

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN AND TRUST</u>	1b	Three-digit plan number (PN) ▶ <u>003</u>
		1c	Effective date of plan <u>01/01/1998</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WALTER & HAVERFIELD LLP</u> <u>THE TOWER AT ERIEVIEW</u> <u>1301 E. NINTH STREET, SUITE 3500</u> <u>CLEVELAND, OH 44114-1821</u>	2b	Employer Identification Number (EIN) <u>34-0602148</u>
		2c	Plan Sponsor's telephone number <u>216-781-1212</u>
		2d	Business code (see instructions) <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.

SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2017	GARY ZWICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

3a Plan administrator's name and address ☐ Same as Plan Sponsor WALTER & HAVERFIELD PROFIT SHARING RETIREMENT PLAN AND TRUST THE TOWER AT ERIEVIEW 1301 E. NINTH ST, SUITE 3500 CLEVELAND, OH 44114-1821	3b Administrator's EIN 34-0602148 3c Administrator's telephone number 216-781-1212
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 137
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 104 6a(2) 134 6b 0 6c 23 6d 157 6e 0 6f 157 6g 140 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 3B 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WALTER & HAVERFIELD LLP</u>	D Employer Identification Number (EIN) <u>34-0602148</u>	

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

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	335-80247	18	01/01/2016	12/31/2016

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 1518826**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

1524850

c Additions: (1) Contributions deposited during the year**7c(1)**

46612

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

33960

(4) Transferred from separate account

7c(4)

5426

(5) Other (specify below)

7c(5)

19641

▶ LOAN REPAYMENT-PRINCIPAL

(6) Total additions

7c(6)

105639

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

1630489

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

81240

(2) Administration charge made by carrier.....

7e(2)

603

(3) Transferred to separate account

7e(3)

1387

(4) Other (specify below)

7e(4)

28433

▶ LOAN WITHDRAWAL

(5) Total deductions

7e(5)

111663

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

1518826

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016	
A Name of plan WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 WALTER & HAVERFIELD LLP	D Employer Identification Number (EIN) 34-0602148

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MGO SECURITIES CORP	24400 CHAGRIN BLVD SUITE 310 BEACHWOOD, OH 44122

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 49 59 60 63 64 99	CUSTODIAN/RECO RD KEEPER	30437	Yes ☒ No ☐	Yes ☐ No ☒	11558	Yes ☐ No ☒

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

MGO INVESTMENT ADVISORS

24400 CHAGRIN BLVD
SUITE 310
BEACHWOOD, OH 44122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 28 31 38	INVESTMENT ADVISOR	23021	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TD AMERITRADE

4211 S. 102ND ST
OMAHA, NE 68127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
71 99 33 19 22	BROKERAGE	8217	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MOSKAL GROSS ORCHOSKY

24400 CHAGRIN BLVD
SUITE 310
BEACHWOOD, OH 44122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 17 37	TPA	3878	Yes ☒ No ☐	Yes ☐ No ☒	15807	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MOSKAL GROSS ORCHOSKY INC.	15 16 17 37	15340
(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.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADMINISTRATIVE/ADVISORY FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	26 49 64	11510
(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.	
MGO INVESTMENT ADVISORS 24400 CHAGRIN BLVD BEACHWOOD, OH 44122	ADVISORY FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 WALTER & HAVERFIELD LLP	D Employer Identification Number (EIN) 34-0602148	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	866111	860882
(2) Participant contributions	1b(2)	271493	245026
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	391466	330384
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	17507900	20459419
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1524850	1518826
(15) Other	1c(15)	1786930	1916093

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	22348750	25330630

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	22348750	25330630
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	858791	
(B) Participants	2a(1)(B)	842280	
(C) Others (including rollovers)	2a(1)(C)	216838	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1917909
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	13936	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13936
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1574048
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3505893

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	493576	
(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)		493576
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)	30437	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		30437
j Total expenses. Add all expense amounts in column (b) and enter total	2j		524013

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2981880
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: WALTHALL, LLP

(2) EIN: 34-0644631

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
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WALTER & HAVERFIELD LLP</u>	D Employer Identification Number (EIN) <u>34-0602148</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4156830</u>		
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)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN**

FINANCIAL STATEMENTS

WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2016 AND 2015

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Insight that yields results.

INDEPENDENT AUDITORS' REPORT

August 25, 2017

The Administrative Committee
Walter & Haverfield LLP
Profit Sharing Retirement Plan
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Walter & Haverfield LLP Profit Sharing Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), 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 the Nationwide Trust Company, the trustee of the Plan, except for comparing the 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 the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, 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 this 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 ERISA.

A handwritten signature in black ink that reads "Walthall, LLP". The signature is written in a cursive, flowing style.

Certified Public Accountants

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN**

Statements of Net Assets Available for Benefits

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Assets		
Investments, at fair value	\$ 23,894,338	\$ 20,819,680
Receivables:		
Participant contributions	245,026	271,493
Employer contributions	860,882	866,111
Notes receivable from participants	<u>330,384</u>	<u>391,466</u>
	<u>1,436,292</u>	<u>1,529,070</u>
Net Assets Available for Benefits	<u>\$ 25,330,630</u>	<u>\$ 22,348,750</u>

The accompanying notes are an integral part of the financial statements.

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN**

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2016

Additions to Plan Assets Attributed to

Investment income:

Net appreciation in fair value of investments \$ 1,574,048

Interest income on notes receivable from participants 13,936

Contributions:

Participant 842,280

Employer 858,791

Participant rollovers 216,838

1,917,909

Total additions 3,505,893

Deductions from Plan Assets Attributed to

Benefit payments 493,576

Administrative expenses 30,437

524,013

Total deductions

Net Increase 2,981,880

Net Assets Available for Benefits - Beginning 22,348,750

Net Assets Available for Benefits - Ending \$ 25,330,630

The accompanying notes are an integral part of the financial statements.

WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN

Notes To Financial Statements

December 31, 2016 and 2015

Note 1 - Plan Description

The following description of the Walter & Haverfield LLP Profit Sharing Retirement Plan ("the Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Walter & Haverfield LLP ("the Firm") who have met the eligibility requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Eligibility

To be eligible for deferral / employee contributions and Firm matching contributions, employees must have completed one hour of service and attained age 18. To be eligible for Firm non-elective contributions, employees must have completed one year of service and attained age 18. Employees enter the Plan on the first day of the month following, or coincident with, having attained eligibility.

Contributions

Each year, participants may contribute up to 100% of their annual compensation, as defined in the Plan document. The Firm shall make a matching contribution to all eligible participants, as defined in the Plan document, of 25% of the first 4% of eligible compensation that a participant contributes to the Plan, except that any "catch-up" contributions will not be taken into consideration for the purposes of Firm matching contributions. No matching contributions are made for partners. The Firm, at its discretion, may make non-elective contributions to all participants who have completed one year of service and worked at least 1,000 hours, and are employed on the last day of the plan year. The contributions will be allocated as follows: a discretionary amount based on each participant's total compensation will be allocated to each participant's account; any remaining unallocated contribution will be allocated to each eligible class of participants, based on the compensation formula described in the Plan document.

Participant Accounts

Participants direct the investment of their contributions into various investment options offered by the Plan. Each participant's account is credited with the participant's contribution, allocations of any Firm contributions, and earnings thereon. Allocations are based on participant earnings, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. The net value of each participant's account is established daily by the Plan's trustee.

Vesting

A participant, at all times, has a 100% non-forfeitable vested interest in his account.

Note 1 - Plan Description (Continued)

Investment Options

All investments of the Plan are held by a trustee. Participants direct the investments in their individual accounts. Participants may, subject to a procedure established under the Plan, direct the trustees to invest some of their contributions in self-directed brokerage accounts.

Notes Receivable from Participants

Participants may borrow from their accounts, up to a maximum of the lesser of \$50,000, or 50% of their account balance on the date of the loan. The loans are secured by the balance in the participants' vested accounts, and bear interest at a rate commensurate with local market rates for similar loans. Payment terms are based on the type of loan.

Payment of Benefits

A participant or his or her beneficiary, upon termination, death, or retirement, receives his or her interest in his or her account in the form of a lump-sum distribution, as defined in the Plan. Additionally, the Plan has provisions for an active participant who has attained age 65 to make withdrawals from his or her vested account.

Other

In the event of termination, the net assets of the Plan would be allocated in accordance with the provisions of the Plan, and within the manner described by the Employee Retirement Income Security Act of 1974 (ERISA).

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

The Plan's investments include a guaranteed investment contract. The contract is not benefit-responsive, and therefore, is valued at fair value that approximates contract value.

Use of Estimates

In preparing financial statements in conformity with generally accepted accounting principles, management makes estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosures of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is a price that would be received to sell an asset, or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains 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.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative costs of the Plan are paid by the Firm.

Risks and Uncertainties

The Plan holds 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 statements of net assets available for benefits.

Note 3 - Related Party Transactions

Nationwide Trust Company has physical and administrative control of certain plan assets, and is responsible for the safekeeping of the Plan's assets, investment of funds, and other transactions as directed by the plan administrator or participants. Fees paid by the Plan to the trustee amounted to \$30,437 for the year ended December 31, 2016.

Note 4 - Investments

The Plan's investments are held in a trust by the Plan's trustee. The following tables present those investments.

<u>Investments at Fair Value as of December 31,</u>	<u>2016</u>	<u>2015</u>
Self-directed brokerage accounts	\$ 1,916,093	\$ 1,786,930
Registered investment companies	20,459,419	17,507,900
Guaranteed investment contract	1,518,826	1,524,850
Total investments	<u><u>\$ 23,894,338</u></u>	<u><u>\$ 20,819,680</u></u>

During 2016, the Plan's investments, primarily registered investment companies (including gains and losses on investments bought and sold, as well as held during the year), appreciated in value by \$1,574,048.

