

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 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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) ▶	003	
	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.	10/05/2018	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

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

Form 5500 (2017)
v. 170203

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 158
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 135 6a(2) 138 6b 0 6c 21 6d 159 6e 1 6f 160 6g 156 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
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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) ☒ 2 **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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.
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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	GAP-B2-DE10	35	01/01/2017	12/31/2017

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

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	

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

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	(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** 1306019**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** 1518826**c** Additions: (1) Contributions deposited during the year **7c(1)** 68209
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 31677
(4) Transferred from separate account **7c(4)** 166155
(5) Other (specify below) **7c(5)** 23590

▶ LOAN REPAYMENT-PRINCIPAL, TRANSFER FROM OUTSIDE-PRINCIPAL

(6) Total additions **7c(6)** 289631**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 1808457**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 29246
(2) Administration charge made by carrier **7e(2)** 490
(3) Transferred to separate account **7e(3)** 127702
(4) Other (specify below) **7e(4)** 345000

▶ LOAN WITHDRAWAL, TRANSFER TO FUNDING SUCCESSOR

(5) Total deductions **7e(5)** 502438**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 1306019

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)	0
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)	0
(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)	0
(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 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
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.
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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	GAP-CP-KJ6D	35	01/01/2017	12/31/2017

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(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** 2811349**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** 0**c** Additions: (1) Contributions deposited during the year **7c(1)** 10127
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 346550
(4) Transferred from separate account **7c(4)** 2456842
(5) Other (specify below) **7c(5)** 5017

▶ LOAN REPAYMENT-PRINCIPAL

(6) Total additions **7c(6)** 2818536**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 2818536**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 7162(2) Administration charge made by carrier **7e(2)** 25(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 7187**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 2811349

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)	0
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)	0
(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)	0
(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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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
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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/RECORD KEEPER	37383	Yes ☒ No ☐	Yes ☐ No ☒	9947	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	25613	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	3268	Yes ☒ No ☐	Yes ☐ No ☒	17476	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MOSKAL GROSS ORCHOSKY INC.	15 16 17 37	17476
(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	29 49 64	9947
(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 ADIVORS 24400 CHAGRIN BLVD BEACHWOOD, OH 44122	ADIVSORY 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:	WALTHALL, LLP	b EIN:	34-0644631
c Position:	ACCOUNTANT		
d Address:	6300 ROCKSIDE ROAD CLEVELAND, OH 44131	e Telephone:	330-339-6651

Explanation: WALTHALL, LLP MERGED WITH REA & ASSOCIATES AND THE SAME LEAD PARTNER BEFORE AND AFTER IS PERFORMING THE AUDIT.

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
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	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)	860882	1013698
(2) Participant contributions	1b(2)	245026	161526
(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)	330384	378285
(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)	20459419	20628684
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1518826	4117368
(15) Other	1c(15)	1916093	2154706

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	25330630 28454267
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	25330630 28454267

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1013698
	(B) Participants	2a(1)(B)	870239
	(C) Others (including rollovers)	2a(1)(C)	425538
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2309475
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)	15932
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	15932
(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)		3603422
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5928829

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2767809	
(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)		2767809
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)	37383	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		37383
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2805192

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3123637
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: REA & ASSOCIATES, INC.

(2) EIN: 34-1310124

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			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

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 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-4156830		
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	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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

- 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): _____

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

FINANCIAL STATEMENTS

WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2017 AND 2016



Waltham Rea

www.reacpa.com

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INDEPENDENT AUDITORS' REPORT

September 24, 2018

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 statement of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 2017 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 and for the year ended December 31, 2017, 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 on the 2017 financial statements. Accordingly, we do not express an opinion on the accompanying 2017 financial statements.

Other Matter - Supplemental Schedule

The supplemental schedule of assets (held at end of year) as of December 31, 2017 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.

Other Matter - 2016 Financial Statements

The financial statements of Walter & Haverfield LLP Profit Sharing Retirement Plan as of December 31, 2016, were audited by predecessor auditors, Walthall, LLP, who merged with Rea & Associates, Inc. on November 1, 2017. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated August 25, 2017, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2017 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.

Rea & Associates, Inc.

Certified Public Accountants

Walter & Haverfield LLP
Profit Sharing Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Assets		
Investments, at fair value	\$ 26,900,758	\$ 23,894,338
Receivables:		
Participant contributions	161,526	245,026
Employer contributions	1,013,698	860,882
Notes receivable from participants	<u>378,285</u>	<u>330,384</u>
	<u>1,553,509</u>	<u>1,436,292</u>
 Net Assets Available for Benefits	 <u><u>\$ 28,454,267</u></u>	 <u><u>\$ 25,330,630</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, 2017

Additions to Plan Assets Attributed to

Investment income:

Net appreciation in fair value of investments \$3,603,422

Interest income on notes receivable from participants 15,932

Contributions:

Participant 870,239

Employer 1,013,698

Participant rollovers 425,538

2,309,475

Total additions 5,928,829

Deductions from Plan Assets Attributed to

Benefit payments 2,767,809

Administrative expenses 37,383

Total deductions 2,805,192

Net Increase 3,123,637

Net Assets Available for Benefits - Beginning 25,330,630

Net Assets Available for Benefits - Ending \$ 28,454,267

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

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

Notes To Financial Statements

December 31, 2017 and 2016

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, employer matching contributions, 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.

Note 1 - Plan Description (Continued)

Vesting

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

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.

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, the plan trustee, 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 \$37,383 for the year ended December 31, 2017.

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>2017</u>	<u>2016</u>
Self-directed brokerage accounts	\$ 2,154,706	\$ 1,916,093
Registered investment companies	20,628,684	20,459,419
Guaranteed investment contract(s)	4,117,368	1,518,826
Total investments	<u>\$ 26,900,758</u>	<u>\$ 23,894,338</u>

During 2017, 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 \$3,603,422.

