY & FROELICH LTD. (the "Firm") may make a discretionary profit-sharing contribution to the trust in such amount, if any, as determined by the board of directors. Employer contributions are allocated to each participant based on the participant's eligible compensation ( as defined in the plan documents).

Eligibility

Employees of the Firm are eligible to enter the Plan as of the first day of January, April, July or October following the date on which they attain age 21 and complete at least 90 days of service. Employees become eligible for participation in the employer's profit sharing contribution upon the completion of two consecutive years of service. A year of service is defined as at least 800 hours of work.

Vesting

Employees are immediately and wholly vested in compensation deferrals and employer contributions.

Investments

Participants may invest in funds offered by the plan administrator or other self-directed investments, such as stocks, bonds, and mutual funds, as permitted by law. Investment income and fair value appreciation or depreciation for assets invested in the investment funds are allocated to the Plan and accounts of participants and terminated participants ( who have undistributed account balances) in proportion to the balances in such accounts as of the end of the plan year or other designated allocation day (after accounting for distribution payments made during the period).

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contribution and, (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings, or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participants vested account.

Notes Receivable from Participants

Participants who are currently employed by the Firm may borrow from their accounts up to the lesser of one-half of their account balance or \$50,000, reduced by the highest loan balance outstanding during the preceding 12 months. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 7.00%, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through biweekly or semimonthly payroll deductions.

**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**As of December 31, 2014 and 2013**

---

NOTE 1 - DESCRIPTION OF PLAN, continued

Payment of Benefits

A participant's account shall be distributed, upon election, directly to the participant, or to another qualified plan or Individual Retirement Account (IRA) via trustee-to-trustee direct transfer, or in the event of his or her death, to the participant's beneficiary. Benefits are payable by distribution in a lump sum, partial payments or installment payments. Payments related to death or disability may also be paid in a joint and survivor annuity.

Termination of Plan

Although it has no present intention to do so, the Firm may terminate the Plan at any time. In the event of termination, the balance of the accounts will be paid to the participant's and/or their beneficiaries in the same manner as they would otherwise have been distributed had the Plan been continued. This will require the trustee to maintain the trust funds until its account balances have been distributed. Until that time, the Plan provisions applicable to conditions and circumstances existing after termination will continue in full force and effect.

Administrative Expenses

Certain administration, record-keeping fees, auditing, management and legal services are provided to the Plan by the Firm without charge. The expenses directly attributable to self-directed investments are charged directly to the participants' individual accounts. Administrative fees paid by participants for the year ended December 31, 2014 and 2013 totaled \$89,571 and \$88,158, respectively.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounts of the Plan are maintained and the accompanying financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are carried at fair value, as determined by quoted prices in an active market except for (i) investments in land and nonreadily marketable securities aggregating \$304,687 and \$340,500 at December 31, 2014 and December 31, 2013, respectively, which are valued at cost or estimated fair value and (ii) investments in limited partnerships aggregating \$14,908 and \$31,576 at December 31, 2014 and December 31, 2013, respectively, which are valued at the amount of the respective partnership capital account balances or estimated fair value.

**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**As of December 31, 2014 and 2013**

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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

The difference between the aggregate fair value of investments as of the end of the year and their carrying values (fair values at the beginning of the year or cost for acquisitions during the year) is reflected as net appreciation or depreciation in the fair value of investments in the statement of changes in net assets available for benefits. Net gains or losses on disposition of investments, when applicable, representing the difference between the proceeds and the carrying value of investments, are also included in net appreciation or depreciation in the statement of changes in net assets available for benefits.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gain and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Reclassifications

Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

Subsequent Events

The Plan has evaluated subsequent events through September 30, 2015, the date the financial statements were available to be issued.