Note 5 - Certified Information

The trustee of the Plan holds the Plan's investment assets and executes transactions thereon. Financial information relating to those assets, which comprised a majority of the Plan's assets, is included in the accompanying financial statements based on information provided by the trustee. That information, which has not been audited by independent accountants, is summarized below:

<u>Fair Value of Account as of December 31,</u>	<u>2016</u>	<u>2015</u>
Self-directed brokerage accounts	\$ 1,916,093	\$ 1,786,930
Registered investment companies	20,459,419	17,507,900
Guaranteed investment contract	1,518,826	1,524,850
Participant loans	330,384	391,466
Total certified assets	24,224,722	21,211,146
Participant contributions receivable	245,026	271,493
Employer contributions receivable	860,882	866,111
Net assets per financial statements	<u><u>\$ 25,330,630</u></u>	<u><u>\$ 22,348,750</u></u>
<u>Net Increase (Decrease) in Account</u> <u>for the Year Ended December 31, 2016</u>		
Net appreciation in fair value of investments	\$ 1,574,048	
Interest and dividends	13,936	
Employer contributions	864,020	
Participant contributions	868,747	
Participant rollover contributions	216,838	
Benefit payments	(493,576)	
Administrative expenses	(30,437)	
Net certified increase	3,013,576	
Employer contribution adjustment	(5,229)	
Participant contribution adjustment	(26,467)	
Net increase per financial statements	<u><u>\$ 2,981,880</u></u>	

Note 6 - Fair Value Measurement

FASB ASC 820-10 establishes a 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 820-10 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;

Note 6 - Fair Value Measurement (Continued)

- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 - Inputs 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 is a description of the valuation methodologies used for assets measured at fair value.

Self-directed brokerage accounts: Accounts primarily consists of registered investment companies, common stocks and interest bearing cash that are valued on the basis of readily determinable market prices.

Registered investment companies: Valued at the net asset value of shares held by the Plan at year end.

Guaranteed investment contract: Fair value is the amount Plan participants would receive currently if participants were to withdraw or transfer funds within the Plan prior to maturity. The fair value represents contract value adjusted to reflect current interest rates.

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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

Description	Assets at Fair Value as of December 31, 2016			
	(Level 1)	(Level 2)	(Level 3)	Total
Self-directed brokerage accounts	\$ 1,916,093	\$ -	\$ -	\$ 1,916,093
Registered investment companies		20,459,419	-	20,459,419
Guaranteed investment contract	-	-	1,518,826	1,518,826
Total	\$ 1,916,093	\$ 20,459,419	\$ 1,518,826	\$ 23,894,338

Note 6 - Fair Value Measurement (Continued)

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended December 31, 2016:

Level 3 Assets for the Year Ended December 31, 2016

Beginning balance	\$ 1,524,850
Contributions	46,612
Transfers in	25,067
Interest and appreciation	33,960
Disbursements	(81,240)
Transfers out	<u>(30,423)</u>
Ending balance	<u>\$ 1,518,826</u>

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
			Composite	
Guaranteed Investment Contract	\$1,518,826	Contract value	guaranteed rate	2.15%

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015:

Description	Assets at Fair Value as of December 31, 2015			
	(Level 1)	(Level 2)	(Level 3)	Total
Self-directed brokerage accounts	\$ 1,786,930	\$ -	\$ -	\$ 1,786,930
Registered investment companies		17,507,900	-	17,507,900
Guaranteed investment contract	-	-	1,524,850	1,524,850
Total	<u>\$ 1,786,930</u>	<u>\$ 17,507,900</u>	<u>\$ 1,524,850</u>	<u>\$ 20,819,680</u>

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended December 31, 2015:

Level 3 Assets for the Year Ended December 31, 2015

Beginning balance	\$ 1,346,726
Contributions	35,190
Transfers in	143,342
Interest and appreciation	32,643
Disbursements	(9,115)
Transfers out	<u>(23,936)</u>
Ending balance	<u>\$ 1,524,850</u>

Note 6 - Fair Value Measurement (Continued)

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Guaranteed Investment Contract	\$1,524,850	Contract value	Composite guaranteed rate	2.10% - 2.15%

Note 7 - Tax Status

The Internal Revenue Service has expressed an opinion by letter dated March 31, 2014, that the Volume Submitter Profit Sharing Plan with CODA and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). 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.

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. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure 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 2013.

Note 8 - Subsequent Events

The Plan has evaluated subsequent events from the date of the statement of net assets available for benefits through August 25, 2017.

SCHEDULE I

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN
PLAN #003 EIN: 34-0602148
FORM 5500 SCHEDULE H PART IV 4(i)**

Schedule of Assets (Held at End of Year)

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
	Insurance company general account:		
*	Nationwide Life Insurance Company	Nationwide Fixed Account Fund	\$ 1,518,826
	Registered investment companies:		
	Nationwide Trust Company	AllianzGI Technology A	96,093
	Nationwide Trust Company	BlackRock Health Sciences Opportunities Inv A	129,094
	Nationwide Trust Company	Columbia Seligman Global Technology A	42,119
	Nationwide Trust Company	DFA Global Real Estate Securities Port	51,969
	Nationwide Trust Company	Deutsche Real Assets Institutional	87,523
	Nationwide Trust Company	Franklin Utilities Adv	133,550
	Nationwide Trust Company	Goldman Sachs Strategic Income A	63,989
	Nationwide Trust Company	Guggenheim Managed Futures Strategy A	86,746
	Nationwide Trust Company	Invesco Energy Inv	23,162
	Nationwide Trust Company	Iron Strategic Income Institutional	61,069
	Nationwide Trust Company	Gateway A	205,116
	Nationwide Trust Company	Nuveen Real Estate Securities A	640,548
	Nationwide Trust Company	Oppenheimer Gold & Special Minerals A	77,846
	Nationwide Trust Company	Oppenheimer SteelPath MLP Select 40 A	22,744
	Nationwide Trust Company	Wells Fargo Utility & Telecoms A	417,762
	Nationwide Trust Company	Ivy Real Estate Securities Y	49,394
	Nationwide Trust Company	Ivy Science & Technology Y	710,527
	Nationwide Trust Company	Aberdeen Emerging Markets Instl	26,949
	Nationwide Trust Company	American Funds Capital World Growth & Income R6	726,437
	Nationwide Trust Company	American Funds EuroPacific Growth R6	1,175,948
	Nationwide Trust Company	American Funds New Perspective R6	7,649
	Nationwide Trust Company	American Funds New World R6	69,497
	Nationwide Trust Company	Dodge & Cox International Stock	46,534
	Nationwide Trust Company	Franklin Mutual European A	93,623
	Nationwide Trust Company	Oppenheimer Developing Markets A	27,400
	Nationwide Trust Company	Wells Fargo Asia Pacific A	33,052
	Nationwide Trust Company	Emerald Growth A	40,983
	Nationwide Trust Company	JPMorgan Small Cap Value A	45,079
*	Nationwide Trust Company	Nationwide Geneva Small Cap Growth Instl	631,049
	Nationwide Trust Company	RS Small Cap Growth A	4,617
	Nationwide Trust Company	Victory Sycamore Small Company Opportunity A	566,130
	Nationwide Trust Company	AB Discovery Value K	245,461
	Nationwide Trust Company	American Century Mid Cap Value A	3
	Nationwide Trust Company	JPMorgan Mid Cap Growth A	7,852
*	Nationwide Trust Company	Nationwide Mid Cap Market Index A	439,442
	Nationwide Trust Company	Pioneer Select Mid Cap Growth A	128,524
	Nationwide Trust Company	Principal Mid Cap Growth Institutional	30,665
	Nationwide Trust Company	Principal Mid Cap Institutional	24,047
	Nationwide Trust Company	Prudential Jennison Mid Cap Growth A	585,433
	Nationwide Trust Company	Victory Sycamore Established Value A	137,396
	Nationwide Trust Company	Vanguard Selected Value Inv	35,903
	Nationwide Trust Company	Alger Spectra I	43,448
	Nationwide Trust Company	American Century Equity Income Institutional	205,119
	Nationwide Trust Company	American Funds Growth Fund of America R3	39,042
	Nationwide Trust Company	American Funds Growth Fund of America R6	23,976
	Nationwide Trust Company	American Funds New Economy R6	7,777
	Nationwide Trust Company	American Funds Washington Mutual R3	84,945
	Nationwide Trust Company	American Funds Washington Mutual R6	152,118
	Nationwide Trust Company	Fidelity Advisor New Insights A	1,599,211
	Nationwide Trust Company	Invesco Growth and Income A	501,030
*	Nationwide Trust Company	Nationwide S&P 500 Index Svc	713,072
	Nationwide Trust Company	Vanguard 500 Index Admiral	93,566
	Nationwide Trust Company	Vanguard Dividend Appreciation Index Inv	68,565
	Nationwide Trust Company	Vanguard Equity Income Inv	1,692,492
	Nationwide Trust Company	Vanguard Growth Index Admiral	713

- continued -

SCHEDULE I

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN
PLAN #003 EIN: 34-0602148
FORM 5500 SCHEDULE H PART IV 4(i)**

Schedule of Assets (Held at End of Year) (Continued)