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>2017</u>	<u>2016</u>
Self-directed brokerage accounts	\$ 2,154,706	\$ 1,916,093
Registered investment companies	20,628,684	20,459,419
Guaranteed investment contracts	4,117,368	1,518,826
Participant loans	378,285	330,384
Total certified assets	27,279,043	24,224,722
Participant contributions receivable	161,526	245,026
Employer contributions receivable	1,013,698	860,882
Net assets per financial statements	<u><u>\$ 28,454,267</u></u>	<u><u>\$ 25,330,630</u></u>
<u>Net Increase (Decrease) in Account</u> <u>for the Year Ended December 31, 2017</u>		
Net appreciation in fair value of investments	\$ 3,603,422	
Interest and dividends	15,932	
Employer contributions	860,882	
Participant contributions	953,739	
Participant rollover contributions	425,538	
Benefit payments	(2,767,809)	
Administrative expenses	(37,383)	
Net certified increase	3,054,321	
Employer contribution adjustment	152,816	
Participant contribution adjustment	(83,500)	
Net increase per financial statements	<u><u>\$ 3,123,637</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 consist 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 contracts: 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.

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, 2017:

Description	Assets at Fair Value as of December 31, 2017			
	(Level 1)	(Level 2)	(Level 3)	Total
Self-directed brokerage accounts	\$ 2,154,706	\$ -	\$ -	\$ 2,154,706
Registered investment companies	-	20,628,684	-	20,628,684
Guaranteed investment contracts	-	-	4,117,368	4,117,368
Total	<u>\$ 2,154,706</u>	<u>\$ 20,628,684</u>	<u>\$ 4,117,368</u>	<u>\$ 26,900,758</u>

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, 2017:

Level 3 Assets for the Year Ended December 31, 2017

Beginning balance	\$ 1,518,826
Contributions	78,336
Transfers in	2,651,604
Interest and appreciation	378,227
Disbursements	(36,923)
Transfers out	<u>(472,702)</u>
Ending balance	<u>\$ 4,117,368</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 Contracts	\$4,117,368	Contract value	guaranteed rate	2.15%-2.80%

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	<u>\$ 1,916,093</u>	<u>\$ 20,459,419</u>	<u>\$ 1,518,826</u>	<u>\$ 23,894,338</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, 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>

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	\$1,518,826	Contract value	Composite guaranteed rate	2.15%

Note 7 - Investment Contract with Insurance Company

The Plan has an investment in a guaranteed fund that is a fully benefit responsive investment contract with Nationwide Insurance Company, and is reported at contract value. Contract value is the relevant measure for fully benefit investment contracts since this is the amount a participant would receive if the participant would initiate a permitted transaction under the terms of the Plan. The contract value represents contributions plus earnings, less participant withdrawals and administrative expenses.

Note 8 - 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, 2017 and 2016, 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 2014.

Note 9 - Subsequent Events

The Plan has evaluated subsequent events from the date of the statement of net assets available for benefits through September 24, 2018.

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, 2017

(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	\$ 1,306,019
*	Nationwide Life Insurance Company	Nationwide Fixed Select Option	2,811,349
	Total insurance contracts		<u>4,117,368</u>
	Registered investment companies:		
	Nationwide Trust Company	AllianzGI Technology A	3
	Nationwide Trust Company	BlackRock Health Sciences Opportunities Inv A	4,023
	Nationwide Trust Company	DFA Global Real Estate Securities Port	35,996
	Nationwide Trust Company	Franklin Utilities Adv	3
	Nationwide Trust Company	Goldman Sachs Strategic Income A	2
	Nationwide Trust Company	Guggenheim Managed Futures Strategy A	106,575
	Nationwide Trust Company	Invesco Energy Inv	21,253
	Nationwide Trust Company	Iron Strategic Income Institutional	66,533
	Nationwide Trust Company	Gateway A	5
	Nationwide Trust Company	Nuveen Real Estate Securities A	570,553
	Nationwide Trust Company	Oppenheimer Gold & Special Minerals A	6
	Nationwide Trust Company	Oppenheimer SteelPath MLP Select 40 A	23,634
	Nationwide Trust Company	Wells Fargo Utility & Telecomms A	403,730
	Nationwide Trust Company	Ivy Securian Real Estate Securities Y	3
	Nationwide Trust Company	Ivy Science & Technology Y	687,691
	Nationwide Trust Company	Aberdeen Emerging Markets Instl	43,148
	Nationwide Trust Company	American Funds Capital World Growth & Income R6	669,494
	Nationwide Trust Company	American Funds EuroPacific Growth R1	13,485
	Nationwide Trust Company	American Funds EuroPacific Growth R6	1,180,991
	Nationwide Trust Company	American Funds New Perspective R6	12,795
	Nationwide Trust Company	American Funds New World R6	216,001
	Nationwide Trust Company	Dodge & Cox International Stock	57,390
	Nationwide Trust Company	Franklin Mutual European A	207,055
	Nationwide Trust Company	Oppenheimer Developing Markets A	39,390
	Nationwide Trust Company	Wells Fargo Asia Pacific A	44,850
	Nationwide Trust Company	AB Discovery Value K	198,522
	Nationwide Trust Company	Buffalo Small Cap	1,394
	Nationwide Trust Company	Emerald Growth A	182,576
	Nationwide Trust Company	JPMorgan Small Cap Value A	98,276
	Nationwide Trust Company	JPMorgan Small Cap Value R3	56,998
*	Nationwide Trust Company	Nationwide Geneva Small Cap Growth R6	554,229
	Nationwide Trust Company	Victory RS Small Cap Growth A	3,283
	Nationwide Trust Company	Victory Sycamore Small Company Opportunity A	492,077
	Nationwide Trust Company	Vanguard Small Cap Index	12,953
	Nationwide Trust Company	Vanguard Small Cap Value Index Admiral	12,701
*	Nationwide Trust Company	Nationwide Mid Cap Market Index A	430,734
	Nationwide Trust Company	Pioneer Select Mid Cap Growth A	4
	Nationwide Trust Company	Principal MidCap Growth Institutional	41,328
	Nationwide Trust Company	Principal MidCap Institutional	28,303
	Nationwide Trust Company	PGIM Jennison Mid-Cap Growth A	517,660
	Nationwide Trust Company	Victory Sycamore Established Value A	4
	Nationwide Trust Company	Vanguard Selected Value Inv	45,763
	Nationwide Trust Company	Wells Fargo Special Mid Cap Value A	218,371
	Nationwide Trust Company	Alger Spectra I	59,515
	Nationwide Trust Company	American Century Equity Income I	342,445
	Nationwide Trust Company	American Funds Growth Fund of America R6	28,400
	Nationwide Trust Company	American Funds New Economy R6	13,492
	Nationwide Trust Company	American Funds Washington Mutual R3	56,035
	Nationwide Trust Company	American Funds Washington Mutual R6	342,684
	Nationwide Trust Company	Federated Strategic Value Dividend Institutional	51,811
	Nationwide Trust Company	Fidelity Advisor New Insights A	1,761,372