**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**As of December 31, 2014 and 2013**

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**NOTE 3 - FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

**Level 2** - Inputs to the valuation methodology include, quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2014 and 2013.

| <u>December 31, 2014</u> | <u>Fair Value</u> | <u>Active Markets for<br/>Identical As<br/>Quoted Prices in<br/>sets<br/>(Level 1)</u> | <u>Significant Other<br/>Observable Inputs<br/>(Level 2)</u> | <u>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</u> |
|--------------------------|-------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|
| Cash equivalents         | \$ 1,770,613      |                                                                                        | \$ 1,770,613                                                 |                                                              |
| Mutual funds:            |                   |                                                                                        |                                                              |                                                              |
| Small Cap Funds          | 1,520,257         | \$ 1,520,257                                                                           |                                                              |                                                              |
| Mid Cap Funds            | 1,155,230         | 1,155,230                                                                              |                                                              |                                                              |
| Large Cap Funds          | 8,983,292         | 8,983,292                                                                              |                                                              |                                                              |
| International Funds      | 1,476,368         | 1,476,368                                                                              |                                                              |                                                              |
| Balanced Funds           | 5,060,892         | 5,060,892                                                                              |                                                              |                                                              |
| Target Allocation Funds  | 2,735,470         | 2,735,470                                                                              |                                                              |                                                              |
| Total Mutual Funds       | <u>20,931,509</u> | <u>20,931,509</u>                                                                      |                                                              |                                                              |
| Fixed Income Securities  | 742,884           | 742,884                                                                                |                                                              |                                                              |
| Self-Directed Accounts:  |                   |                                                                                        |                                                              |                                                              |
| Cash equivalents         | 1,241,076         |                                                                                        | 1,241,076                                                    |                                                              |
| Common Stocks            | 3,622,938         | 3,592,144                                                                              | 30,794                                                       |                                                              |
| Mutual Funds             | 1,423,339         | 1,423,339                                                                              |                                                              |                                                              |

See auditor's disclaimer of opinion

**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**As of December 31, 2014 and 2013**

NOTE 3 - FAIR VALUE MEASUREMENTS, continued

|                              |                     |                      |                     |                   |
|------------------------------|---------------------|----------------------|---------------------|-------------------|
| Fixed Income Securities      | 645,357             | 4,106                | 641,251             |                   |
| Limited Partnerships         | 160,209             | 145,301              |                     | 14,908            |
| Non-readily Marketable Sec.  | 304,687             |                      |                     | 304,687           |
| Total Self-Directed Accounts | <u>7,397,606</u>    | <u>5,164,890</u>     | <u>1,913,121</u>    | <u>319,595</u>    |
| Totals                       | <u>\$30,842,612</u> | <u>\$ 26,839,283</u> | <u>\$ 3,683,734</u> | <u>\$ 319,595</u> |

| <u>December 31, 2013</u>     | <u>Fair Value</u>   | <u>Active Markets for<br/>Identical As<br/>Quoted Prices in<br/>sets<br/>(Level 1)</u> | <u>Significant Other<br/>Observable Inputs<br/>(Level 2)</u> | <u>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</u> |
|------------------------------|---------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|
| Cash equivalents             | \$ 1,572,615        |                                                                                        | \$ 1,572,615                                                 |                                                              |
| Mutual Funds:                |                     |                                                                                        |                                                              |                                                              |
| Small Cap Funds              | 1,642,763           | \$ 1,642,763                                                                           |                                                              |                                                              |
| Mid Cap Funds                | 919,954             | 919,954                                                                                |                                                              |                                                              |
| Large Cap Funds              | 6,977,121           | 6,977,121                                                                              |                                                              |                                                              |
| International Funds          | 1,457,166           | 1,457,166                                                                              |                                                              |                                                              |
| Balanced Funds               | 4,524,802           | 4,524,802                                                                              |                                                              |                                                              |
| Target Allocation Funds      | 2,014,180           | 2,014,180                                                                              |                                                              |                                                              |
| Other                        | 584,202             | 584,202                                                                                |                                                              |                                                              |
| Total Mutual Funds           | <u>18,120,188</u>   | <u>18,120,188</u>                                                                      |                                                              |                                                              |
| Fixed Income Securities      | 660,633             | 660,633                                                                                |                                                              |                                                              |
| Self-Directed Accounts:      |                     |                                                                                        |                                                              |                                                              |
| Cash equivalents             | 1,244,160           |                                                                                        | 1,244,160                                                    |                                                              |
| Common Stocks                | 2,940,273           | 2,940,273                                                                              |                                                              |                                                              |
| Mutual Funds                 | 1,381,758           | 1,381,758                                                                              |                                                              |                                                              |
| Fixed Income Securities      | 491,140             | 10,320                                                                                 | 480,820                                                      |                                                              |
| Limited Partnerships         | 157,540             | 125,964                                                                                |                                                              | \$ 31,576                                                    |
| Non-readily Marketable Sec.  | 282,500             |                                                                                        |                                                              | 282,500                                                      |
| Real Estate                  | 58,000              |                                                                                        | 58,000                                                       |                                                              |
| Total Self-Directed Accounts | <u>6,555,371</u>    | <u>4,458,315</u>                                                                       | <u>1,782,980</u>                                             | <u>314,076</u>                                               |
| Totals                       | <u>\$26,908,807</u> | <u>\$ 23,239,136</u>                                                                   | <u>\$ 3,355,595</u>                                          | <u>\$ 314,076</u>                                            |