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
	Nationwide Trust Company	Vanguard Growth Index Inv	54,655
	Nationwide Trust Company	Vanguard Value Index Inv	57,596
	Nationwide Trust Company	American Funds Capital Income Builder R6	95,454
	Nationwide Trust Company	American Funds Income Fund of America R3	77,392
	Nationwide Trust Company	American Funds Income Fund of America R6	225,147
	Nationwide Trust Company	Franklin Income A	64,327
	Nationwide Trust Company	FPA Crescent Institutional	86,612
	Nationwide Trust Company	Janus Henderson Balanced S	1,996,093
	Nationwide Trust Company	PIMCO All Asset A	70,084
	Nationwide Trust Company	Vanguard Wellesley Income Inv	248,855
	Nationwide Trust Company	AB Global Bond Advisor	28,446
	Nationwide Trust Company	Dodge & Cox Income	39,276
	Nationwide Trust Company	Dreyfus International Bond A	253,448
	Nationwide Trust Company	Eaton Vance Government Obligations A	80,727
	Nationwide Trust Company	Templeton Global Bond A	47,823
	Nationwide Trust Company	Loomis Sayles Bond Admin	43,201
	Nationwide Trust Company	Metropolitan West High Yield Bond I	27,385
	Nationwide Trust Company	Metropolitan West Total Return Bond I	63,518
	Nationwide Trust Company	Oppenheimer Senior Floating Rate A	94,640
	Nationwide Trust Company	PIMCO Income A	17,816
	Nationwide Trust Company	PIMCO Income Institutional	61,228
	Nationwide Trust Company	PIMCO Long-Term Credit Institutional	12,342
	Nationwide Trust Company	PIMCO Real Return A	47,608
	Nationwide Trust Company	PIMCO Total Return A	67,250
	Nationwide Trust Company	Pioneer Bond A	1,265,062
	Nationwide Trust Company	TCW Total Return Bond I	63,641
	Nationwide Trust Company	Thornburg Limited Term Income R3	27,145
	Nationwide Trust Company	Victory INCORE Fund for Income A	223,992
	Nationwide Trust Company	Vanguard Interm-Term Investment-Grade Inv	64,931
	Nationwide Trust Company	Vanguard Short-Term Treasury Inv	161,133
	Nationwide Trust Company	Well Fargo Adjustable Rate Govt A	662
	Nationwide Trust Company	Ivy High Income Y	406,353
*	Nationwide Trust Company	Nationwide Money Market Institutional	1,131,579
	Total registered investment companies		20,459,419
	Self-directed brokerage accounts		1,916,093
*	Participant loans	Participant loans with interest rates at 4.25%-4.50%	330,384
	Total		<u>\$ 24,224,722</u>

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information											
1a Name of plan WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN AND TRUST 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WALTER & HAVERFIELD LLP THE TOWER AT ERIEVIEW 1301 E. NINTH STREET, SUITE 3500 CLEVELAND OH 44114-1821 SAME CLEVELAND OH 44114-1821	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1b Three-digit plan number (PN) ▶</td> <td style="width:50%; text-align: center;">003</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1998</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 34-0602148</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number (216) 781-1212</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 541110</td> </tr> </table>	1b Three-digit plan number (PN) ▶	003	1c Effective date of plan 01/01/1998		2b Employer Identification Number (EIN) 34-0602148		2c Plan Sponsor's telephone number (216) 781-1212		2d Business code (see instructions) 541110	
1b Three-digit plan number (PN) ▶	003										
1c Effective date of plan 01/01/1998											
2b Employer Identification Number (EIN) 34-0602148											
2c Plan Sponsor's telephone number (216) 781-1212											
2d Business code (see instructions) 541110											

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

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

SIGN HERE		<u>9/11/17</u>	GARY ZWICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>9/12/17</u>	RALPH E. CASCARILLA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor WALTER & HAVERFIELD PROFIT SHARING RETIREMENT PLAN AND TRUST THE TOWER AT ERIEVIEW 1301 E. NINTH ST, SUITE 3500 CLEVELAND OH 44114-1821	3b Administrator's EIN 34-0602148 3c Administrator's telephone number (216) 781-1212
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 137
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
6a(1) Total number of active participants at the beginning of the plan year	6a(1) 104
6a(2) Total number of active participants at the end of the plan year	6a(2) 134
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 23
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 157
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.....	6f 157
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 140
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 3B 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection			
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016					
A Name of plan WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN AND TRUST		B Three-digit plan number (PN) ► 003			
C Plan sponsor's name as shown on line 2a of Form 5500 WALTER & HAVERFIELD LLP		D Employer Identification Number (EIN) 34-0602148			
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.					
1 Coverage Information:					
(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	335-80247	18	01/01/2016	12/31/2016
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.					
(a) Total amount of commissions paid			(b) Total amount of fees paid		
0			0		
3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
(b) Amount of sales and base commissions paid		Fees and other commissions paid		(e) Organization code	
		(c) Amount	(d) Purpose		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
(b) Amount of sales and base commissions paid		Fees and other commissions paid		(e) Organization code	
		(c) Amount	(d) Purpose		

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end..... **4** 1,518,826**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier..... **6b****c** Premiums due but unpaid at the end of the year..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year..... **7b** 1,524,850**c** Additions: (1) Contributions deposited during the year..... **7c(1)** 46,612(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 33,960(4) Transferred from separate account..... **7c(4)** 5,426(5) Other (specify below) **7c(5)** 19,641

▶ Loan Repayment-Principal

(6) Total additions..... **7c(6)** 105,639**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 1,630,489**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 81,240(2) Administration charge made by carrier **7e(2)** 603(3) Transferred to separate account..... **7e(3)** 1,387(4) Other (specify below) **7e(4)** 28,433

▶ Loan Withdrawal

(5) Total deductions..... **7e(5)** 111,663**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1,518,826

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN AND		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 WALTER & HAVERFIELD LLP		D Employer Identification Number (EIN) 34-0602148

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MGO Securities Corp 24400 Chagrin Blvd Suite 310 Beachwood	OH 44122

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

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

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

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

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

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

Moskal Gross Orchosky

24400 Chagrin Blvd
Suite 310
Beachwood

OH 44122

(b) Service Code(s) 15 16 17 37

(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
TPA	3,878	Yes ☒ No ☐	Yes ☐ No ☒	15,807	Yes ☐ No ☒

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

MGO Investment Advisors

24400 Chagrin Blvd
Suite 310
Beachwood

OH 44122

(b) Service Code(s) 26 27 28 31 38

(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
Investment Advisor	23,021	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

Nationwide

One Nationwide Plaza

Columbus

OH 43215

(b) Service Code(s) 15 26 49 59 60 63 64 99

(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
Custodian/Record Keeper	30,437	Yes ☒ No ☐	Yes ☐ No ☒	11,558	Yes ☐ No ☒

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

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

TD Ameritrade

4211 S. 102nd St

Omaha

NE 68127

(b) Service Code(s) 71 99 33 19 22

(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
Brokerage	8,217	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)

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

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

(b) Service Code(s)

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
Moskal Gross Orchosky Inc.	15 16 17 37	15,340
(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.	
Nationwide One Nationwide Plaza Columbus OH 43215	Administrative/Advisory fee	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
Nationwide	26 49 64	11,510
(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.	
MGO Investment Advisors 24400 Chagrin Blvd Beachwood OH 44122	Advisory fee	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN AND TRUST		B Three-digit plan number (PN) <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 WALTER & HAVERFIELD LLP		D Employer Identification Number (EIN) 34-0602148

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	866,111	860,882
(2) Participant contributions	1b(2)	271,493	245,026
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	391,466	330,384
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	17,507,900	20,459,419
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1,524,850	1,518,826
(15) Other	1c(15)	1,786,930	1,916,093

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	22,348,750	25,330,630

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	22,348,750	25,330,630
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	858,791	
(B) Participants	2a(1)(B)	842,280	
(C) Others (including rollovers)	2a(1)(C)	216,838	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1,917,909

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	13,936	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13,936

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1,574,048
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3,505,893

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	493,576	
(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)		493,576
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)	30,437	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		30,437
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		524,013

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2,981,880
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: Walthall, LLP

(2) EIN: 34-0644631

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
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d	☐	☒	
e Was this plan covered by a fidelity bond?	4e	☒	☐	500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	4l	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	☐	☐	
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o	☐	☐	

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

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN**

FINANCIAL STATEMENTS

WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2016 AND 2015

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Insight that yields results.

INDEPENDENT AUDITORS' REPORT

August 25, 2017

The Administrative Committee
Walter & Haverfield LLP
Profit Sharing Retirement Plan
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Walter & Haverfield LLP Profit Sharing Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), 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 the Nationwide Trust Company, the trustee of the Plan, except for comparing the 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 the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, 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 this 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 ERISA.

A handwritten signature in black ink that reads "Walthall, LLP". The script is cursive and fluid, with the letters "W", "L", and "P" being particularly prominent.

Certified Public Accountants

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN**

Statements of Net Assets Available for Benefits

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Assets		
Investments, at fair value	\$ 23,894,338	\$ 20,819,680
Receivables:		
Participant contributions	245,026	271,493
Employer contributions	860,882	866,111
Notes receivable from participants	<u>330,384</u>	<u>391,466</u>
	<u>1,436,292</u>	<u>1,529,070</u>
Net Assets Available for Benefits	<u><u>\$ 25,330,630</u></u>	<u><u>\$ 22,348,750</u></u>

The accompanying notes are an integral part of the financial statements.

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN**

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2016

Additions to Plan Assets Attributed to

Investment income:

Net appreciation in fair value of investments \$ 1,574,048

Interest income on notes receivable from participants 13,936

Contributions:

Participant 842,280

Employer 858,791

Participant rollovers 216,838

1,917,909

Total additions 3,505,893

Deductions from Plan Assets Attributed to

Benefit payments 493,576

Administrative expenses 30,437

Total deductions 524,013

Net Increase 2,981,880

Net Assets Available for Benefits - Beginning 22,348,750

Net Assets Available for Benefits - Ending \$ 25,330,630

The accompanying notes are an integral part of the financial statements.