- 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, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
*	Nationwide Trust Company	Invesco Growth and Income A	305,497
	Nationwide Trust Company	Nationwide S&P 500 Index Svc	835,491
	Nationwide Trust Company	Vanguard 500 Index Admiral	143,120
	Nationwide Trust Company	Vanguard Dividend Appreciation Index Inv	87,870
	Nationwide Trust Company	Vanguard Equity-Income Inv	1,764,712
	Nationwide Trust Company	Vanguard Growth Index Admiral	6,196
	Nationwide Trust Company	Vanguard Growth Index Investor	55,197
	Nationwide Trust Company	Vanguard Value Index Investor	52,717
	Nationwide Trust Company	American Funds Income Fund of America R6	4
	Nationwide Trust Company	Deutsche Alternative Asset Allocation	108,696
	Nationwide Trust Company	Franklin Income A	60,271
	Nationwide Trust Company	FPA Crescent Institutional	107,286
	Nationwide Trust Company	Horizon Active Asset Allocation I	443,219
	Nationwide Trust Company	Ivy Global Income Allocation Y	35,792
	Nationwide Trust Company	Janus Henderson Balanced S	3,105,204
	Nationwide Trust Company	PIMCO All Asset A	82,873
	Nationwide Trust Company	Vanguard Wellesley Income Inv	231,864
	Nationwide Trust Company	AB Global Bond Advisor	30,970
	Nationwide Trust Company	AB High Income I	24,785
	Nationwide Trust Company	American Funds Inter Bond Fd of America R1	36,171
	Nationwide Trust Company	Cohen & Steers Preferred Sec & Inc I	24,910
	Nationwide Trust Company	Dodge & Cox Income	40,784
	Nationwide Trust Company	Dreyfus International Bond A	242,896
	Nationwide Trust Company	Templeton Global Bond A	29,947
	Nationwide Trust Company	Templeton Global Bond Adv	120,492
	Nationwide Trust Company	Horizon Active Income I	166,680
	Nationwide Trust Company	Ivy High Income Y	298,745
	Nationwide Trust Company	Loomis Sayles Bond Admin	46,189
	Nationwide Trust Company	Metropolitan West High Yield Bond I	30,784
	Nationwide Trust Company	Metropolitan West Total Return Bond I	69,534
	Nationwide Trust Company	Oppenheimer International Bond A	3,294
	Nationwide Trust Company	Oppenheimer Senior Floating Rate A	166,014
	Nationwide Trust Company	PIMCO Income A	225,907
	Nationwide Trust Company	PIMCO Income Institutional	74,978
	Nationwide Trust Company	PIMCO Total Return A	78,451
	Nationwide Trust Company	Pioneer Bond A	1,238,431
	Nationwide Trust Company	TCW Total Return Bond I	69,668
	Nationwide Trust Company	Thornburg Limited Term Income R3	29,504
	Nationwide Trust Company	Victory INCORE Fund for Income A	124,429
	Nationwide Trust Company	Victory INCORE Fund for Income I	2,124
	Nationwide Trust Company	Vanguard Interm-Term Investment-Grade Inv	71,449
	Total registered investment companies		20,628,684
	Self-directed brokerage accounts		2,154,706
*	Participant loans	Participant loans with interest rates at 4.25%-5.25%	378,285
	Total		<u><u>\$ 27,279,043</u></u>

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2017****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

- 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		1b Three-digit plan number (PN) ▶ 003
		1c Effective date of plan 01/01/1998
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 SAME 1301 E. NINTH STREET, SUITE 3500 CLEVELAND OH 44114-1821 CLEVELAND OH 44114-1821		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>10/4/18</u>	<u>GARY ZWICK LUCIE O'DAIRE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 158
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		6a(1) 135
a(2) Total number of active participants at the end of the plan year		6a(2) 138
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits		6c 21
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 159
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 1
f Total. Add lines 6d and 6e		6f 160
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 156
h Number of participants who 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>2</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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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: 70%;">B Three-digit plan number (PN) ►</td> <td style="width: 30%; text-align: center;">003</td> </tr> <tr> <td colspan="2" style="height: 20px;"></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	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	GAP-B2-DE10	35	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List inline 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

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	1,306,019
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	1,518,826
c	Additions: (1) Contributions deposited during the year.....	7c(1)	68,209
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	31,677
	(4) Transferred from separate account.....	7c(4)	166,155
	(5) Other (specify below).....	7c(5)	23,590
	▶ Loan Repayment-Principal, Transfer from outside-Principal		
	(6) Total additions.....	7c(6)	289,631
d	Total of balance and additions (add lines 7b and 7c(6))	7d	1,808,457
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year.....	7e(1)	29,246
	(2) Administration charge made by carrier.....	7e(2)	490
	(3) Transferred to separate account.....	7e(3)	127,702
	(4) Other (specify below).....	7e(4)	345,000
	▶ Loan Withdrawal, Transfer to Funding Successor		
	(5) Total deductions.....	7e(5)	502,438
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1,306,019

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 experienced 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)	0
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)	0
(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)	0
(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 inline 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 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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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 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	GAP-CP-KJ6D
35	01/01/2017	12/31/2017
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List inline 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
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	
	(c) Amount	(d) Purpose
		(e) Organization code
(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	
	(c) Amount	(d) Purpose
		(e) Organization code