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Common stocks, fixed income securities and limited partnerships.

Valued at the closing price reported on the active market on which the individuals securities are traded. Level 2 fixed income securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Level 3 limited partnerships, which are not actively traded, are valued based on the capital position reported on the most recent K-1.

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**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**As of December 31, 2014 and 2013**

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NOTE 3 - FAIR VALUE MEASUREMENTS, continued

Mutual funds

Valued at the new asset value (NAV) of shares held by the plan at the end of the year.

Cash equivalents

Cash equivalents includes money market funds (level 2) and certificates of deposit (level 3). Money market funds are public investment vehicles valued at \$1 for the NAV. Certificates of deposit are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Non-readily marketable securities

Valued at cost, which approximates fair value.

Real Estate

Valued at estimated appraised value.

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

**Fair Value Measurements Using Significant Unobservable Inputs (Level 3)**

|                                                                                           | Self-Directed<br><u>Investments</u> |
|-------------------------------------------------------------------------------------------|-------------------------------------|
| <b><u>December 31, 2014</u></b>                                                           |                                     |
| Beginning Balance                                                                         | \$ 314,076                          |
| Realized Gains (Losses)                                                                   |                                     |
| Unrealized Gains/(Losses) relating<br>to investments still held at the<br>reporting date. | 22,187                              |
| Purchases, sales, issuances,<br>settlements (net)                                         | (16,668)                            |
| Ending Balance                                                                            | <u>\$ 319,595</u>                   |

See auditor's disclaimer of opinion

**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**As of December 31, 2014 and 2013**

NOTE 3 - FAIR VALUE MEASUREMENTS, continued

**December 31, 2013**

|                                                                                    |    |                |
|------------------------------------------------------------------------------------|----|----------------|
| Beginning Balance                                                                  | \$ | 314,076        |
| Realized Gains (Losses)                                                            |    |                |
| Unrealized Gains/(Losses) relating to investments still held at the reporting date |    |                |
| Ending balance                                                                     | \$ | <u>314,076</u> |

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurement

The Plan's level 3 investments consist of non-publicly traded limited partnerships and non-readily marketable securities (Limited Liability Companies). The valuation used for the limited partnerships reflect the capital position reported on the most recent K-1 schedule received by the trust. The valuation used for the non-readily marketable securities reflect the cost basis of the investment.

NOTE 4 - INVESTMENTS

The following is a summary of investments at December 31, 2014 and December 31, 2013 that represent 5% or more of the Plan's net assets:

|                                    | <u>2014</u>  | <u>2013</u>  |
|------------------------------------|--------------|--------------|
| MFS Total Return Fund              | \$ 3,347,870 | \$ 2,970,643 |
| BMO Prime MM Fund                  | 3,010,980    | 2,721,631    |
| T. Rowe Price Institutional Lg Cap | 2,624,018    | 2,318,863    |
| Dodge & Cox Stock Fund             | 3,574,920    | 3,014,484    |
| Vanguard 500 Index                 | 2,114,448    | 1,643,775    |
| Dodge & Cox Balanced Fund          | 1,703,588    | 1,480,668    |

The Plan invests in shares of mutual funds managed by an affiliate of BMO Harris Bank N.A. ("BMO"), the trustee, accordingly, transactions in such investments are party-in-interest transactions.