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN**

Notes To Financial Statements

December 31, 2016 and 2015

Note 1 - Plan Description

The following description of the Walter & Haverfield LLP Profit Sharing Retirement Plan ("the Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Walter & Haverfield LLP ("the Firm") who have met the eligibility requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Eligibility

To be eligible for deferral / employee contributions and Firm matching contributions, employees must have completed one hour of service and attained age 18. To be eligible for Firm non-elective contributions, employees must have completed one year of service and attained age 18. Employees enter the Plan on the first day of the month following, or coincident with, having attained eligibility.

Contributions

Each year, participants may contribute up to 100% of their annual compensation, as defined in the Plan document. The Firm shall make a matching contribution to all eligible participants, as defined in the Plan document, of 25% of the first 4% of eligible compensation that a participant contributes to the Plan, except that any "catch-up" contributions will not be taken into consideration for the purposes of Firm matching contributions. No matching contributions are made for partners. The Firm, at its discretion, may make non-elective contributions to all participants who have completed one year of service and worked at least 1,000 hours, and are employed on the last day of the plan year. The contributions will be allocated as follows: a discretionary amount based on each participant's total compensation will be allocated to each participant's account; any remaining unallocated contribution will be allocated to each eligible class of participants, based on the compensation formula described in the Plan document.

Participant Accounts

Participants direct the investment of their contributions into various investment options offered by the Plan. Each participant's account is credited with the participant's contribution, allocations of any Firm contributions, and earnings thereon. Allocations are based on participant earnings, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. The net value of each participant's account is established daily by the Plan's trustee.

Vesting

A participant, at all times, has a 100% non-forfeitable vested interest in his account.

Note 1 - Plan Description (Continued)

Investment Options

All investments of the Plan are held by a trustee. Participants direct the investments in their individual accounts. Participants may, subject to a procedure established under the Plan, direct the trustees to invest some of their contributions in self-directed brokerage accounts.

Notes Receivable from Participants

Participants may borrow from their accounts, up to a maximum of the lesser of \$50,000, or 50% of their account balance on the date of the loan. The loans are secured by the balance in the participants' vested accounts, and bear interest at a rate commensurate with local market rates for similar loans. Payment terms are based on the type of loan.

Payment of Benefits

A participant or his or her beneficiary, upon termination, death, or retirement, receives his or her interest in his or her account in the form of a lump-sum distribution, as defined in the Plan. Additionally, the Plan has provisions for an active participant who has attained age 65 to make withdrawals from his or her vested account.

Other

In the event of termination, the net assets of the Plan would be allocated in accordance with the provisions of the Plan, and within the manner described by the Employee Retirement Income Security Act of 1974 (ERISA).

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

The Plan's investments include a guaranteed investment contract. The contract is not benefit-responsive, and therefore, is valued at fair value that approximates contract value.

Use of Estimates

In preparing financial statements in conformity with generally accepted accounting principles, management makes estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosures of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is a price that would be received to sell an asset, or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains 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.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative costs of the Plan are paid by the Firm.

Risks and Uncertainties

The Plan holds 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 statements of net assets available for benefits.

Note 3 - Related Party Transactions

Nationwide Trust Company has physical and administrative control of certain plan assets, and is responsible for the safekeeping of the Plan's assets, investment of funds, and other transactions as directed by the plan administrator or participants. Fees paid by the Plan to the trustee amounted to \$30,437 for the year ended December 31, 2016.

Note 4 - Investments

The Plan's investments are held in a trust by the Plan's trustee. The following tables present those investments.

<u>Investments at Fair Value as of December 31,</u>	<u>2016</u>	<u>2015</u>
Self-directed brokerage accounts	\$ 1,916,093	\$ 1,786,930
Registered investment companies	20,459,419	17,507,900
Guaranteed investment contract	<u>1,518,826</u>	<u>1,524,850</u>
Total investments	<u>\$ 23,894,338</u>	<u>\$ 20,819,680</u>

During 2016, the Plan's investments, primarily registered investment companies (including gains and losses on investments bought and sold, as well as held during the year), appreciated in value by \$1,574,048.

Note 5 - Certified Information

The trustee of the Plan holds the Plan's investment assets and executes transactions thereon. Financial information relating to those assets, which comprised a majority of the Plan's assets, is included in the accompanying financial statements based on information provided by the trustee. That information, which has not been audited by independent accountants, is summarized below:

<u>Fair Value of Account as of December 31,</u>	<u>2016</u>	<u>2015</u>
Self-directed brokerage accounts	\$ 1,916,093	\$ 1,786,930
Registered investment companies	20,459,419	17,507,900
Guaranteed investment contract	1,518,826	1,524,850
Participant loans	330,384	391,466
Total certified assets	24,224,722	21,211,146
Participant contributions receivable	245,026	271,493
Employer contributions receivable	860,882	866,111
Net assets per financial statements	<u><u>\$ 25,330,630</u></u>	<u><u>\$ 22,348,750</u></u>

Net Increase (Decrease) in Account for the Year Ended December 31, 2016

Net appreciation in fair value of investments	\$ 1,574,048
Interest and dividends	13,936
Employer contributions	864,020
Participant contributions	868,747
Participant rollover contributions	216,838
Benefit payments	(493,576)
Administrative expenses	(30,437)
Net certified increase	3,013,576
Employer contribution adjustment	(5,229)
Participant contribution adjustment	(26,467)
Net increase per financial statements	<u><u>\$ 2,981,880</u></u>

Note 6 - Fair Value Measurement

FASB ASC 820-10 establishes a 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 820-10 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;

Note 6 - Fair Value Measurement (Continued)

- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 - Inputs 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 is a description of the valuation methodologies used for assets measured at fair value.

Self-directed brokerage accounts: Accounts primarily consists of registered investment companies, common stocks and interest bearing cash that are valued on the basis of readily determinable market prices.

Registered investment companies: Valued at the net asset value of shares held by the Plan at year end.

Guaranteed investment contract: Fair value is the amount Plan participants would receive currently if participants were to withdraw or transfer funds within the Plan prior to maturity. The fair value represents contract value adjusted to reflect current interest rates.

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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

Description	Assets at Fair Value as of December 31, 2016			
	(Level 1)	(Level 2)	(Level 3)	Total
Self-directed brokerage accounts	\$ 1,916,093	\$ -	\$ -	\$ 1,916,093
Registered investment companies		20,459,419	-	20,459,419
Guaranteed investment contract	-	-	1,518,826	1,518,826
Total	\$ 1,916,093	\$ 20,459,419	\$ 1,518,826	\$ 23,894,338

Note 6 - Fair Value Measurement (Continued)

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended December 31, 2016:

Level 3 Assets for the Year Ended December 31, 2016

Beginning balance	\$ 1,524,850
Contributions	46,612
Transfers in	25,067
Interest and appreciation	33,960
Disbursements	(81,240)
Transfers out	(30,423)
Ending balance	<u><u>\$ 1,518,826</u></u>

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Guaranteed Investment Contract	\$1,518,826	Contract value	Composite guaranteed rate	2.15%

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015:

Description	Assets at Fair Value as of December 31, 2015			
	(Level 1)	(Level 2)	(Level 3)	Total
Self-directed brokerage accounts	\$ 1,786,930	\$ -	\$ -	\$ 1,786,930
Registered investment companies		17,507,900	-	17,507,900
Guaranteed investment contract	-	-	1,524,850	1,524,850
Total	<u><u>\$ 1,786,930</u></u>	<u><u>\$ 17,507,900</u></u>	<u><u>\$ 1,524,850</u></u>	<u><u>\$ 20,819,680</u></u>

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended December 31, 2015:

Level 3 Assets for the Year Ended December 31, 2015

Beginning balance	\$ 1,346,726
Contributions	35,190
Transfers in	143,342
Interest and appreciation	32,643
Disbursements	(9,115)
Transfers out	(23,936)
Ending balance	<u><u>\$ 1,524,850</u></u>

Note 6 - Fair Value Measurement (Continued)

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>
Guaranteed Investment Contract	\$1,524,850	Contract value	Composite guaranteed rate	2.10% - 2.15%

Note 7 - Tax Status

The Internal Revenue Service has expressed an opinion by letter dated March 31, 2014, that the Volume Submitter Profit Sharing Plan with CODA and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). 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.

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. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure 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 2013.

Note 8 - Subsequent Events

The Plan has evaluated subsequent events from the date of the statement of net assets available for benefits through August 25, 2017.