(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	2,811,349
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..... Specify nature of costs ▶	6d	
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	0
c	Additions: (1) Contributions deposited during the year.....	7c(1)	10,127
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	346,550
	(4) Transferred from separate account.....	7c(4)	2,456,842
	(5) Other (specify below).....	7c(5)	5,017
	▶ Loan Repayment-Principal		
	(6) Total additions.....	7c(6)	2,818,536
d	Total of balance and additions (add lines 7b and 7c(6)).	7d	2,818,536
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7,162
	(2) Administration charge made by carrier.....	7e(2)	25
	(3) Transferred to separate account.....	7e(3)	0
	(4) Other (specify below).....	7e(4)	
	▶		
	(5) Total deductions.....	7e(5)	7,187
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2,811,349

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 experienced 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) 0
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) 0
(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) 0
(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 inline 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
		2017
		This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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

(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)

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 63 26 64 49 99 59 60	CUSTODIAN/ RECORD KEEPER	37,383	Yes ☒ No ☐	Yes ☐ No ☒	9,947	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	25,613	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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	3,268	Yes ☒ No ☐	Yes ☐ No ☒	17,476	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	17,476

(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	29 49 64	9,947

(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 Adivors 24400 Chagrin Blvd Suite 310 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: Walthall, LLP	b EIN: 34-0644631
c Position: Accountant	
d Address: 6300 Rockside Road	e Telephone:
Cleveland OH 44131	

Explanation: Walthall, LLP merged with Rea & Associates and the same lead partner before and after is performing the audit.

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)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2017**This Form is Open to Public
Inspection**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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)	860,882	1,013,698
(2) Participant contributions.....	1b(2)	245,026	161,526
(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)	330,384	378,285
(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)	20,459,419	20,628,684
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1,518,826	4,117,368
(15) Other.....	1c(15)	1,916,093	2,154,706

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

Schedule H (Form 5500) 2017
v.170203

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation.....	1e	
f	Total assets (add all amounts in lines 1a through 1e).....	1f	25,330,630 28,454,267
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	25,330,630 28,454,267

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1,013,698
	(B) Participants.....	2a(1)(B)	870,239
	(C) Others (including rollovers).....	2a(1)(C)	425,538
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)	2,309,475
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)	15,932
	(F) Other.....	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	15,932
(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)		3,603,422
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5,928,829

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2,767,809	
(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)		2,767,809
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)	37,383	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		37,383
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2,805,192

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3,123,637
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 2520.1038 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: Rea & Associates, Inc.

(2) EIN: 34-1310124

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		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		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 29CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

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

FINANCIAL STATEMENTS

WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2017 AND 2016



Walthall Rea

www.reacpa.com

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INDEPENDENT AUDITORS' REPORT

September 24, 2018

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 statement of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 2017 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 and for the year ended December 31, 2017, 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 on the 2017 financial statements. Accordingly, we do not express an opinion on the accompanying 2017 financial statements.

Other Matter - Supplemental Schedule

The supplemental schedule of assets (held at end of year) as of December 31, 2017 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.

Other Matter - 2016 Financial Statements

The financial statements of Walter & Haverfield LLP Profit Sharing Retirement Plan as of December 31, 2016, were audited by predecessor auditors, Walthall, LLP, who merged with Rea & Associates, Inc. on November 1, 2017. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated August 25, 2017, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2017 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.

Rea & Associates, Inc.

Certified Public Accountants

**Walter & Haverfield LLP
Profit Sharing Retirement Plan**

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Assets		
Investments, at fair value	\$ 26,900,758	\$ 23,894,338
Receivables:		
Participant contributions	161,526	245,026
Employer contributions	1,013,698	860,882
Notes receivable from participants	<u>378,285</u>	<u>330,384</u>
	<u>1,553,509</u>	<u>1,436,292</u>
Net Assets Available for Benefits	<u>\$ 28,454,267</u>	<u>\$ 25,330,630</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, 2017

Additions to Plan Assets Attributed to

Investment income:

Net appreciation in fair value of investments \$3,603,422

Interest income on notes receivable from participants 15,932

Contributions:

Participant 870,239

Employer 1,013,698

Participant rollovers 425,538

2,309,475

Total additions 5,928,829

Deductions from Plan Assets Attributed to

Benefit payments 2,767,809

Administrative expenses 37,383

2,805,192

Net Increase 3,123,637

Net Assets Available for Benefits - Beginning 25,330,630

Net Assets Available for Benefits - Ending \$ 28,454,267

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

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

Notes To Financial Statements

December 31, 2017 and 2016

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, employer matching contributions, 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.

Note 1 - Plan Description (Continued)

Vesting

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

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.

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, the plan trustee, 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 \$37,383 for the year ended December 31, 2017.

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>2017</u>	<u>2016</u>
Self-directed brokerage accounts	\$ 2,154,706	\$ 1,916,093
Registered investment companies	20,628,684	20,459,419
Guaranteed investment contract(s)	4,117,368	1,518,826
 Total investments	 <u><u>\$ 26,900,758</u></u>	 <u><u>\$ 23,894,338</u></u>

During 2017, 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 \$3,603,422.

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>2017</u>	<u>2016</u>
Self-directed brokerage accounts	\$ 2,154,706	\$ 1,916,093
Registered investment companies	20,628,684	20,459,419
Guaranteed investment contracts	4,117,368	1,518,826
Participant loans	378,285	330,384
Total certified assets	27,279,043	24,224,722
Participant contributions receivable	161,526	245,026
Employer contributions receivable	1,013,698	860,882
Net assets per financial statements	<u><u>\$ 28,454,267</u></u>	<u><u>\$ 25,330,630</u></u>
<u>Net Increase (Decrease) in Account</u>		
<u>for the Year Ended December 31, 2017</u>		
Net appreciation in fair value of investments	\$ 3,603,422	
Interest and dividends	15,932	
Employer contributions	860,882	
Participant contributions	953,739	
Participant rollover contributions	425,538	
Benefit payments	(2,767,809)	
Administrative expenses	(37,383)	
Net certified increase	3,054,321	
Employer contribution adjustment	152,816	
Participant contribution adjustment	(83,500)	
Net increase per financial statements	<u><u>\$ 3,123,637</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 consist 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 contracts: 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.

