

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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>DINSMORE & SHOHL LLP CASH BALANCE PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2016</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>01/01/2016</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>				
1c Effective date of plan <u>01/01/2016</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>DINSMORE & SHOHL LLP</u> <u>255 E. FIFTH STREET, SUITE 1900</u> <u>CINCINNATI, OH 45202</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0263070</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-977-8302</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0263070</u>	2c Plan Sponsor's telephone number <u>513-977-8302</u>	2d Business code (see instructions) <u>541110</u>	
2b Employer Identification Number (EIN) <u>31-0263070</u>					
2c Plan Sponsor's telephone number <u>513-977-8302</u>					
2d Business code (see instructions) <u>541110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/25/2019	NICOLE DONOHUE
	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 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 209
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) 203 6a(2) 195 6b 0 6c 9 6d 204 6e 0 6f 204 6g 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:

1C 3B

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)** ☐ 0 **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan DINSMORE & SHOHL LLP CASH BALANCE PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DINSMORE & SHOHL LLP	D Employer Identification Number (EIN) 31-0263070
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month 01 Day 01 Year 2018
2	Assets:
a	Market value..... 2a 3737493
b	Actuarial value 2b 3737493
3	Funding target/participant count breakdown
a	For retired participants and beneficiaries receiving payment (1) Number of participants (2) Vested Funding Target (3) Total Funding Target
b	For terminated vested participants 0 0 0
c	For active participants 6 22212 22212
d	Total 203 3372089 3372089
	209 3394301 3394301
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐
a	Funding target disregarding prescribed at-risk assumptions..... 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate..... 5 5.37 %
6	Target normal cost 6 1259439

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

<div>SIGN HERE</div>		09/12/2019
	Signature of actuary	Date
KARINA LIMSICO		17-07028
	Type or print name of actuary	Most recent enrollment number
OCTOBER THREE CONSULTING LLC		617-209-3955
	Firm name	Telephone number (including area code)
233 S. WACKER DRIVE, SUITE 8350 CHICAGO, IL 60606		
	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>5.89</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		399828
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.52</u> %		22071
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		421899
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	110.11%
15 Adjusted funding target attainment percentage	15	110.11%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	110.79%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/28/2018	2230909	0			
Totals ▶			18(b)	2230909	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2118429

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21	Discount rate:			
a	Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%
		☐ N/A, full yield curve used		
b	Applicable month (enter code)	21b	0	
22	Weighted average retirement age	22	62	
23	Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☐ Prescribed - separate
		Current regulation:	☐ Prescribed - combined	☒ Prescribed - separate
			☐ Substitute	☐ Substitute

Part VI Miscellaneous Items

24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	1259439
b	Excess assets, if applicable, but not greater than line 31a	31b	343192
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	916247
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	916247
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2118429
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	1202182
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0

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

41	If an election was made to use PRA 2010 funding relief for this plan:			
a	Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010
		☐ 2011		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan DINSMORE & SHOHL LLP CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 DINSMORE & SHOHL LLP	D Employer Identification Number (EIN) 31-0263070	

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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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)

CLARK, SCHAEFER & HACKETT & CO

31-0800053

(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?
10 50	NONE	15000	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan DINSMORE & SHOHL LLP CASH BALANCE PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 DINSMORE & SHOHL LLP	D Employer Identification Number (EIN) 31-0263070	

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	0	1
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	657	1452
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2013246	2245410
(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)	355151	671075
(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)		
(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)	1368439	2707031
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(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	3737493 5624969
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	3737493 5624969

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)	2230909
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2230909
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	860
	(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)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	860
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	14862
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	71657
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	86519
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2421888
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2422449
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-561
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-25234
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-25234

		(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)		-243508
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2048985

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	146509	
(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)		146509
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)	15000	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		15000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		161509

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1887476
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: CLARK, SCHAEFER & HACKETT & CO

(2) EIN: 31-0800053

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		2000000
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			
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 4150787. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan DINSMORE & SHOHL LLP CASH BALANCE PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 DINSMORE & SHOHL LLP		D Employer Identification Number (EIN) 31-0263070
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): 31-1051736		
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 10
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) 2018 v. 171027		

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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):

Dinsmore & Shohl LLP Cash Balance Plan

Financial Statements and Supplemental Schedules

December 31, 2018 and 2017

with Independent Auditors' Report



CLARK SCHAEFER HACKETT
CPAs & ADVISORS

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INDEPENDENT AUDITORS' REPORT

To the Participants and Fringe Benefits Committee of
Dinsmore & Shohl LLP Cash Balance Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Dinsmore & Shohl LLP Cash Balance Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. 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 a certification from the trustee as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2018 and the schedule of reportable transactions for the year ended December 31, 2018 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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

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

Clark, Schaefer, Hackett & Co.