SCHEDULE I

WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN PLAN #003 EIN: 34-0602148 FORM 5500 SCHEDULE H PART IV 4(i)

Schedule of Assets (Held at End of Year)

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
*	Insurance company general account: Nationwide Life Insurance Company	Nationwide Fixed Account Fund	\$ 1,518,826
	Registered investment companies:		
	Nationwide Trust Company	AllianzGI Technology A	96,093
	Nationwide Trust Company	BlackRock Health Sciences Opportunities Inv A	129,094
	Nationwide Trust Company	Columbia Seligman Global Technology A	42,119
	Nationwide Trust Company	DFA Global Real Estate Securities Port	51,969
	Nationwide Trust Company	Deutsche Real Assets Institutional	87,523
	Nationwide Trust Company	Franklin Utilities Adv	133,550
	Nationwide Trust Company	Goldman Sachs Strategic Income A	63,989
	Nationwide Trust Company	Guggenheim Managed Futures Strategy A	86,746
	Nationwide Trust Company	Invesco Energy Inv	23,162
	Nationwide Trust Company	Iron Strategic Income Institutional	61,069
	Nationwide Trust Company	Gateway A	205,116
	Nationwide Trust Company	Nuveen Real Estate Securities A	640,548
	Nationwide Trust Company	Oppenheimer Gold & Special Minerals A	77,846
	Nationwide Trust Company	Oppenheimer SteelPath MLP Select 40 A	22,744
	Nationwide Trust Company	Wells Fargo Utility & Telecoms A	417,762
	Nationwide Trust Company	Ivy Real Estate Securities Y	49,394
	Nationwide Trust Company	Ivy Science & Technology Y	710,527
	Nationwide Trust Company	Aberdeen Emerging Markets Instl	26,949
	Nationwide Trust Company	American Funds Capital World Growth & Income R6	726,437
	Nationwide Trust Company	American Funds EuroPacific Growth R6	1,175,948
	Nationwide Trust Company	American Funds New Perspective R6	7,649
	Nationwide Trust Company	American Funds New World R6	69,497
	Nationwide Trust Company	Dodge & Cox International Stock	46,534
	Nationwide Trust Company	Franklin Mutual European A	93,623
	Nationwide Trust Company	Oppenheimer Developing Markets A	27,400
	Nationwide Trust Company	Wells Fargo Asia Pacific A	33,052
	Nationwide Trust Company	Emerald Growth A	40,983
	Nationwide Trust Company	JPMorgan Small Cap Value A	45,079
*	Nationwide Trust Company	Nationwide Geneva Small Cap Growth Instl	631,049
	Nationwide Trust Company	RS Small Cap Growth A	4,617
	Nationwide Trust Company	Victory Sycamore Small Company Opportunity A	566,130
	Nationwide Trust Company	AB Discovery Value K	245,461
	Nationwide Trust Company	American Century Mid Cap Value A	3
	Nationwide Trust Company	JPMorgan Mid Cap Growth A	7,852
*	Nationwide Trust Company	Nationwide Mid Cap Market Index A	439,442
	Nationwide Trust Company	Pioneer Select Mid Cap Growth A	128,524
	Nationwide Trust Company	Principal Mid Cap Growth Institutional	30,665
	Nationwide Trust Company	Principal Mid Cap Institutional	24,047
	Nationwide Trust Company	Prudential Jennison Mid Cap Growth A	585,433
	Nationwide Trust Company	Victory Sycamore Established Value A	137,396
	Nationwide Trust Company	Vanguard Selected Value Inv	35,903
	Nationwide Trust Company	Alger Spectra I	43,448
	Nationwide Trust Company	American Century Equity Income Institutional	205,119
	Nationwide Trust Company	American Funds Growth Fund of America R3	39,042
	Nationwide Trust Company	American Funds Growth Fund of America R6	23,976
	Nationwide Trust Company	American Funds New Economy R6	7,777
	Nationwide Trust Company	American Funds Washington Mutual R3	84,945
	Nationwide Trust Company	American Funds Washington Mutual R6	152,118
	Nationwide Trust Company	Fidelity Advisor New Insights A	1,599,211
	Nationwide Trust Company	Invesco Growth and Income A	501,030
*	Nationwide Trust Company	Nationwide S&P 500 Index Svc	713,072
	Nationwide Trust Company	Vanguard 500 Index Admiral	93,566
	Nationwide Trust Company	Vanguard Dividend Appreciation Index Inv	68,565
	Nationwide Trust Company	Vanguard Equity Income Inv	1,692,492
	Nationwide Trust Company	Vanguard Growth Index Admiral	713

- continued -

SCHEDULE I

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN
PLAN #003 EIN: 34-0602148
FORM 5500 SCHEDULE H PART IV 4(i)**

Schedule of Assets (Held at End of Year) (Continued)

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
	Nationwide Trust Company	Vanguard Growth Index Inv	54,655
	Nationwide Trust Company	Vanguard Value Index Inv	57,596
	Nationwide Trust Company	American Funds Capital Income Builder R6	95,454
	Nationwide Trust Company	American Funds Income Fund of America R3	77,392
	Nationwide Trust Company	American Funds Income Fund of America R6	225,147
	Nationwide Trust Company	Franklin Income A	64,327
	Nationwide Trust Company	FPA Crescent Institutional	86,612
	Nationwide Trust Company	Janus Henderson Balanced S	1,996,093
	Nationwide Trust Company	PIMCO All Asset A	70,084
	Nationwide Trust Company	Vanguard Wellesley Income Inv	248,855
	Nationwide Trust Company	AB Global Bond Advisor	28,446
	Nationwide Trust Company	Dodge & Cox Income	39,276
	Nationwide Trust Company	Dreyfus International Bond A	253,448
	Nationwide Trust Company	Eaton Vance Government Obligations A	80,727
	Nationwide Trust Company	Templeton Global Bond A	47,823
	Nationwide Trust Company	Loomis Sayles Bond Admin	43,201
	Nationwide Trust Company	Metropolitan West High Yield Bond I	27,385
	Nationwide Trust Company	Metropolitan West Total Return Bond I	63,518
	Nationwide Trust Company	Oppenheimer Senior Floating Rate A	94,640
	Nationwide Trust Company	PIMCO Income A	17,816
	Nationwide Trust Company	PIMCO Income Institutional	61,228
	Nationwide Trust Company	PIMCO Long-Term Credit Institutional	12,342
	Nationwide Trust Company	PIMCO Real Return A	47,608
	Nationwide Trust Company	PIMCO Total Return A	67,250
	Nationwide Trust Company	Pioneer Bond A	1,265,062
	Nationwide Trust Company	TCW Total Return Bond I	63,641
	Nationwide Trust Company	Thornburg Limited Term Income R3	27,145
	Nationwide Trust Company	Victory INCORE Fund for Income A	223,992
	Nationwide Trust Company	Vanguard Interm-Term Investment-Grade Inv	64,931
	Nationwide Trust Company	Vanguard Short-Term Treasury Inv	161,133
	Nationwide Trust Company	Well Fargo Adjustable Rate Govt A	662
	Nationwide Trust Company	Ivy High Income Y	406,353
*	Nationwide Trust Company	Nationwide Money Market Institutional	1,131,579
	Total registered investment companies		20,459,419
	Self-directed brokerage accounts		1,916,093
*	Participant loans	Participant loans with interest rates at 4.25%-4.50%	330,384
	Total		<u><u>\$ 24,224,722</u></u>

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A Name of plan WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN AND TRUST	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">003</td> </tr> </table>	B Three-digit plan number (PN) ►	003
B Three-digit plan number (PN) ►	003		
C Plan sponsor's name as shown on line 2a of Form 5500 WALTER & HAVERFIELD LLP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 34-0602148</td> </tr> </table>	D Employer Identification Number (EIN) 34-0602148	
D Employer Identification Number (EIN) 34-0602148			

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4156830</u>		
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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:	14a	
	a The current year	14b	
	b The plan year immediately preceding the current plan year	14c	
	c The second preceding plan year		
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c):
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.	

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

File With IRS OnlyForm **5558** (Rev. 8-2012)

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN**

FINANCIAL STATEMENTS

WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2016 AND 2015

Table of Contents

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Insight that yields results.

INDEPENDENT AUDITORS' REPORT

August 25, 2017

The Administrative Committee
Walter & Haverfield LLP
Profit Sharing Retirement Plan
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Walter & Haverfield LLP Profit Sharing Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), 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 the Nationwide Trust Company, the trustee of the Plan, except for comparing the 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 the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, 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 this 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 ERISA.

A handwritten signature in black ink that reads "Walthall, LLP". The signature is written in a cursive, flowing style.

Certified Public Accountants

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN**

Statements of Net Assets Available for Benefits

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Assets		
Investments, at fair value	\$ 23,894,338	\$ 20,819,680
Receivables:		
Participant contributions	245,026	271,493
Employer contributions	860,882	866,111
Notes receivable from participants	<u>330,384</u>	<u>391,466</u>
	<u>1,436,292</u>	<u>1,529,070</u>
Net Assets Available for Benefits	<u>\$ 25,330,630</u>	<u>\$ 22,348,750</u>

The accompanying notes are an integral part of the financial statements.

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN**

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2016

Additions to Plan Assets Attributed to

Investment income:

Net appreciation in fair value of investments \$ 1,574,048

Interest income on notes receivable from participants 13,936

Contributions:

Participant 842,280

Employer 858,791

Participant rollovers 216,838

1,917,909

Total additions 3,505,893

Deductions from Plan Assets Attributed to

Benefit payments 493,576

Administrative expenses 30,437

524,013

Total deductions

Net Increase 2,981,880

Net Assets Available for Benefits - Beginning 22,348,750

Net Assets Available for Benefits - Ending \$ 25,330,630

The accompanying notes are an integral part of the financial statements.

WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN

Notes To Financial Statements

December 31, 2016 and 2015

Note 1 - Plan Description

The following description of the Walter & Haverfield LLP Profit Sharing Retirement Plan ("the Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Walter & Haverfield LLP ("the Firm") who have met the eligibility requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Eligibility

To be eligible for deferral / employee contributions and Firm matching contributions, employees must have completed one hour of service and attained age 18. To be eligible for Firm non-elective contributions, employees must have completed one year of service and attained age 18. Employees enter the Plan on the first day of the month following, or coincident with, having attained eligibility.

Contributions

Each year, participants may contribute up to 100% of their annual compensation, as defined in the Plan document. The Firm shall make a matching contribution to all eligible participants, as defined in the Plan document, of 25% of the first 4% of eligible compensation that a participant contributes to the Plan, except that any "catch-up" contributions will not be taken into consideration for the purposes of Firm matching contributions. No matching contributions are made for partners. The Firm, at its discretion, may make non-elective contributions to all participants who have completed one year of service and worked at least 1,000 hours, and are employed on the last day of the plan year. The contributions will be allocated as follows: a discretionary amount based on each participant's total compensation will be allocated to each participant's account; any remaining unallocated contribution will be allocated to each eligible class of participants, based on the compensation formula described in the Plan document.