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, 2017:

Description	Assets at Fair Value as of December 31, 2017			
	(Level 1)	(Level 2)	(Level 3)	Total
Self-directed brokerage accounts	\$ 2,154,706	\$ -	\$ -	\$ 2,154,706
Registered investment companies	-	20,628,684	-	20,628,684
Guaranteed investment contracts	-	-	4,117,368	4,117,368
Total	<u>\$ 2,154,706</u>	<u>\$ 20,628,684</u>	<u>\$ 4,117,368</u>	<u>\$ 26,900,758</u>

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, 2017:

Level 3 Assets for the Year Ended December 31, 2017

Beginning balance	\$ 1,518,826
Contributions	78,336
Transfers in	2,651,604
Interest and appreciation	378,227
Disbursements	(36,923)
Transfers out	<u>(472,702)</u>
Ending balance	<u>\$ 4,117,368</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 Contracts	\$ 4,117,368	Contract value	guaranteed rate	2.15%-2.80%

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	<u>\$ 1,916,093</u>	<u>\$ 20,459,419</u>	<u>\$ 1,518,826</u>	<u>\$ 23,894,338</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, 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>

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	\$1,518,826	Contract value	Composite guaranteed rate	2.15%

Note 7 - Investment Contract with Insurance Company

The Plan has an investment in a guaranteed fund that is a fully benefit responsive investment contract with Nationwide Insurance Company, and is reported at contract value. Contract value is the relevant measure for fully benefit investment contracts since this is the amount a participant would receive if the participant would initiate a permitted transaction under the terms of the Plan. The contract value represents contributions plus earnings, less participant withdrawals and administrative expenses.

Note 8 - 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, 2017 and 2016, 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 2014.

Note 9 - Subsequent Events

The Plan has evaluated subsequent events from the date of the statement of net assets available for benefits through September 24, 2018.

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, 2017

(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	\$ 1,306,019
*	Nationwide Life Insurance Company	Nationwide Fixed Select Option	2,811,349
	Total insurance contracts		<u>4,117,368</u>
	Registered investment companies:		
	Nationwide Trust Company	AllianzGI Technology A	3
	Nationwide Trust Company	BlackRock Health Sciences Opportunities Inv A	4,023
	Nationwide Trust Company	DFA Global Real Estate Securities Port	35,996
	Nationwide Trust Company	Franklin Utilities Adv	3
	Nationwide Trust Company	Goldman Sachs Strategic Income A	2
	Nationwide Trust Company	Guggenheim Managed Futures Strategy A	106,575
	Nationwide Trust Company	Invesco Energy Inv	21,253
	Nationwide Trust Company	Iron Strategic Income Institutional	66,533
	Nationwide Trust Company	Gateway A	5
	Nationwide Trust Company	Nuveen Real Estate Securities A	570,553
	Nationwide Trust Company	Oppenheimer Gold & Special Minerals A	6
	Nationwide Trust Company	Oppenheimer SteelPath MLP Select 40 A	23,634
	Nationwide Trust Company	Wells Fargo Utility & Telecomms A	403,730
	Nationwide Trust Company	Ivy Securian Real Estate Securities Y	3
	Nationwide Trust Company	Ivy Science & Technology Y	687,691
	Nationwide Trust Company	Aberdeen Emerging Markets Instl	43,148
	Nationwide Trust Company	American Funds Capital World Growth & Income R6	669,494
	Nationwide Trust Company	American Funds EuroPacific Growth R1	13,485
	Nationwide Trust Company	American Funds EuroPacific Growth R6	1,180,991
	Nationwide Trust Company	American Funds New Perspective R6	12,795
	Nationwide Trust Company	American Funds New World R6	216,001
	Nationwide Trust Company	Dodge & Cox International Stock	57,390
	Nationwide Trust Company	Franklin Mutual European A	207,055
	Nationwide Trust Company	Oppenheimer Developing Markets A	39,390
	Nationwide Trust Company	Wells Fargo Asia Pacific A	44,850
	Nationwide Trust Company	AB Discovery Value K	198,522
	Nationwide Trust Company	Buffalo Small Cap	1,394
	Nationwide Trust Company	Emerald Growth A	182,576
	Nationwide Trust Company	JPMorgan Small Cap Value A	98,276
	Nationwide Trust Company	JPMorgan Small Cap Value R3	56,998
*	Nationwide Trust Company	Nationwide Geneva Small Cap Growth R6	554,229
	Nationwide Trust Company	Victory RS Small Cap Growth A	3,283
	Nationwide Trust Company	Victory Sycamore Small Company Opportunity A	492,077
	Nationwide Trust Company	Vanguard Small Cap Index	12,953
	Nationwide Trust Company	Vanguard Small Cap Value Index Admiral	12,701
*	Nationwide Trust Company	Nationwide Mid Cap Market Index A	430,734
	Nationwide Trust Company	Pioneer Select Mid Cap Growth A	4
	Nationwide Trust Company	Principal MidCap Growth Institutional	41,328
	Nationwide Trust Company	Principal MidCap Institutional	28,303
	Nationwide Trust Company	PGIM Jennison Mid-Cap Growth A	517,660
	Nationwide Trust Company	Victory Sycamore Established Value A	4
	Nationwide Trust Company	Vanguard Selected Value Inv	45,763
	Nationwide Trust Company	Wells Fargo Special Mid Cap Value A	218,371
	Nationwide Trust Company	Alger Spectra I	59,515
	Nationwide Trust Company	American Century Equity Income I	342,445
	Nationwide Trust Company	American Funds Growth Fund of America R6	28,400
	Nationwide Trust Company	American Funds New Economy R6	13,492
	Nationwide Trust Company	American Funds Washington Mutual R3	56,035
	Nationwide Trust Company	American Funds Washington Mutual R6	342,684
	Nationwide Trust Company	Federated Strategic Value Dividend Institutional	51,811
	Nationwide Trust Company	Fidelity Advisor New Insights A	1,761,372