Cincinnati, Ohio

September 13, 2019

Dinsmore & Shohl LLP Cash Balance Plan
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Assets:		
Investments at fair value:		
Mutual funds	\$ 2,707,031	1,368,439
Money market funds	2,245,411	2,013,246
Common stocks	<u>671,075</u>	<u>355,151</u>
	<u>5,623,517</u>	<u>3,736,836</u>
Receivables:		
Accrued income	<u>1,452</u>	<u>657</u>
Net assets available for benefits	\$ <u><u>5,624,969</u></u>	<u><u>3,737,493</u></u>

See accompanying notes to the financial statements.

Dinsmore & Shohl LLP Cash Balance Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2018

Additions to net assets:	
Contributions	\$ 2,230,909
Investment income:	
Interest and dividends on investments	<u>15,722</u>
Total additions	2,246,631
Deductions from net assets:	
Net depreciation in fair value of investments	197,646
Benefit payments	146,509
Administrative expenses	<u>15,000</u>
Total deductions	<u>359,155</u>
Net increase	1,887,476
Net assets available for benefits:	
Beginning of year	<u>3,737,493</u>
End of year	\$ <u>5,624,969</u>

See accompanying notes to the financial statements.

1. PLAN DESCRIPTION:

The following is a brief description of the Dinsmore & Shohl LLP Cash Balance Plan (the Plan) which was established on January 1, 2016. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan is a cash balance defined benefit plan providing retirement, disability, and death benefits to all eligible partners. The Plan sponsor is Dinsmore & Shohl LLP (the Firm) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan includes all equity and phase-down Partners who were actively providing service to the Firm as of November 17, 2016. Thereafter, equity or phase-down partners are eligible to participate in the Plan after the later of completing one year of service or the date he or she becomes an equity or phase-down Partner.

The Plan is administered by the Firm's Fringe Benefits Committee (the Committee), which is a committee of the Board of Directors of the Firm. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Firm's Board of Directors.

Participant's accounts

Under the Plan provisions, amounts are credited by the Firm to the participants' hypothetical Cash Balance Account in three subaccounts, the Basic Account, the Maximum Account and the Preservation Account. The Basic Account is equal to the sum of the Participant's Cash Balance Credits and Basic Earnings Credits. The Maximum Account is equal to the sum of the Participant's Cash Balance Credits and Maximum Earnings Credits. The Preservation Account is equal to the sum of the Participant's Cash Balance Credits. At any Annuity Starting Date, a Participant's Cash Balance Account shall not be greater than the Maximum Account. At any Annuity Starting Date, other than the one attributed to an in-service distribution, a Participant's Cash Balance Account shall not be less than the Preservation Account.

Participants' accounts are allocated Cash Balance Credits at the end of each plan year. The Cash Balance Credit for a plan year is equal to \$1,600 multiplied by the Partner Points in excess of 30, as adjusted in accordance with the plan document. In no event shall the Cash Balance Credit for a plan year be less than \$1,000 or greater than the maximum Cash Balance Credit as stated in the plan document.

Participants' accounts also receive earnings credits. Earnings credits are allocated to participants' accounts at the end of each day beginning April 1, 2017. The Basic Earnings Credit is based on the rate of return on the investment portfolio in which the fund assets are invested. The Basic Earnings is determined by applying the Rate of Return to the Basic Account as of the beginning of the day. The Maximum Earnings Credit shall be the amount determined by applying an 8% annual rate of return, compounded daily, to the Participants' Maximum Account as of the beginning of the day.

Vesting

Participants are 100% vested in their Cash Balance Account at all times.