Participant Accounts

Participants direct the investment of their contributions into various investment options offered by the Plan. Each participant's account is credited with the participant's contribution, allocations of any Firm contributions, and earnings thereon. Allocations are based on participant earnings, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. The net value of each participant's account is established daily by the Plan's trustee.

Vesting

A participant, at all times, has a 100% non-forfeitable vested interest in his account.

Note 1 - Plan Description (Continued)

Investment Options

All investments of the Plan are held by a trustee. Participants direct the investments in their individual accounts. Participants may, subject to a procedure established under the Plan, direct the trustees to invest some of their contributions in self-directed brokerage accounts.

Notes Receivable from Participants

Participants may borrow from their accounts, up to a maximum of the lesser of \$50,000, or 50% of their account balance on the date of the loan. The loans are secured by the balance in the participants' vested accounts, and bear interest at a rate commensurate with local market rates for similar loans. Payment terms are based on the type of loan.

Payment of Benefits

A participant or his or her beneficiary, upon termination, death, or retirement, receives his or her interest in his or her account in the form of a lump-sum distribution, as defined in the Plan. Additionally, the Plan has provisions for an active participant who has attained age 65 to make withdrawals from his or her vested account.

Other

In the event of termination, the net assets of the Plan would be allocated in accordance with the provisions of the Plan, and within the manner described by the Employee Retirement Income Security Act of 1974 (ERISA).

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

The Plan's investments include a guaranteed investment contract. The contract is not benefit-responsive, and therefore, is valued at fair value that approximates contract value.

Use of Estimates

In preparing financial statements in conformity with generally accepted accounting principles, management makes estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosures of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is a price that would be received to sell an asset, or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains 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.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative costs of the Plan are paid by the Firm.

Risks and Uncertainties

The Plan holds 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 statements of net assets available for benefits.

Note 3 - Related Party Transactions

Nationwide Trust Company has physical and administrative control of certain plan assets, and is responsible for the safekeeping of the Plan's assets, investment of funds, and other transactions as directed by the plan administrator or participants. Fees paid by the Plan to the trustee amounted to \$30,437 for the year ended December 31, 2016.

Note 4 - Investments

The Plan's investments are held in a trust by the Plan's trustee. The following tables present those investments.

<u>Investments at Fair Value as of December 31,</u>	<u>2016</u>	<u>2015</u>
Self-directed brokerage accounts	\$ 1,916,093	\$ 1,786,930
Registered investment companies	20,459,419	17,507,900
Guaranteed investment contract	1,518,826	1,524,850
Total investments	<u><u>\$ 23,894,338</u></u>	<u><u>\$ 20,819,680</u></u>

During 2016, the Plan's investments, primarily registered investment companies (including gains and losses on investments bought and sold, as well as held during the year), appreciated in value by \$1,574,048.

Note 5 - Certified Information

The trustee of the Plan holds the Plan's investment assets and executes transactions thereon. Financial information relating to those assets, which comprised a majority of the Plan's assets, is included in the accompanying financial statements based on information provided by the trustee. That information, which has not been audited by independent accountants, is summarized below:

<u>Fair Value of Account as of December 31,</u>	<u>2016</u>	<u>2015</u>
Self-directed brokerage accounts	\$ 1,916,093	\$ 1,786,930
Registered investment companies	20,459,419	17,507,900
Guaranteed investment contract	1,518,826	1,524,850
Participant loans	330,384	391,466
Total certified assets	24,224,722	21,211,146
Participant contributions receivable	245,026	271,493
Employer contributions receivable	860,882	866,111
Net assets per financial statements	<u><u>\$ 25,330,630</u></u>	<u><u>\$ 22,348,750</u></u>
<u>Net Increase (Decrease) in Account</u> <u>for the Year Ended December 31, 2016</u>		
Net appreciation in fair value of investments	\$ 1,574,048	
Interest and dividends	13,936	
Employer contributions	864,020	
Participant contributions	868,747	
Participant rollover contributions	216,838	
Benefit payments	(493,576)	
Administrative expenses	(30,437)	
Net certified increase	3,013,576	
Employer contribution adjustment	(5,229)	
Participant contribution adjustment	(26,467)	
Net increase per financial statements	<u><u>\$ 2,981,880</u></u>	

Note 6 - Fair Value Measurement

FASB ASC 820-10 establishes a 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 820-10 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;

Note 6 - Fair Value Measurement (Continued)

- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 - Inputs 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 is a description of the valuation methodologies used for assets measured at fair value.

Self-directed brokerage accounts: Accounts primarily consists of registered investment companies, common stocks and interest bearing cash that are valued on the basis of readily determinable market prices.

Registered investment companies: Valued at the net asset value of shares held by the Plan at year end.

Guaranteed investment contract: Fair value is the amount Plan participants would receive currently if participants were to withdraw or transfer funds within the Plan prior to maturity. The fair value represents contract value adjusted to reflect current interest rates.

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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

Description	Assets at Fair Value as of December 31, 2016			
	(Level 1)	(Level 2)	(Level 3)	Total
Self-directed brokerage accounts	\$ 1,916,093	\$ -	\$ -	\$ 1,916,093
Registered investment companies		20,459,419	-	20,459,419
Guaranteed investment contract	-	-	1,518,826	1,518,826
Total	\$ 1,916,093	\$ 20,459,419	\$ 1,518,826	\$ 23,894,338

Note 6 - Fair Value Measurement (Continued)

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended December 31, 2016:

Level 3 Assets for the Year Ended December 31, 2016

Beginning balance	\$ 1,524,850
Contributions	46,612
Transfers in	25,067
Interest and appreciation	33,960
Disbursements	(81,240)
Transfers out	<u>(30,423)</u>
Ending balance	<u>\$ 1,518,826</u>

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
			Composite	
Guaranteed Investment Contract	\$1,518,826	Contract value	guaranteed rate	2.15%

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015:

Description	Assets at Fair Value as of December 31, 2015			
	(Level 1)	(Level 2)	(Level 3)	Total
Self-directed brokerage accounts	\$ 1,786,930	\$ -	\$ -	\$ 1,786,930
Registered investment companies		17,507,900	-	17,507,900
Guaranteed investment contract	-	-	1,524,850	1,524,850
Total	<u>\$ 1,786,930</u>	<u>\$ 17,507,900</u>	<u>\$ 1,524,850</u>	<u>\$ 20,819,680</u>

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended December 31, 2015:

Level 3 Assets for the Year Ended December 31, 2015

Beginning balance	\$ 1,346,726
Contributions	35,190
Transfers in	143,342
Interest and appreciation	32,643
Disbursements	(9,115)
Transfers out	<u>(23,936)</u>
Ending balance	<u>\$ 1,524,850</u>

Note 6 - Fair Value Measurement (Continued)

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Guaranteed Investment Contract	\$1,524,850	Contract value	Composite guaranteed rate	2.10% - 2.15%

Note 7 - Tax Status

The Internal Revenue Service has expressed an opinion by letter dated March 31, 2014, that the Volume Submitter Profit Sharing Plan with CODA and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). 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.

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. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure 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 2013.

Note 8 - Subsequent Events

The Plan has evaluated subsequent events from the date of the statement of net assets available for benefits through August 25, 2017.

SCHEDULE I

WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN
PLAN #003 EIN: 34-0602148
FORM 5500 SCHEDULE H PART IV 4(i)

Schedule of Assets (Held at End of Year)

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
*	Insurance company general account: Nationwide Life Insurance Company	Nationwide Fixed Account Fund	\$ 1,518,826
	Registered investment companies:		
	Nationwide Trust Company	AllianzGI Technology A	96,093
	Nationwide Trust Company	BlackRock Health Sciences Opportunities Inv A	129,094
	Nationwide Trust Company	Columbia Seligman Global Technology A	42,119
	Nationwide Trust Company	DFA Global Real Estate Securities Port	51,969
	Nationwide Trust Company	Deutsche Real Assets Institutional	87,523
	Nationwide Trust Company	Franklin Utilities Adv	133,550
	Nationwide Trust Company	Goldman Sachs Strategic Income A	63,989
	Nationwide Trust Company	Guggenheim Managed Futures Strategy A	86,746
	Nationwide Trust Company	Invesco Energy Inv	23,162
	Nationwide Trust Company	Iron Strategic Income Institutional	61,069
	Nationwide Trust Company	Gateway A	205,116
	Nationwide Trust Company	Nuveen Real Estate Securities A	640,548
	Nationwide Trust Company	Oppenheimer Gold & Special Minerals A	77,846
	Nationwide Trust Company	Oppenheimer SteelPath MLP Select 40 A	22,744
	Nationwide Trust Company	Wells Fargo Utility & Telecoms A	417,762
	Nationwide Trust Company	Ivy Real Estate Securities Y	49,394
	Nationwide Trust Company	Ivy Science & Technology Y	710,527
	Nationwide Trust Company	Aberdeen Emerging Markets Instl	26,949
	Nationwide Trust Company	American Funds Capital World Growth & Income R6	726,437
	Nationwide Trust Company	American Funds EuroPacific Growth R6	1,175,948
	Nationwide Trust Company	American Funds New Perspective R6	7,649
	Nationwide Trust Company	American Funds New World R6	69,497
	Nationwide Trust Company	Dodge & Cox International Stock	46,534
	Nationwide Trust Company	Franklin Mutual European A	93,623
	Nationwide Trust Company	Oppenheimer Developing Markets A	27,400
	Nationwide Trust Company	Wells Fargo Asia Pacific A	33,052
	Nationwide Trust Company	Emerald Growth A	40,983
	Nationwide Trust Company	JPMorgan Small Cap Value A	45,079
*	Nationwide Trust Company	Nationwide Geneva Small Cap Growth Instl	631,049
	Nationwide Trust Company	RS Small Cap Growth A	4,617
	Nationwide Trust Company	Victory Sycamore Small Company Opportunity A	566,130
	Nationwide Trust Company	AB Discovery Value K	245,461
	Nationwide Trust Company	American Century Mid Cap Value A	3
	Nationwide Trust Company	JPMorgan Mid Cap Growth A	7,852
*	Nationwide Trust Company	Nationwide Mid Cap Market Index A	439,442
	Nationwide Trust Company	Pioneer Select Mid Cap Growth A	128,524
	Nationwide Trust Company	Principal Mid Cap Growth Institutional	30,665
	Nationwide Trust Company	Principal Mid Cap Institutional	24,047
	Nationwide Trust Company	Prudential Jennison Mid Cap Growth A	585,433
	Nationwide Trust Company	Victory Sycamore Established Value A	137,396
	Nationwide Trust Company	Vanguard Selected Value Inv	35,903
	Nationwide Trust Company	Alger Spectra I	43,448
	Nationwide Trust Company	American Century Equity Income Institutional	205,119
	Nationwide Trust Company	American Funds Growth Fund of America R3	39,042
	Nationwide Trust Company	American Funds Growth Fund of America R6	23,976
	Nationwide Trust Company	American Funds New Economy R6	7,777
	Nationwide Trust Company	American Funds Washington Mutual R3	84,945
	Nationwide Trust Company	American Funds Washington Mutual R6	152,118
	Nationwide Trust Company	Fidelity Advisor New Insights A	1,599,211
	Nationwide Trust Company	Invesco Growth and Income A	501,030
*	Nationwide Trust Company	Nationwide S&P 500 Index Svc	713,072
	Nationwide Trust Company	Vanguard 500 Index Admiral	93,566
	Nationwide Trust Company	Vanguard Dividend Appreciation Index Inv	68,565
	Nationwide Trust Company	Vanguard Equity Income Inv	1,692,492
	Nationwide Trust Company	Vanguard Growth Index Admiral	713