NOTE 5 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

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

| Statement of net assets available for benefits and supplementary schedule | <u>2014</u>          | <u>2013</u>          |
|---------------------------------------------------------------------------|----------------------|----------------------|
| Cash equivalents                                                          | \$ 1,770,613         | \$ 1,572,615         |
| Mutual funds & Fixed income sec.                                          | 21,674,393           | 18,780,821           |
| Self-directed accounts                                                    | 7,397,606            | 6,555,371            |
| Notes receivable from participants                                        | 438,727              | 423,846              |
|                                                                           | <u>\$ 31,281,339</u> | <u>\$ 27,332,653</u> |

See auditor's disclaimer of opinion

**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**As of December 31, 2014 and 2013**

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NOTE 5 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE, continued

|                                              |                                  |                     |
|----------------------------------------------|----------------------------------|---------------------|
| Statement of changes in net assets available |                                  | <u>2014</u>         |
| for benefits                                 |                                  |                     |
|                                              | Net appreciation in fair value   |                     |
|                                              | Mutual funds                     | \$ 1,161,284        |
|                                              | Self-directed brokerage accounts |                     |
|                                              | Mutual funds                     | 31,342              |
|                                              | Common stocks                    | 374,950             |
|                                              | Fixed income securities          | 26,991              |
|                                              | Partnerships                     | 15,420              |
|                                              | Non marketable securities        | 22,187              |
|                                              | Real Estate                      | 710                 |
|                                              |                                  | <u>\$ 1,632,884</u> |
|                                              | Interest                         | <u>\$ 36,030</u>    |
|                                              | Dividends                        | <u>\$ 412,364</u>   |

NOTE 6 - RISKS AND UNCERTANTIES

The plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 7 - RELATED PARTY TRANSACTIONS

BMO manages certain funds for the Plan and is the trustee as defined by the Plan. Therefore, these are party-in-interest transactions.

The Firm is the Plan sponsor and the Firm pays certain expenses on behalf of the plan. In addition certain employees of the Firm act as fiduciaries of the Plan and are responsible for the administration of the Plan. The employees are compensated by the Firm and do not receive any compensation from the Plan.

**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**As of December 31, 2014 and 2013**

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**NOTE 8 - NOTES RECEIVABLE FROM PARTICIPANTS**

Loans to participants bear interest at 4.25% to 7.00% per year, and are payable based on mutual agreement between the plan administrator and the participant. With the exception of existing loans which continue to carry the provisions of the prior plan document, the amended and restated plan document requires that: (i) in no event shall the terms of any such repayments of any such loan exceed the period of 5 years from the effective date of the loan (except for loans relating to the acquisition of a principal residence), (ii) repayments of loans shall be made on a fixed weekly, biweekly, semimonthly, monthly, or quarterly basis with equal amortization of principal and interest, and (iii) all loans are to be repaid through biweekly or semimonthly deductions from actively employed participant's compensation. Upon the occurrence of any distributable event under the Plan (whether due to retirement, death, termination of employment, or other event), the outstanding principal and any accrued interest will be subtracted from participant's account to satisfy the loan. If participant does not immediately request distribution upon the occurrence of such event, the participant will have the opportunity to repay the loan, in a lump sum by check, prior to it being taxed to the participant as a distribution. Unless the participant waives the right to repay, the period for repayment extends to the end of the calendar quarter after the calendar quarter in which the participant terminated.

**NOTE 9 - TAX STATUS**

The Internal Revenue Service (IRS) has determined and informed the company by a letter dated September 9, 2010, that the plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the plan has been amended since receiving the determination letter, the plan administrator and the plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the plan is qualified and the related trust is tax exempt.