- 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, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
*	Nationwide Trust Company	Invesco Growth and Income A	305,497
	Nationwide Trust Company	Nationwide S&P 500 Index Svc	835,491
	Nationwide Trust Company	Vanguard 500 Index Admiral	143,120
	Nationwide Trust Company	Vanguard Dividend Appreciation Index Inv	87,870
	Nationwide Trust Company	Vanguard Equity-Income Inv	1,764,712
	Nationwide Trust Company	Vanguard Growth Index Admiral	6,196
	Nationwide Trust Company	Vanguard Growth Index Investor	55,197
	Nationwide Trust Company	Vanguard Value Index Investor	52,717
	Nationwide Trust Company	American Funds Income Fund of America R6	4
	Nationwide Trust Company	Deutsche Alternative Asset Allocation	108,696
	Nationwide Trust Company	Franklin Income A	60,271
	Nationwide Trust Company	FPA Crescent Institutional	107,286
	Nationwide Trust Company	Horizon Active Asset Allocation I	443,219
	Nationwide Trust Company	Ivy Global Income Allocation Y	35,792
	Nationwide Trust Company	Janus Henderson Balanced S	3,105,204
	Nationwide Trust Company	PIMCO All Asset A	82,873
	Nationwide Trust Company	Vanguard Wellesley Income Inv	231,864
	Nationwide Trust Company	AB Global Bond Advisor	30,970
	Nationwide Trust Company	AB High Income I	24,785
	Nationwide Trust Company	American Funds Inter Bond Fd of America R1	36,171
	Nationwide Trust Company	Cohen & Steers Preferred Sec & Inc I	24,910
	Nationwide Trust Company	Dodge & Cox Income	40,784
	Nationwide Trust Company	Dreyfus International Bond A	242,896
	Nationwide Trust Company	Templeton Global Bond A	29,947
	Nationwide Trust Company	Templeton Global Bond Adv	120,492
	Nationwide Trust Company	Horizon Active Income I	166,680
	Nationwide Trust Company	Ivy High Income Y	298,745
	Nationwide Trust Company	Loomis Sayles Bond Admin	46,189
	Nationwide Trust Company	Metropolitan West High Yield Bond I	30,784
	Nationwide Trust Company	Metropolitan West Total Return Bond I	69,534
	Nationwide Trust Company	Oppenheimer International Bond A	3,294
	Nationwide Trust Company	Oppenheimer Senior Floating Rate A	166,014
	Nationwide Trust Company	PIMCO Income A	225,907
	Nationwide Trust Company	PIMCO Income Institutional	74,978
	Nationwide Trust Company	PIMCO Total Return A	78,451
	Nationwide Trust Company	Pioneer Bond A	1,238,431
	Nationwide Trust Company	TCW Total Return Bond I	69,668
	Nationwide Trust Company	Thornburg Limited Term Income R3	29,504
	Nationwide Trust Company	Victory INCORE Fund for Income A	124,429
	Nationwide Trust Company	Victory INCORE Fund for Income I	2,124
	Nationwide Trust Company	Vanguard Interm-Term Investment-Grade Inv	71,449
	Total registered investment companies		20,628,684
	Self-directed brokerage accounts		2,154,706
*	Participant loans	Participant loans with interest rates at 4.25%-5.25%	378,285
	Total		<u><u>\$ 27,279,043</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 2017 This Form is Open to Public Inspection.		
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Part I</td> <td>Distributions</td> </tr> </table>			Part I	Distributions
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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">1</td> <td style="width: 90%; text-align: right;">0</td> </tr> </table>	1	0
1	0			
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): 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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">3</td> <td style="width: 90%;"></td> </tr> </table>	3	
3				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Part II</td> <td>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.)</td> </tr> </table>			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.)
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)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6a</td> <td style="width: 90%;"></td> </tr> </table>	6a	
6a				
b Enter the amount contributed by the employer to the plan for this plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6b</td> <td style="width: 90%;"></td> </tr> </table>	6b	
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)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6c</td> <td style="width: 90%;"></td> </tr> </table>	6c	
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				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Part III</td> <td>Amendments</td> </tr> </table>			Part III	Amendments
Part III	Amendments			
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Part IV</td> <td>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.</td> </tr> </table>			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.
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.				

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

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): _____

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

OMB No. 1545-0212

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

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) WALTER & HAVERFIELD LLP Number, street, and room or suite no. (If a P.O. box, see instructions) THE TOWER AT ERIEVIEW, 1301 E. NINTH STREET, SUITE 3500 City or town, state, and ZIP code CLEVELAND, OH 44114-1821	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 34-0602148 Social security number (SSN) (9 digits XXX-XX-XXXX)														
C Plan name WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN AND TRUST	<table border="1"><thead><tr><th colspan="3">Plan number</th><th colspan="3">Plan year ending —</th></tr><tr><th></th><th>MM</th><th>DD</th><th>YYYY</th></tr></thead><tbody><tr><td>0 0 3</td><td>12</td><td>31</td><td>2017</td></tr></tbody></table>	Plan number			Plan year ending —				MM	DD	YYYY	0 0 3	12	31	2017
Plan number			Plan year ending —												
	MM	DD	YYYY												
0 0 3	12	31	2017												

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

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2 I request an extension of time until 10 / 15 / 2018 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10 / 15 / 2018 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

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

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

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

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

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

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

Signature ►

Date ►

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

FINANCIAL STATEMENTS

WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2017 AND 2016



Waltham Rea

www.reacpa.com

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INDEPENDENT AUDITORS' REPORT

September 24, 2018

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 statement of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 2017 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 and for the year ended December 31, 2017, 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 on the 2017 financial statements. Accordingly, we do not express an opinion on the accompanying 2017 financial statements.

Other Matter - Supplemental Schedule

The supplemental schedule of assets (held at end of year) as of December 31, 2017 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.

Other Matter - 2016 Financial Statements

The financial statements of Walter & Haverfield LLP Profit Sharing Retirement Plan as of December 31, 2016, were audited by predecessor auditors, Walthall, LLP, who merged with Rea & Associates, Inc. on November 1, 2017. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated August 25, 2017, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2017 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.

Rea & Associates, Inc.