- continued -

SCHEDULE I

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN
PLAN #003 EIN: 34-0602148
FORM 5500 SCHEDULE H PART IV 4(i)**

Schedule of Assets (Held at End of Year) (Continued)

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
	Nationwide Trust Company	Vanguard Growth Index Inv	54,655
	Nationwide Trust Company	Vanguard Value Index Inv	57,596
	Nationwide Trust Company	American Funds Capital Income Builder R6	95,454
	Nationwide Trust Company	American Funds Income Fund of America R3	77,392
	Nationwide Trust Company	American Funds Income Fund of America R6	225,147
	Nationwide Trust Company	Franklin Income A	64,327
	Nationwide Trust Company	FPA Crescent Institutional	86,612
	Nationwide Trust Company	Janus Henderson Balanced S	1,996,093
	Nationwide Trust Company	PIMCO All Asset A	70,084
	Nationwide Trust Company	Vanguard Wellesley Income Inv	248,855
	Nationwide Trust Company	AB Global Bond Advisor	28,446
	Nationwide Trust Company	Dodge & Cox Income	39,276
	Nationwide Trust Company	Dreyfus International Bond A	253,448
	Nationwide Trust Company	Eaton Vance Government Obligations A	80,727
	Nationwide Trust Company	Templeton Global Bond A	47,823
	Nationwide Trust Company	Loomis Sayles Bond Admin	43,201
	Nationwide Trust Company	Metropolitan West High Yield Bond I	27,385
	Nationwide Trust Company	Metropolitan West Total Return Bond I	63,518
	Nationwide Trust Company	Oppenheimer Senior Floating Rate A	94,640
	Nationwide Trust Company	PIMCO Income A	17,816
	Nationwide Trust Company	PIMCO Income Institutional	61,228
	Nationwide Trust Company	PIMCO Long-Term Credit Institutional	12,342
	Nationwide Trust Company	PIMCO Real Return A	47,608
	Nationwide Trust Company	PIMCO Total Return A	67,250
	Nationwide Trust Company	Pioneer Bond A	1,265,062
	Nationwide Trust Company	TCW Total Return Bond I	63,641
	Nationwide Trust Company	Thornburg Limited Term Income R3	27,145
	Nationwide Trust Company	Victory INCORE Fund for Income A	223,992
	Nationwide Trust Company	Vanguard Interm-Term Investment-Grade Inv	64,931
	Nationwide Trust Company	Vanguard Short-Term Treasury Inv	161,133
	Nationwide Trust Company	Well Fargo Adjustable Rate Govt A	662
	Nationwide Trust Company	Ivy High Income Y	406,353
*	Nationwide Trust Company	Nationwide Money Market Institutional	1,131,579
	Total registered investment companies		20,459,419
	Self-directed brokerage accounts		1,916,093
*	Participant loans	Participant loans with interest rates at 4.25%-4.50%	330,384
	Total		<u>\$ 24,224,722</u>

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN**

FINANCIAL STATEMENTS

WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2016 AND 2015

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Insight that yields results.

INDEPENDENT AUDITORS' REPORT

August 25, 2017

The Administrative Committee
Walter & Haverfield LLP
Profit Sharing Retirement Plan
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Walter & Haverfield LLP Profit Sharing Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), 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 the Nationwide Trust Company, the trustee of the Plan, except for comparing the 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 the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, 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 this 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 ERISA.

A handwritten signature in black ink that reads "Walthall, LLP". The signature is written in a cursive, flowing style.

Certified Public Accountants

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN**

Statements of Net Assets Available for Benefits

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Assets		
Investments, at fair value	\$ 23,894,338	\$ 20,819,680
Receivables:		
Participant contributions	245,026	271,493
Employer contributions	860,882	866,111
Notes receivable from participants	<u>330,384</u>	<u>391,466</u>
	<u>1,436,292</u>	<u>1,529,070</u>
Net Assets Available for Benefits	<u>\$ 25,330,630</u>	<u>\$ 22,348,750</u>

The accompanying notes are an integral part of the financial statements.

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN**

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2016

Additions to Plan Assets Attributed to

Investment income:

Net appreciation in fair value of investments \$ 1,574,048

Interest income on notes receivable from participants 13,936

Contributions:

Participant 842,280

Employer 858,791

Participant rollovers 216,838

1,917,909

Total additions 3,505,893

Deductions from Plan Assets Attributed to

Benefit payments 493,576

Administrative expenses 30,437

524,013

Total deductions

Net Increase 2,981,880

Net Assets Available for Benefits - Beginning 22,348,750

Net Assets Available for Benefits - Ending \$ 25,330,630

The accompanying notes are an integral part of the financial statements.

WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN

Notes To Financial Statements

December 31, 2016 and 2015

Note 1 - Plan Description

The following description of the Walter & Haverfield LLP Profit Sharing Retirement Plan ("the Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Walter & Haverfield LLP ("the Firm") who have met the eligibility requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Eligibility

To be eligible for deferral / employee contributions and Firm matching contributions, employees must have completed one hour of service and attained age 18. To be eligible for Firm non-elective contributions, employees must have completed one year of service and attained age 18. Employees enter the Plan on the first day of the month following, or coincident with, having attained eligibility.

Contributions

Each year, participants may contribute up to 100% of their annual compensation, as defined in the Plan document. The Firm shall make a matching contribution to all eligible participants, as defined in the Plan document, of 25% of the first 4% of eligible compensation that a participant contributes to the Plan, except that any "catch-up" contributions will not be taken into consideration for the purposes of Firm matching contributions. No matching contributions are made for partners. The Firm, at its discretion, may make non-elective contributions to all participants who have completed one year of service and worked at least 1,000 hours, and are employed on the last day of the plan year. The contributions will be allocated as follows: a discretionary amount based on each participant's total compensation will be allocated to each participant's account; any remaining unallocated contribution will be allocated to each eligible class of participants, based on the compensation formula described in the Plan document.

Participant Accounts

Participants direct the investment of their contributions into various investment options offered by the Plan. Each participant's account is credited with the participant's contribution, allocations of any Firm contributions, and earnings thereon. Allocations are based on participant earnings, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. The net value of each participant's account is established daily by the Plan's trustee.

Vesting

A participant, at all times, has a 100% non-forfeitable vested interest in his account.

Note 1 - Plan Description (Continued)

Investment Options

All investments of the Plan are held by a trustee. Participants direct the investments in their individual accounts. Participants may, subject to a procedure established under the Plan, direct the trustees to invest some of their contributions in self-directed brokerage accounts.

Notes Receivable from Participants

Participants may borrow from their accounts, up to a maximum of the lesser of \$50,000, or 50% of their account balance on the date of the loan. The loans are secured by the balance in the participants' vested accounts, and bear interest at a rate commensurate with local market rates for similar loans. Payment terms are based on the type of loan.

Payment of Benefits

A participant or his or her beneficiary, upon termination, death, or retirement, receives his or her interest in his or her account in the form of a lump-sum distribution, as defined in the Plan. Additionally, the Plan has provisions for an active participant who has attained age 65 to make withdrawals from his or her vested account.

Other

In the event of termination, the net assets of the Plan would be allocated in accordance with the provisions of the Plan, and within the manner described by the Employee Retirement Income Security Act of 1974 (ERISA).

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

The Plan's investments include a guaranteed investment contract. The contract is not benefit-responsive, and therefore, is valued at fair value that approximates contract value.

Use of Estimates

In preparing financial statements in conformity with generally accepted accounting principles, management makes estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosures of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is a price that would be received to sell an asset, or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains 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.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative costs of the Plan are paid by the Firm.

Risks and Uncertainties

The Plan holds 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 statements of net assets available for benefits.

Note 3 - Related Party Transactions

Nationwide Trust Company has physical and administrative control of certain plan assets, and is responsible for the safekeeping of the Plan's assets, investment of funds, and other transactions as directed by the plan administrator or participants. Fees paid by the Plan to the trustee amounted to \$30,437 for the year ended December 31, 2016.