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 (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service or the State of Illinois Department of Revenue. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosed in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to December 31, 2010.

**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**As of December 31, 2014 and 2013**

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NOTE 10 - SUBSEQUENT EVENTS

On September 25, 2015, a formal resolution was made to merge the Plan into the Taft Stettinius & Hollister, LLP 401K Plan, as of the last day of the plan year, which is midnight on December 31, 2015.

## **SUPPLEMENTARY INFORMATION**

**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**  
**As of December 31, 2014**

EIN: 31-0541755

PIN: 010

| <u>Description of Investment</u>          | <u>Investment Type</u> | <u>Current Value</u> |
|-------------------------------------------|------------------------|----------------------|
| Cash                                      | Cash                   | 709                  |
| *BMO Prime Money Market Fund              | Money Market Fund      | 1,769,904            |
|                                           |                        | <u>1,770,613</u>     |
| American Century Cap Value Fund           | Mutual Fund            | 669,906              |
| Baird Core Plus Bond Fund                 | Mutual Fund            | 433,248              |
| Dodge & Cox Stock Fund                    | Mutual Fund            | 3,574,920            |
| Dodge & Cox Balanced Fund                 | Mutual Fund            | 1,703,588            |
| Harbor International Fund                 | Mutual Fund            | 735,507              |
| MFS Total Return Fund                     | Mutual Fund            | 3,347,870            |
| Oppenheimer International Growth Fd       | Mutual Fund            | 740,861              |
| Primecap Odyssey Aggressive Growth Fd     | Mutual Fund            | 577,603              |
| PIMCO GNMA Fund                           | Mutual Fund            | 162,689              |
| Royce Opportunity Fund                    | Mutual Fund            | 1,196,605            |
| Templeton Global Bond Fund                | Mutual Fund            | 146,947              |
| T Rowe Price Institutional Large Cap Gwth | Mutual Fund            | 2,624,018            |
| T Rowe Price Retirement Income Fund       | Mutual Fund            | 9,434                |
| T Rowe Price Retirement 2005 Fund         | Mutual Fund            | 9,439                |
| T Rowe Price Retirement 2010 Fund         | Mutual Fund            | 12,403               |
| T Rowe Price Retirement 2015 Fund         | Mutual Fund            | 211,393              |
| T Rowe Price Retirement 2020 Fund         | Mutual Fund            | 498,001              |
| T Rowe Price Retirement 2025 Fund         | Mutual Fund            | 313,339              |
| T Rowe Price Retirement 2030 Fund         | Mutual Fund            | 534,168              |
| T Rowe Price Retirement 2035 Fund         | Mutual Fund            | 688,565              |
| T Rowe Price Retirement 2040 Fund         | Mutual Fund            | 196,049              |
| T Rowe Price Retirement 2045 Fund         | Mutual Fund            | 161,704              |
| T Rowe Price Retirement 2050 Fund         | Mutual Fund            | 79,175               |
| T Rowe Price Retirement 2055 Fund         | Mutual Fund            | 31,235               |
| Vanguard Mid Cap Value Index Fund         | Mutual Fund            | 577,626              |
| Vanguard 500 Index Fund                   | Mutual Fund            | 2,114,448            |
| Vanguard Small Cap Growth Index Fund      | Mutual Fund            | 323,652              |
|                                           |                        | <u>21,674,393</u>    |

See auditor's disclaimer of opinion

**SHEFSKY & FROELICH LTD. PROFIT SHARING 401(K) PLAN & TRUST**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**  
**As of December 31, 2014**