Funding policy

The Plan's funding policy is for the Firm to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. Contributions of \$2,230,909 were made for the 2018 plan year. The Firm's contributions for 2018 exceeded the minimum funding requirements of ERISA.

Pension benefits

Benefits are determined based on the participant's Cash Balance Account. Plan participants are eligible for their plan benefit after attainment of normal retirement age, or upon termination of employment. A spouse or other named beneficiary of an active or terminated Participant is eligible for a benefit upon the Participant's death prior to benefit commencement. Benefit payments are made in the form of a lump sum payment equal to the participant's Cash Balance Account, or its actuarial equivalent if payment is made in a form other than a lump sum payment.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following is a brief description of the significant accounting policies of the Plan.

Basis of accounting

The financial statements of the Plan have been prepared on the accrual basis.

Use of estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee.

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

Payment of benefits

Benefit payments are recorded when paid to participants.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Firm and are excluded from these financial statements. Fees related to the compliance of the Plan are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

Subsequent events

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

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2018 and January 1, 2018, were:

- (a) life expectancy of participants – IRS 2018 and 2017 Static Mortality Table with separate tables for annuitants and non-annuitants, as prescribed by Treasury regulation section 1.430(h)(3)-1(b),
- (b) retirement age – normal retirement on the first of the month next following the month a participant attains age 62 and
- (c) interest crediting rate of 3.25% for 2018 and 2017.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

A summary of the information relative to the actuarial present value of accumulated plan benefits as of December 31, 2018 and 2017 are presented as follows:

	December 31,	
	<u>2018</u>	<u>2017</u>
Accumulated plan benefits:		
Vested benefits – other participants	\$ <u>5,741,539</u>	<u>3,737,032</u>
Total actuarial present value of accumulated plan benefits	\$ <u>5,741,539</u>	<u>3,737,032</u>

Changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2018 are summarized below:

Actuarial present value of accumulated plan benefits, December 31, 2017	\$ 3,737,032
Increase (decrease) attributable to:	
Benefits accumulated	2,230,909
Interest	(79,893)
Benefits paid	<u>(146,509)</u>
Actuarial present value of accumulated plan benefits as of December 31, 2018	\$ <u>5,741,539</u>

4. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE:

The Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fifth Third Bank, the trustee, has certified to the completeness and accuracy of all investments reflected on the accompanying statement of net assets available for benefits as of December 31, 2018 and 2017, the supplemental schedule of assets (held at end of year) as of December 31, 2018, and the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2018.

5. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Money market and mutual funds: Valued at the daily closing price as reported by the fund. Money market and mutual funds held by the Plan are open-end funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

<u>Investments at fair value as of December 31, 2018</u>					
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Assets at NAV</u>	<u>Total</u>
Mutual funds	\$ 2,707,031	-	-	-	2,707,031
Money market funds	2,245,411	-	-	-	2,245,411
Common stocks	<u>671,075</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>671,075</u>
Total investments at fair value	\$ <u>5,623,517</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>5,623,517</u>

<u>Investments at fair value as of December 31, 2017</u>					
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Assets at NAV</u>	<u>Total</u>
Mutual funds	\$ 1,368,439	-	-	-	1,368,439
Money market funds	2,013,246	-	-	-	2,013,246
Common stocks	<u>355,151</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>355,151</u>
Total investments at fair value	\$ <u>3,736,836</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>3,736,836</u>

6. RELATED PARTY TRANSACTIONS:

Certain expenses of maintaining the Plan are paid directly by the Firm and are excluded from these financial statements. Fees related to the compliance of the Plan are included in administrative expenses. Investment related expenses are included in net depreciation in fair value of investments.

7. PLAN TERMINATION:

While the Firm has not expressed any intent to discontinue its contributions, it is free to do so at any time, subject to penalties set forth by ERISA. In the event such discontinuance results in the termination of the Plan, the Plan provides that the net assets of the Plan shall be allocated among the participants and beneficiaries of the Plan in an order provided for by ERISA, and any amounts remaining after said allocation will be returned to the Firm. To the extent unfunded vested benefits exist, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation (PBGC) to participants, up to specified limitations, as described in ERISA.

8. RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

9. TAX STATUS OF THE PLAN:

The Plan obtained a determination letter dated March 28, 2018 in which the Internal Revenue Service (IRS) stated that the Plan is designed in accordance with the applicable requirement of the Internal Revenue Code (IRC). The Plan has since been amended. Management believes that the Plan currently is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Schedule SB, Line 26 - Schedule of Active Participant Data

[illegible]

Dinsmore & Shohl LLP Cash Balance Plan

EIN / PN 31-0263070 / 004

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

Plan Sponsor Elections

Yield curve election: The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).

Applicable month: The plan sponsor elected to base the segment rates on the rates published in the month containing the valuation date.

Economic Assumptions

First segment rate (years 0 to 4): 3.92%

Second segment rate (years 5 to 19): 5.52%

Third segment rate (years 20 and after): 6.29%

Effective interest rate (current year): 5.37%

Interest crediting rate: 3.25%

The interest rates listed above are compounded annually.

The cash balance interest crediting rate is equal to the rate of return on plan assets, subject to cumulative minimum and maximum interest crediting rates. Accordingly, the assets needed to provide future cash balance benefits are independent of interest rates and only dependent on the plan's asset allocation to the extent that the cumulative minimum or maximum interest rates affect the cash balance accounts. This plan provision is difficult to measure using traditional deterministic valuation procedures. To account for this plan provision, the interest crediting rate was selected from a reasonable range based on the plan's asset allocation that, when combined with the segment interest rates, produced a funding target that was as close as possible to the economic value of the cash balance accounts.

Dinsmore & Shohl LLP Cash Balance Plan

EIN / PN 31-0263070 / 004

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

Demographic Assumptions

Weighted average retirement age

The weighted average retirement age rounded to the nearest whole age is 62.

Retirement

100% of employees are assumed to retire at the later of age 62 or one year from the valuation date.

Withdrawal

None.

Disability

None.

Rationale for retirement age, withdrawal and disability assumptions

The economic value of the cash balance benefits is not materially affected by the timing of benefit commencement. Therefore, no preretirement withdrawal or disability is assumed, and all participants are assumed to retire at the plan's Normal Retirement Age.

Mortality and mortality improvement

The mortality follows the IRS 2018 Static Mortality Table with separate tables for annuitants and non-annuitants, as prescribed by Treasury regulation section 1.430(h)(3)-1(b).

Decrement timing

Decrements are assumed to occur as of the beginning of the year.

Other Assumptions

Form of payment

All participants are assumed to elect a lump sum form of payment. The experience of the plan has been that nearly all participants have elected this form of payment.

Maximum earnings

The maximum compensation limit under IRC section 401(a)(17) is \$275,000 for 2018.

Maximum benefit

The maximum benefit payable under IRC section 415 is \$220,000 for 2018.

Expenses

No expenses are assumed to be paid from the trust.

Dinsmore & Shohl LLP Cash Balance Plan

EIN / PN 31-0263070 / 004

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

Actuarial Methods

Valuation date

The valuation date is January 1, 2018.

Actuarial value of assets

The actuarial value of assets is equal to the market value of assets.

Minimum funding method

The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

SINGLE TRANSACTION EXCEEDS 5%			01-01-002-9665175			01/01/18 THROUGH 12/31/18		
						VALUATION	3,737,493.09 THRESHOLD	186,874.65
ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
FEDERATED GOVERNMENT OBLIGATION INSTITUTIONAL SHARES	SAL	01/31/18	2,002,084.000	2,002,084.00	.00	.00	2,002,084.00	.00
FEDERATED GOVERNMENT OBLIGATION INSTITUTIONAL SHARES	PUR	12/31/18	2,224,797.000	2,224,797.00	.00	.00	2,224,797.00	.00
AB BD FD INC BD INFLATION STRATEGY CL 1	PUR	01/11/18	19,286.448	206,365.00	.00	.00	206,365.00	.00
AB GLOBAL BOND FUND	PUR	01/11/18	36,652.200	308,245.00	.00	.00	308,245.00	.00
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1	PUR	01/11/18	20,450.322	286,100.00	.00	.00	286,100.00	.00
4 PURCHASES FOR			3,025,507.00	1 SALES FOR	2,002,084.00			