Certified Public Accountants

Walter & Haverfield LLP
Profit Sharing Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Assets		
Investments, at fair value	\$ 26,900,758	\$ 23,894,338
Receivables:		
Participant contributions	161,526	245,026
Employer contributions	1,013,698	860,882
Notes receivable from participants	<u>378,285</u>	<u>330,384</u>
	<u>1,553,509</u>	<u>1,436,292</u>
 Net Assets Available for Benefits	 <u><u>\$ 28,454,267</u></u>	 <u><u>\$ 25,330,630</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, 2017

Additions to Plan Assets Attributed to

Investment income:

Net appreciation in fair value of investments \$3,603,422

Interest income on notes receivable from participants 15,932

Contributions:

Participant 870,239

Employer 1,013,698

Participant rollovers 425,538

2,309,475

Total additions 5,928,829

Deductions from Plan Assets Attributed to

Benefit payments 2,767,809

Administrative expenses 37,383

Total deductions 2,805,192

Net Increase 3,123,637

Net Assets Available for Benefits - Beginning 25,330,630

Net Assets Available for Benefits - Ending \$ 28,454,267

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

WALTER & HAVERFIELD LLP PROFIT SHARING RETIREMENT PLAN

Notes To Financial Statements

December 31, 2017 and 2016

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, employer matching contributions, 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.

Note 1 - Plan Description (Continued)

Vesting

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

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.

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, the plan trustee, 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 \$37,383 for the year ended December 31, 2017.

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>2017</u>	<u>2016</u>
Self-directed brokerage accounts	\$ 2,154,706	\$ 1,916,093
Registered investment companies	20,628,684	20,459,419
Guaranteed investment contract(s)	4,117,368	1,518,826
Total investments	<u><u>\$ 26,900,758</u></u>	<u><u>\$ 23,894,338</u></u>

During 2017, 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 \$3,603,422.

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>2017</u>	<u>2016</u>
Self-directed brokerage accounts	\$ 2,154,706	\$ 1,916,093
Registered investment companies	20,628,684	20,459,419
Guaranteed investment contracts	4,117,368	1,518,826
Participant loans	378,285	330,384
Total certified assets	27,279,043	24,224,722
Participant contributions receivable	161,526	245,026
Employer contributions receivable	1,013,698	860,882
Net assets per financial statements	<u><u>\$ 28,454,267</u></u>	<u><u>\$ 25,330,630</u></u>
<u>Net Increase (Decrease) in Account</u> <u>for the Year Ended December 31, 2017</u>		
Net appreciation in fair value of investments	\$ 3,603,422	
Interest and dividends	15,932	
Employer contributions	860,882	
Participant contributions	953,739	
Participant rollover contributions	425,538	
Benefit payments	(2,767,809)	
Administrative expenses	(37,383)	
Net certified increase	3,054,321	
Employer contribution adjustment	152,816	
Participant contribution adjustment	(83,500)	
Net increase per financial statements	<u><u>\$ 3,123,637</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 consist 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 contracts: 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.

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, 2017:

Description	Assets at Fair Value as of December 31, 2017			
	(Level 1)	(Level 2)	(Level 3)	Total
Self-directed brokerage accounts	\$ 2,154,706	\$ -	\$ -	\$ 2,154,706
Registered investment companies	-	20,628,684	-	20,628,684
Guaranteed investment contracts	-	-	4,117,368	4,117,368
Total	<u>\$ 2,154,706</u>	<u>\$ 20,628,684</u>	<u>\$ 4,117,368</u>	<u>\$ 26,900,758</u>

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, 2017:

Level 3 Assets for the Year Ended December 31, 2017

Beginning balance	\$ 1,518,826
Contributions	78,336
Transfers in	2,651,604
Interest and appreciation	378,227
Disbursements	(36,923)
Transfers out	<u>(472,702)</u>
Ending balance	<u>\$ 4,117,368</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 Contracts	\$4,117,368	Contract value	guaranteed rate	2.15%-2.80%

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	<u>\$ 1,916,093</u>	<u>\$ 20,459,419</u>	<u>\$ 1,518,826</u>	<u>\$ 23,894,338</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, 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>

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	\$1,518,826	Contract value	Composite guaranteed rate	2.15%

Note 7 - Investment Contract with Insurance Company

The Plan has an investment in a guaranteed fund that is a fully benefit responsive investment contract with Nationwide Insurance Company, and is reported at contract value. Contract value is the relevant measure for fully benefit investment contracts since this is the amount a participant would receive if the participant would initiate a permitted transaction under the terms of the Plan. The contract value represents contributions plus earnings, less participant withdrawals and administrative expenses.

Note 8 - 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, 2017 and 2016, 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 2014.

Note 9 - Subsequent Events

The Plan has evaluated subsequent events from the date of the statement of net assets available for benefits through September 24, 2018.