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EIN: 31-0541755

PIN: 010

| <u>Description of Investment</u>                                          | <u>Investment Type</u>            | <u>Current Value</u> |
|---------------------------------------------------------------------------|-----------------------------------|----------------------|
| <b>Self-Directed Investments</b>                                          |                                   |                      |
| Marketable securities and funds                                           |                                   | <u>6,932,710</u>     |
| Novon III LP                                                              | Limited Partnership               | 14,908               |
| Blackstone Group, LP                                                      | Marketable Limited Partnership    | 11,671               |
| Cheniere Energy Partners LP                                               | Marketable Limited Partnership    | 6,400                |
| Enterprise Prods Partners LP                                              | Marketable Limited Partnership    | 29,618               |
| Eqt Midstream Partners, LP                                                | Marketable Limited Partnership    | 4,400                |
| Magellan Midstream Partners LP                                            | Marketable Limited Partnership    | 52,489               |
| Och-Ziff Cap Mgmt Group                                                   | Marketable Limited Partnership    | 8,585                |
| Plains All American Pipeline LP                                           | Marketable Limited Partnership    | 20,528               |
| Sunoco, LP                                                                | Marketable Limited Partnership    | 6,968                |
| KKR & Company, LP                                                         | Marketable Limited Partnership    | <u>4,642</u>         |
|                                                                           |                                   | <u>160,209</u>       |
| Biaggi Ristorante Italiano, LLC                                           | Non-readily Marketable Securities | 49,755               |
| Boulder Office Partners, LLC                                              | Non-readily Marketable Securities | 78                   |
| Frontier Melissa, LLC                                                     | Non-readily Marketable Securities | <u>254,854</u>       |
|                                                                           |                                   | <u>304,687</u>       |
| * Notes receivable from participants<br>(Interest rates of 4.25% - 7.00%) |                                   | <u>438,727</u>       |
|                                                                           |                                   | <u>\$ 31,281,339</u> |

\* Party-in-interest

See auditor's disclaimer of opinion

**Attachment to 2014 Form 5500**  
**Explanation of Form 5558 Extension Filed with Prior Plan Number**

**Plan Name** Shefsky & Froelich, Ltd Profit Sharing 401(K) Plan **EIN:** 31-0541755  
**Plan Sponsor's Name** Taft Stettinius & Hollister LLP **PN:** 010

Please note that on Form 5500, part II, item 4 it is reported that the sponsor name, EIN and plan number changed from the previous year's filing. It was not realized until after the Form 5558 was filed, that the plan number had changed from 002 to 010; thus the Form 5558 was filed with the sponsor's original plan number. Please find the attached Form 5558 with the original plan information. The client had no intention of filing the Form 5500 or Form 5558 without the appropriate information. I apologize for any inconvenience this has caused.

## Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
► Information about Form 5558 and its instructions is at [www.irs.gov/form5558](http://www.irs.gov/form5558)

File With IRS Only

## Part I Identification

| <b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions)<br><b>Taft Stettinius &amp; Hollister LLP</b><br>Number, street, and room or suite no. (If a P.O. box, see instructions)<br><b>425 Walnut Street, Suite 1800</b><br>City or town, state, and ZIP code<br><b>Cincinnati, OH 45202</b>                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>B</b> Plan's identifying number (see instructions)<br>Employer identification number (EIN) (9 digits XX-XXXXXXX)<br><b>31-0541755</b><br>Social security number (SSN) (9 digits XXX-XX-XXXX) |             |                   |                   |  |    |    |      |                                                   |       |    |    |      |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|-------------------|--|----|----|------|---------------------------------------------------|-------|----|----|------|--|--|--|--|
| <b>C</b> <table border="1" data-bbox="199 420 967 655"> <thead> <tr> <th data-bbox="199 420 967 447" rowspan="2">Plan name</th> <th data-bbox="967 420 1130 447" rowspan="2">Plan number</th> <th colspan="3" data-bbox="1130 420 1252 447">Plan year ending—</th> </tr> <tr> <th data-bbox="1130 447 1252 478">MM</th> <th data-bbox="1252 447 1375 478">DD</th> <th data-bbox="1375 447 1484 478">YYYY</th> </tr> </thead> <tbody> <tr> <td data-bbox="199 478 967 655">SHEESKY &amp; EROELICH LTD PROFIT SHARING 401(K) PLAN</td> <td data-bbox="967 478 1130 655">0 0 2</td> <td data-bbox="1130 478 1252 655">12</td> <td data-bbox="1252 478 1375 655">31</td> <td data-bbox="1375 478 1484 655">2014</td> </tr> </tbody> </table> | Plan name                                                                                                                                                                                       | Plan number | Plan year ending— |                   |  | MM | DD | YYYY | SHEESKY & EROELICH LTD PROFIT SHARING 401(K) PLAN | 0 0 2 | 12 | 31 | 2014 |  |  |  |  |
| Plan name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                 |             | Plan number       | Plan year ending— |  |    |    |      |                                                   |       |    |    |      |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MM                                                                                                                                                                                              | DD          |                   | YYYY              |  |    |    |      |                                                   |       |    |    |      |  |  |  |  |
| SHEESKY & EROELICH LTD PROFIT SHARING 401(K) PLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0 0 2                                                                                                                                                                                           | 12          | 31                | 2014              |  |    |    |      |                                                   |       |    |    |      |  |  |  |  |

## Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1** ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2** I request an extension of time until 10 / 15 / 2015 to file Form 5500 series (see instructions).  
**Note.** A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3** I request an extension of time until 10 / 15 / 2015 to file Form 8955-SSA (see instructions).  
**Note.** A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

**Part III** Extension of Time To File Form 5330 (see instructions)

- 4** I request an extension of time until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to file Form 5330.  
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

|   |                                                                                                        |   |  |
|---|--------------------------------------------------------------------------------------------------------|---|--|
| a | Enter the Code section(s) imposing the tax . . . . .                                                   | a |  |
| b | Enter the payment amount attached . . . . .                                                            | b |  |
| c | For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . . . | c |  |

**5 State in detail why you need the extension:**

The diagram illustrates the experimental setup. A participant is seated at a table, looking at a computer monitor. The monitor displays a virtual environment. The participant's position is indicated by a dashed line. The monitor shows a central object and surrounding elements. The setup is designed to study the effects of a specific intervention on the participant's behavior or perception.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

**Signature ►**

Date ►

*[Signature]*

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

DATE December 31, 2014

SPONSOR: Taft Stettinius &amp; Hollister LLP

EIN: 31-0541755

PLAN NUMBER: 010

NAME: Shefsky &amp; Froelich LTD. Profit Sharing 401(k) Plan

| (a) | (b) Identity of issue, borrower,<br>lessor or similar party | (c) Description of investment including<br>maturity date, rate of interest, collateral,<br>par, or maturity value | (d) Cost | (e) Current Value |
|-----|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | AMERICAN CENTURY                                            | VALUE INV                                                                                                         | **       | 669,906           |
|     | BAIRD                                                       | CORE PLUS BOND FUND INST                                                                                          | **       | 433,248           |
| *   | BMO FUNDS                                                   | PRIME MONEY MARKET Y                                                                                              | **       | 1,769,904         |
|     | DODGE & COX FUNDS                                           | BALANCED FUND                                                                                                     | **       | 1,703,588         |
|     | DODGE & COX FUNDS                                           | STOCK FUND                                                                                                        | **       | 3,574,920         |
|     | HARBOR FUNDS                                                | INTERNATIONAL FUND-INV                                                                                            | **       | 735,507           |
|     | MFS DISTRIBUTORS, INC.                                      | TOTAL RETURN FUND CLASS A                                                                                         | **       | 3,347,870         |
|     | PIMCO FUNDS                                                 | GNMA FUND INST                                                                                                    | **       | 162,689           |
|     | PRIMECAP                                                    | ODYSSEY AGGRESSIVE GROWTH FUND                                                                                    | **       | 577,603           |
|     | ROYCE FUND                                                  | OPPORTUNITY FUND INV                                                                                              | **       | 1,196,605         |
|     | OPPENHEIMER                                                 | INTERNATIONAL GROWTH FUND CL I                                                                                    | **       | 740,861           |
|     | T ROWE PRICE FUNDS                                          | INSTITUTIONAL LARGE CAP GROWTH FUND                                                                               | **       | 2,624,018         |
|     | T ROWE PRICE FUNDS                                          | RETIREMENT INCOME FUND                                                                                            | **       | 9,434             |
|     | T ROWE PRICE FUNDS                                          | RETIREMENT 2005                                                                                                   | **       | 9,439             |
|     | T ROWE PRICE FUNDS                                          | RETIREMENT 2010                                                                                                   | **       | 12,403            |
|     | T ROWE PRICE FUNDS                                          | RETIREMENT 2015                                                                                                   | **       | 211,393           |
|     | T ROWE PRICE FUNDS                                          | RETIREMENT 2020                                                                                                   | **       | 498,001           |