5% REPORT BY ASSET-AGGREGATE			01-01-002-9665175			01/01/18 THROUGH 12/31/18		
			VALUATION			3,737,493.09	THRESHOLD	186,874.65
ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
AB BD FD INC								
BD INFLATION								
STRATEGY CL 1	PUR	01/11/18	19,286.448	206,365.00	.00	.00	206,365.00	.00
	SAL	03/06/18	579.096	6,150.00	.00	.00	6,209.21	-59.21
	PUR	03/19/18	17.302	183.57	.00	.00	183.57	.00
	SAL	04/06/18	334.586	3,560.00	.00	.00	3,587.49	-27.49
	PUR	05/16/18	59.940	638.32	.00	.00	638.32	.00
	PUR	05/16/18	87.730	928.21	.00	.00	928.21	.00
	PUR	07/09/18	146.169	1,540.62	.00	.00	1,540.62	.00
	PUR	08/08/18	170.770	1,806.75	.00	.00	1,806.75	.00
	PUR	09/11/18	113.624	1,193.05	.00	.00	1,193.05	.00
	PUR	10/16/18	85.495	896.84	.00	.00	896.84	.00
	PUR	11/06/18	86.696	899.04	.00	.00	899.04	.00
	PUR	12/06/18	28.968	298.08	.00	.00	298.08	.00
10 PURCHASES FOR		214,749.48	2 SALES FOR	9,710.00	ISSUE	AGGREGATE TOTAL	224,459.48	
AB GLOBAL BOND FUND	PUR	01/11/18	36,652.200	308,245.00	.00	.00	308,245.00	.00
	PUR	01/18/18	60.088	504.74	.00	.00	504.74	.00
	PUR	02/09/18	125.369	1,046.83	.00	.00	1,046.83	.00
	SAL	03/06/18	1,027.744	8,520.00	.00	.00	8,634.21	-114.21
	PUR	03/08/18	125.188	1,039.06	.00	.00	1,039.06	.00
	SAL	04/06/18	861.011	7,155.00	.00	.00	7,233.30	-78.30
	PUR	05/07/18	158.557	1,312.85	.00	.00	1,312.85	.00
	PUR	05/16/18	188.160	1,567.36	.00	.00	1,567.36	.00
	PUR	07/09/18	152.603	1,257.45	.00	.00	1,257.45	.00
	PUR	08/08/18	148.295	1,220.47	.00	.00	1,220.47	.00
	PUR	09/11/18	146.050	1,201.99	.00	.00	1,201.99	.00
	PUR	10/16/18	144.320	1,186.31	.00	.00	1,186.31	.00
	PUR	11/06/18	116.369	951.90	.00	.00	951.90	.00
	PUR	12/06/18	152.209	1,238.98	.00	.00	1,238.98	.00
12 PURCHASES FOR		320,772.94	2 SALES FOR	15,675.00	ISSUE	AGGREGATE TOTAL	336,447.94	
BERNSTEIN SANFORD C FD INC								
OVERLAY A PORTFOLIO CL 1	PUR	01/11/18	20,450.322	286,100.00	.00	.00	286,100.00	.00
	SAL	05/29/18	515.648	7,085.00	.00	.00	6,747.99	337.01
	PUR	12/27/18	439.790	5,233.50	.00	.00	5,233.50	.00
	PUR	12/27/18	984.243	11,712.49	.00	.00	11,712.49	.00
3 PURCHASES FOR		303,045.99	1 SALES FOR	7,085.00	ISSUE	AGGREGATE TOTAL	310,130.99	
FEDERATED GOVERNMENT OBLIGATION								
INSTITUTIONAL SHARES	PUR	01/31/18	832.000	832.00	.00	.00	832.00	.00
	SAL	01/31/18	2,002,084.000	2,002,084.00	.00	.00	2,002,084.00	.00
	PUR	02/28/18	1,130.000	1,130.00	.00	.00	1,130.00	.00
	SAL	02/28/18	5,004.000	5,004.00	.00	.00	5,004.00	.00