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, 2017

(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	\$ 1,306,019
*	Nationwide Life Insurance Company	Nationwide Fixed Select Option	2,811,349
	Total insurance contracts		<u>4,117,368</u>
	Registered investment companies:		
	Nationwide Trust Company	AllianzGI Technology A	3
	Nationwide Trust Company	BlackRock Health Sciences Opportunities Inv A	4,023
	Nationwide Trust Company	DFA Global Real Estate Securities Port	35,996
	Nationwide Trust Company	Franklin Utilities Adv	3
	Nationwide Trust Company	Goldman Sachs Strategic Income A	2
	Nationwide Trust Company	Guggenheim Managed Futures Strategy A	106,575
	Nationwide Trust Company	Invesco Energy Inv	21,253
	Nationwide Trust Company	Iron Strategic Income Institutional	66,533
	Nationwide Trust Company	Gateway A	5
	Nationwide Trust Company	Nuveen Real Estate Securities A	570,553
	Nationwide Trust Company	Oppenheimer Gold & Special Minerals A	6
	Nationwide Trust Company	Oppenheimer SteelPath MLP Select 40 A	23,634
	Nationwide Trust Company	Wells Fargo Utility & Telecomms A	403,730
	Nationwide Trust Company	Ivy Securian Real Estate Securities Y	3
	Nationwide Trust Company	Ivy Science & Technology Y	687,691
	Nationwide Trust Company	Aberdeen Emerging Markets Instl	43,148
	Nationwide Trust Company	American Funds Capital World Growth & Income R6	669,494
	Nationwide Trust Company	American Funds EuroPacific Growth R1	13,485
	Nationwide Trust Company	American Funds EuroPacific Growth R6	1,180,991
	Nationwide Trust Company	American Funds New Perspective R6	12,795
	Nationwide Trust Company	American Funds New World R6	216,001
	Nationwide Trust Company	Dodge & Cox International Stock	57,390
	Nationwide Trust Company	Franklin Mutual European A	207,055
	Nationwide Trust Company	Oppenheimer Developing Markets A	39,390
	Nationwide Trust Company	Wells Fargo Asia Pacific A	44,850
	Nationwide Trust Company	AB Discovery Value K	198,522
	Nationwide Trust Company	Buffalo Small Cap	1,394
	Nationwide Trust Company	Emerald Growth A	182,576
	Nationwide Trust Company	JPMorgan Small Cap Value A	98,276
	Nationwide Trust Company	JPMorgan Small Cap Value R3	56,998
*	Nationwide Trust Company	Nationwide Geneva Small Cap Growth R6	554,229
	Nationwide Trust Company	Victory RS Small Cap Growth A	3,283
	Nationwide Trust Company	Victory Sycamore Small Company Opportunity A	492,077
	Nationwide Trust Company	Vanguard Small Cap Index	12,953
	Nationwide Trust Company	Vanguard Small Cap Value Index Admiral	12,701
*	Nationwide Trust Company	Nationwide Mid Cap Market Index A	430,734
	Nationwide Trust Company	Pioneer Select Mid Cap Growth A	4
	Nationwide Trust Company	Principal MidCap Growth Institutional	41,328
	Nationwide Trust Company	Principal MidCap Institutional	28,303
	Nationwide Trust Company	PGIM Jennison Mid-Cap Growth A	517,660
	Nationwide Trust Company	Victory Sycamore Established Value A	4
	Nationwide Trust Company	Vanguard Selected Value Inv	45,763
	Nationwide Trust Company	Wells Fargo Special Mid Cap Value A	218,371
	Nationwide Trust Company	Alger Spectra I	59,515
	Nationwide Trust Company	American Century Equity Income I	342,445
	Nationwide Trust Company	American Funds Growth Fund of America R6	28,400
	Nationwide Trust Company	American Funds New Economy R6	13,492
	Nationwide Trust Company	American Funds Washington Mutual R3	56,035
	Nationwide Trust Company	American Funds Washington Mutual R6	342,684
	Nationwide Trust Company	Federated Strategic Value Dividend Institutional	51,811
	Nationwide Trust Company	Fidelity Advisor New Insights A	1,761,372

- 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, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
*	Nationwide Trust Company	Invesco Growth and Income A	305,497
	Nationwide Trust Company	Nationwide S&P 500 Index Svc	835,491
	Nationwide Trust Company	Vanguard 500 Index Admiral	143,120
	Nationwide Trust Company	Vanguard Dividend Appreciation Index Inv	87,870
	Nationwide Trust Company	Vanguard Equity-Income Inv	1,764,712
	Nationwide Trust Company	Vanguard Growth Index Admiral	6,196
	Nationwide Trust Company	Vanguard Growth Index Investor	55,197
	Nationwide Trust Company	Vanguard Value Index Investor	52,717
	Nationwide Trust Company	American Funds Income Fund of America R6	4
	Nationwide Trust Company	Deutsche Alternative Asset Allocation	108,696
	Nationwide Trust Company	Franklin Income A	60,271
	Nationwide Trust Company	FPA Crescent Institutional	107,286
	Nationwide Trust Company	Horizon Active Asset Allocation I	443,219
	Nationwide Trust Company	Ivy Global Income Allocation Y	35,792
	Nationwide Trust Company	Janus Henderson Balanced S	3,105,204
	Nationwide Trust Company	PIMCO All Asset A	82,873
	Nationwide Trust Company	Vanguard Wellesley Income Inv	231,864
	Nationwide Trust Company	AB Global Bond Advisor	30,970
	Nationwide Trust Company	AB High Income I	24,785
	Nationwide Trust Company	American Funds Inter Bond Fd of America R1	36,171
	Nationwide Trust Company	Cohen & Steers Preferred Sec & Inc I	24,910
	Nationwide Trust Company	Dodge & Cox Income	40,784
	Nationwide Trust Company	Dreyfus International Bond A	242,896
	Nationwide Trust Company	Templeton Global Bond A	29,947
	Nationwide Trust Company	Templeton Global Bond Adv	120,492
	Nationwide Trust Company	Horizon Active Income I	166,680
	Nationwide Trust Company	Ivy High Income Y	298,745
	Nationwide Trust Company	Loomis Sayles Bond Admin	46,189
	Nationwide Trust Company	Metropolitan West High Yield Bond I	30,784
	Nationwide Trust Company	Metropolitan West Total Return Bond I	69,534
	Nationwide Trust Company	Oppenheimer International Bond A	3,294
	Nationwide Trust Company	Oppenheimer Senior Floating Rate A	166,014
	Nationwide Trust Company	PIMCO Income A	225,907
	Nationwide Trust Company	PIMCO Income Institutional	74,978
	Nationwide Trust Company	PIMCO Total Return A	78,451
	Nationwide Trust Company	Pioneer Bond A	1,238,431
	Nationwide Trust Company	TCW Total Return Bond I	69,668
	Nationwide Trust Company	Thornburg Limited Term Income R3	29,504
	Nationwide Trust Company	Victory INCORE Fund for Income A	124,429
	Nationwide Trust Company	Victory INCORE Fund for Income I	2,124
	Nationwide Trust Company	Vanguard Interm-Term Investment-Grade Inv	71,449
	Total registered investment companies		20,628,684
	Self-directed brokerage accounts		2,154,706
*	Participant loans	Participant loans with interest rates at 4.25%-5.25%	378,285
	Total		\$ 27,279,043