Note 4 - Investments

The Plan's investments are held in a trust by the Plan's trustee. The following tables present those investments.

<u>Investments at Fair Value as of December 31,</u>	<u>2016</u>	<u>2015</u>
Self-directed brokerage accounts	\$ 1,916,093	\$ 1,786,930
Registered investment companies	20,459,419	17,507,900
Guaranteed investment contract	1,518,826	1,524,850
 Total investments	 <u>\$ 23,894,338</u>	 <u>\$ 20,819,680</u>

During 2016, the Plan's investments, primarily registered investment companies (including gains and losses on investments bought and sold, as well as held during the year), appreciated in value by \$1,574,048.

Note 5 - Certified Information

The trustee of the Plan holds the Plan's investment assets and executes transactions thereon. Financial information relating to those assets, which comprised a majority of the Plan's assets, is included in the accompanying financial statements based on information provided by the trustee. That information, which has not been audited by independent accountants, is summarized below:

<u>Fair Value of Account as of December 31,</u>	<u>2016</u>	<u>2015</u>
Self-directed brokerage accounts	\$ 1,916,093	\$ 1,786,930
Registered investment companies	20,459,419	17,507,900
Guaranteed investment contract	1,518,826	1,524,850
Participant loans	330,384	391,466
Total certified assets	24,224,722	21,211,146
Participant contributions receivable	245,026	271,493
Employer contributions receivable	860,882	866,111
Net assets per financial statements	<u><u>\$ 25,330,630</u></u>	<u><u>\$ 22,348,750</u></u>
<u>Net Increase (Decrease) in Account for the Year Ended December 31, 2016</u>		
Net appreciation in fair value of investments	\$ 1,574,048	
Interest and dividends	13,936	
Employer contributions	864,020	
Participant contributions	868,747	
Participant rollover contributions	216,838	
Benefit payments	(493,576)	
Administrative expenses	(30,437)	
Net certified increase	3,013,576	
Employer contribution adjustment	(5,229)	
Participant contribution adjustment	(26,467)	
Net increase per financial statements	<u><u>\$ 2,981,880</u></u>	

Note 6 - Fair Value Measurement

FASB ASC 820-10 establishes a 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 820-10 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;

Note 6 - Fair Value Measurement (Continued)

- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 - Inputs 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 is a description of the valuation methodologies used for assets measured at fair value.

Self-directed brokerage accounts: Accounts primarily consists of registered investment companies, common stocks and interest bearing cash that are valued on the basis of readily determinable market prices.

Registered investment companies: Valued at the net asset value of shares held by the Plan at year end.

Guaranteed investment contract: Fair value is the amount Plan participants would receive currently if participants were to withdraw or transfer funds within the Plan prior to maturity. The fair value represents contract value adjusted to reflect current interest rates.

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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

Description	Assets at Fair Value as of December 31, 2016			
	(Level 1)	(Level 2)	(Level 3)	Total
Self-directed brokerage accounts	\$ 1,916,093	\$ -	\$ -	\$ 1,916,093
Registered investment companies		20,459,419	-	20,459,419
Guaranteed investment contract	-	-	1,518,826	1,518,826
Total	\$ 1,916,093	\$ 20,459,419	\$ 1,518,826	\$ 23,894,338

Note 6 - Fair Value Measurement (Continued)

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended December 31, 2016:

Level 3 Assets for the Year Ended December 31, 2016

Beginning balance	\$ 1,524,850
Contributions	46,612
Transfers in	25,067
Interest and appreciation	33,960
Disbursements	(81,240)
Transfers out	<u>(30,423)</u>
Ending balance	<u>\$ 1,518,826</u>

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
			Composite	
Guaranteed Investment Contract	\$1,518,826	Contract value	guaranteed rate	2.15%

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015:

Description	Assets at Fair Value as of December 31, 2015			
	(Level 1)	(Level 2)	(Level 3)	Total
Self-directed brokerage accounts	\$ 1,786,930	\$ -	\$ -	\$ 1,786,930
Registered investment companies		17,507,900	-	17,507,900
Guaranteed investment contract	-	-	1,524,850	1,524,850
Total	<u>\$ 1,786,930</u>	<u>\$ 17,507,900</u>	<u>\$ 1,524,850</u>	<u>\$ 20,819,680</u>

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended December 31, 2015:

Level 3 Assets for the Year Ended December 31, 2015

Beginning balance	\$ 1,346,726
Contributions	35,190
Transfers in	143,342
Interest and appreciation	32,643
Disbursements	(9,115)
Transfers out	<u>(23,936)</u>
Ending balance	<u>\$ 1,524,850</u>

Note 6 - Fair Value Measurement (Continued)

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Guaranteed Investment Contract	\$1,524,850	Contract value	Composite guaranteed rate	2.10% - 2.15%

Note 7 - Tax Status

The Internal Revenue Service has expressed an opinion by letter dated March 31, 2014, that the Volume Submitter Profit Sharing Plan with CODA and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). 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.

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. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure 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 2013.

Note 8 - Subsequent Events

The Plan has evaluated subsequent events from the date of the statement of net assets available for benefits through August 25, 2017.

SCHEDULE I

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN
PLAN #003 EIN: 34-0602148
FORM 5500 SCHEDULE H PART IV 4(i)**

Schedule of Assets (Held at End of Year)

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
	Insurance company general account:		
*	Nationwide Life Insurance Company	Nationwide Fixed Account Fund	\$ 1,518,826
	Registered investment companies:		
	Nationwide Trust Company	AllianzGI Technology A	96,093
	Nationwide Trust Company	BlackRock Health Sciences Opportunities Inv A	129,094
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	Nationwide Trust Company	Victory Sycamore Small Company Opportunity A	566,130
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	Nationwide Trust Company	Pioneer Select Mid Cap Growth A	128,524
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	Nationwide Trust Company	American Funds Growth Fund of America R3	39,042
	Nationwide Trust Company	American Funds Growth Fund of America R6	23,976
	Nationwide Trust Company	American Funds New Economy R6	7,777
	Nationwide Trust Company	American Funds Washington Mutual R3	84,945
	Nationwide Trust Company	American Funds Washington Mutual R6	152,118
	Nationwide Trust Company	Fidelity Advisor New Insights A	1,599,211
	Nationwide Trust Company	Invesco Growth and Income A	501,030
*	Nationwide Trust Company	Nationwide S&P 500 Index Svc	713,072
	Nationwide Trust Company	Vanguard 500 Index Admiral	93,566
	Nationwide Trust Company	Vanguard Dividend Appreciation Index Inv	68,565
	Nationwide Trust Company	Vanguard Equity Income Inv	1,692,492
	Nationwide Trust Company	Vanguard Growth Index Admiral	713

- continued -

SCHEDULE I

**WALTER & HAVERFIELD LLP
PROFIT SHARING RETIREMENT PLAN
PLAN #003 EIN: 34-0602148
FORM 5500 SCHEDULE H PART IV 4(i)**

Schedule of Assets (Held at End of Year) (Continued)

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
	Nationwide Trust Company	Vanguard Growth Index Inv	54,655
	Nationwide Trust Company	Vanguard Value Index Inv	57,596
	Nationwide Trust Company	American Funds Capital Income Builder R6	95,454
	Nationwide Trust Company	American Funds Income Fund of America R3	77,392
	Nationwide Trust Company	American Funds Income Fund of America R6	225,147
	Nationwide Trust Company	Franklin Income A	64,327
	Nationwide Trust Company	FPA Crescent Institutional	86,612
	Nationwide Trust Company	Janus Henderson Balanced S	1,996,093
	Nationwide Trust Company	PIMCO All Asset A	70,084
	Nationwide Trust Company	Vanguard Wellesley Income Inv	248,855
	Nationwide Trust Company	AB Global Bond Advisor	28,446
	Nationwide Trust Company	Dodge & Cox Income	39,276
	Nationwide Trust Company	Dreyfus International Bond A	253,448
	Nationwide Trust Company	Eaton Vance Government Obligations A	80,727
	Nationwide Trust Company	Templeton Global Bond A	47,823
	Nationwide Trust Company	Loomis Sayles Bond Admin	43,201
	Nationwide Trust Company	Metropolitan West High Yield Bond I	27,385
	Nationwide Trust Company	Metropolitan West Total Return Bond I	63,518
	Nationwide Trust Company	Oppenheimer Senior Floating Rate A	94,640
	Nationwide Trust Company	PIMCO Income A	17,816
	Nationwide Trust Company	PIMCO Income Institutional	61,228
	Nationwide Trust Company	PIMCO Long-Term Credit Institutional	12,342
	Nationwide Trust Company	PIMCO Real Return A	47,608
	Nationwide Trust Company	PIMCO Total Return A	67,250
	Nationwide Trust Company	Pioneer Bond A	1,265,062
	Nationwide Trust Company	TCW Total Return Bond I	63,641
	Nationwide Trust Company	Thornburg Limited Term Income R3	27,145
	Nationwide Trust Company	Victory INCORE Fund for Income A	223,992
	Nationwide Trust Company	Vanguard Interm-Term Investment-Grade Inv	64,931
	Nationwide Trust Company	Vanguard Short-Term Treasury Inv	161,133
	Nationwide Trust Company	Well Fargo Adjustable Rate Govt A	662
	Nationwide Trust Company	Ivy High Income Y	406,353
*	Nationwide Trust Company	Nationwide Money Market Institutional	1,131,579
	Total registered investment companies		20,459,419
	Self-directed brokerage accounts		1,916,093
*	Participant loans	Participant loans with interest rates at 4.25%-4.50%	330,384
	Total		<u>\$ 24,224,722</u>