5% REPORT BY ASSET-AGGREGATE 01-01-002-9665175 01/01/18 THROUGH 12/31/18

				VALUATION		3,737,493.09	THRESHOLD	186,874.65
ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
FEDERATED GOVERNMENT OBLIGATION INSTITUTIONAL SHARES	PUR	03/31/18	1,616.000	1,616.00	.00	.00	1,616.00	.00
	PUR	03/31/18	24,134.000	24,134.00	.00	.00	24,134.00	.00
	PUR	04/30/18	1,027.000	1,027.00	.00	.00	1,027.00	.00
	PUR	04/30/18	4,255.000	4,255.00	.00	.00	4,255.00	.00
	PUR	05/31/18	965.000	965.00	.00	.00	965.00	.00
	SAL	05/31/18	26,970.000	26,970.00	.00	.00	26,970.00	.00
	PUR	06/30/18	1,976.000	1,976.00	.00	.00	1,976.00	.00
	PUR	06/30/18	384.000	384.00	.00	.00	384.00	.00
	PUR	07/31/18	876.000	876.00	.00	.00	876.00	.00
	PUR	07/31/18	8,544.000	8,544.00	.00	.00	8,544.00	.00
	PUR	08/31/18	904.000	904.00	.00	.00	904.00	.00
	PUR	08/31/18	2,209.000	2,209.00	.00	.00	2,209.00	.00
	SAL	09/30/18	15,012.000	15,012.00	.00	.00	15,012.00	.00
	SAL	09/30/18	13,028.000	13,028.00	.00	.00	13,028.00	.00
	PUR	10/31/18	9,474.000	9,474.00	.00	.00	9,474.00	.00
	PUR	11/30/18	6,394.000	6,394.00	.00	.00	6,394.00	.00
	PUR	12/31/18	4,745.000	4,745.00	.00	.00	4,745.00	.00
	PUR	12/31/18	2,224,797.000	2,224,797.00	.00	.00	2,224,797.00	.00
17 PURCHASES FOR		2,294,262.00	5 SALES FOR	2,062,098.00	ISSUE AGGREGATE TOTAL		4,356,360.00	

5% REPORT BY BROKER-SECURITIES

01-01-002-9665175

01/01/18 THROUGH 12/31/18

						VALUATION	3,737,493.09	THRESHOLD	186,874.65
ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS	
NON BROKER TRADE/TRANSFER									
ALLIANCEBERN LIMITED DUR HI INC	PUR	01/11/18	15,768.822	163,365.00	.00	.00	163,365.00	.00	
ALLIANCEBERN LIMITED DUR HI INC	SAL	02/23/18	292.398	3,000.00	.00	.00	3,026.69	-26.69	
ALLIANCEBERN LIMITED DUR HI INC	SAL	03/06/18	284.180	2,910.00	.00	.00	2,941.62	-31.62	
ALLIANCEBERN LIMITED DUR HI INC	SAL	04/06/18	184.751	1,890.00	.00	.00	1,912.36	-22.36	
ALLIANCEBERSTEIN ALL MARKET REAL RETURN PORTFOLIO CLASS 1	PUR	01/11/18	10,856.585	97,275.00	.00	.00	97,275.00	.00	
AB BD FD INC BD INFLATION STRATEGY CL 1	PUR	01/11/18	19,286.448	206,365.00	.00	.00	206,365.00	.00	
AB BD FD INC BD INFLATION STRATEGY CL 1	SAL	03/06/18	579.096	6,150.00	.00	.00	6,209.21	-59.21	
AB BD FD INC BD INFLATION STRATEGY CL 1	SAL	04/06/18	334.586	3,560.00	.00	.00	3,587.49	-27.49	
AB GLOBAL BOND FUND	PUR	01/11/18	36,652.200	308,245.00	.00	.00	308,245.00	.00	
AB GLOBAL BOND FUND	SAL	03/06/18	1,027.744	8,520.00	.00	.00	8,634.21	-114.21	
AB GLOBAL BOND FUND	SAL	04/06/18	861.011	7,155.00	.00	.00	7,233.30	-78.30	
ALLIANCEBERN UNCONSTRAINED BOND	PUR	01/11/18	19,250.580	165,940.00	.00	.00	165,940.00	.00	
ALLIANCEBERN UNCONSTRAINED BOND	SAL	02/23/18	753.187	6,500.00	.00	.00	6,499.53	.47	
ALLIANCEBERN UNCONSTRAINED BOND	SAL	04/06/18	187.281	1,605.00	.00	.00	1,616.11	-11.11	
AB DISCOVERY GROWTH FUND	PUR	01/11/18	3,044.492	35,925.00	.00	.00	35,925.00	.00	
AB DISCOVERY GROWTH FUND	SAL	02/23/18	331.950	4,000.00	.00	.00	3,611.29	388.71	
AB DISCOVERY GROWTH FUND	SAL	03/12/18	156.468	2,020.00	.00	.00	1,702.22	317.78	
ALLIANCEBERNSTEIN SMALL CAP VAL FD-AD	PUR	01/11/18	1,638.478	38,750.00	.00	.00	38,750.00	.00	