|     | T ROWE PRICE FUNDS                                          | RETIREMENT 2025                                                                                                   | **       | 313,339           |
|     | T ROWE PRICE FUNDS                                          | RETIREMENT 2030                                                                                                   | **       | 534,168           |
|     | T ROWE PRICE FUNDS                                          | RETIREMENT 2035                                                                                                   | **       | 688,565           |
|     | T ROWE PRICE FUNDS                                          | RETIREMENT 2040                                                                                                   | **       | 196,049           |
|     | T ROWE PRICE FUNDS                                          | RETIREMENT 2045                                                                                                   | **       | 161,704           |
|     | T ROWE PRICE FUNDS                                          | RETIREMENT 2050                                                                                                   | **       | 79,175            |
|     | T ROWE PRICE FUNDS                                          | RETIREMENT 2055                                                                                                   | **       | 31,235            |
|     | TEMPLETON FUNDS                                             | GLOBAL BOND FUND CLASS A                                                                                          | **       | 146,947           |
|     | VANGUARD FUNDS                                              | 500 INDEX FUND ADM                                                                                                | **       | 2,114,448         |
|     | VANGUARD FUNDS                                              | MID CAP VALUE INDEX FUND ADM                                                                                      | **       | 577,626           |
|     | VANGUARD FUNDS                                              | SMALL CAP GROWTH INDEX FUND ADM                                                                                   | **       | 323,652           |
|     | INDIVIDUAL DIRECTED                                         | BROKERAGE ACCOUNTS                                                                                                | **       | 6,932,709         |
|     | BIAGGI RISTORANTE ITALIANO                                  | LIMITED PARTNERSHIPS                                                                                              | **       | 49,755            |
|     | BLACKSTONE GROUP L P COM                                    | LIMITED PARTNERSHIPS                                                                                              | **       | 11,671            |
|     | BOULDER OFFICE PARTNERS, LLC                                | LIMITED PARTNERSHIPS                                                                                              | **       | 78                |
|     | CHENIERE ENERGY PARTNERS LP                                 | LIMITED PARTNERSHIPS                                                                                              | **       | 6,400             |
|     | ENTERPRISE PRODS PARTNERS                                   | LIMITED PARTNERSHIPS                                                                                              | **       | 29,618            |
|     | EQT MIDSTREAM PARTNERS LP COM                               | LIMITED PARTNERSHIPS                                                                                              | **       | 4,400             |
|     | FRONTIER MELISSA                                            | LIMITED PARTNERSHIPS                                                                                              | **       | 254,854           |
|     | KKR & CO                                                    | LIMITED PARTNERSHIPS                                                                                              | **       | 4,642             |
|     | MAGELLAN MIDSTREAM PARTNERS                                 | LIMITED PARTNERSHIPS                                                                                              | **       | 52,489            |
|     | NOVON III                                                   | LIMITED PARTNERSHIPS                                                                                              | **       | 14,908            |
|     | OCH-ZIFF CAP MGMT GROUP CL A                                | LIMITED PARTNERSHIPS                                                                                              | **       | 8,585             |
|     | PLAINS ALL AMERICAN PIPELINE                                | LIMITED PARTNERSHIPS                                                                                              | **       | 20,528            |
|     | SUNOCO LP COM                                               | LIMITED PARTNERSHIPS                                                                                              | **       | 6,968             |
|     | LOANS TO VARIOUS PARTICIPANTS                               | INTEREST RATE RANGE: 4.25% through 7.00%                                                                          | **       | 438,727           |

\* A party-in-interest as defined by ERISA

\*\* Cost ommitted for participant directed accounts