5% REPORT BY BROKER-SECURITIES 01-01-002-9665175 01/01/18 THROUGH 12/31/18

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	VALUATION BROKER COMMISSION	3,737,493.09 OTHER EXPENSE	THRESHOLD COST OF ASSET	186,874.65 NET GAIN/LOSS
NON BROKER TRADE/TRANSFER								
AB INTERNATIONAL STRAT EQS ADV	PUR	01/11/18	11,582.005	152,535.00	.00	.00	152,535.00	.00
AB INTERNATIONAL STRAT EQS ADV	SAL	02/23/18	830.816	11,000.00	.00	.00	10,112.52	887.48
AB INTERNATIONAL STRAT EQS ADV	SAL	04/06/18	151.976	2,000.00	.00	.00	1,849.82	150.18
BERNSTEIN SMALL CAP CORE ADVISOR	PUR	01/11/18	1,674.022	20,105.00	.00	.00	20,105.00	.00
BERNSTEIN SANFORD C FD INC OVERLAY B PORTFOLIO CL 1	PUR	01/11/18	8,027.076	88,940.00	.00	.00	88,940.00	.00
BERNSTEIN SANFORD C FD INC OVERLAY B PORTFOLIO CL 1	SAL	05/29/18	161.482	1,765.00	.00	.00	1,750.74	14.26
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1	PUR	01/11/18	20,450.322	286,100.00	.00	.00	286,100.00	.00
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1	SAL	05/29/18	515.648	7,085.00	.00	.00	6,747.99	337.01
BERNSTEIN SANFORD C FD INC EMERGING MKTS VALUE PORTFOLIO	PUR	01/11/18	515.680	17,430.00	.00	.00	17,430.00	.00
BERNSTEIN SANFORD C FD INC EMERGING MKTS VALUE PORTFOLIO	SAL	04/06/18	40.641	1,370.00	.00	.00	1,242.95	127.05
12 PURCHASES FOR			1,580,975.00	16 SALES FOR	70,530.00	BROKER AGGREGATE TOTAL	1,651,505.00	1,851.95

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2018**This Form is Open to Public
Inspection**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

Round off amounts to nearest dollar.

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

A Name of plan Dinsmore & Shohl LLP Cash Balance Plan	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Dinsmore & Shohl LLP	D Employer Identification Number (EIN) 31-0263070
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018			
2 Assets:			
a Market value	2a	3,737,493	
b Actuarial value	2b	3,737,493	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	6	22,212	22,212
c For active participants	203	3,372,089	3,372,089
d Total	209	3,394,301	3,394,301
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.37%	
6 Target normal cost	6	1,259,439	

Statement by Enrolled Actuary

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

**SIGN
HERE**

KARINA LIMSILO KC

Signature of actuary

9/12/2019

Date

Karina Limsico

1707028

Type or print name of actuary

October Three Consulting LLC

Most recent enrollment number

617-209-3955

Firm name

Telephone number (including area code)

233 S. Wacker Drive, Suite 8350

Chicago IL 60606

Address of the firm

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

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

Schedule SB (Form 5500) 2018
v. 171027

Part II	Beginning of Year Carryover and Prefunding Balances
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	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>5.89%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		399,828
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.52%</u>		22,071
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		421,899
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III	Funding Percentages
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14	Funding target attainment percentage	14	110.11%
15	Adjusted funding target attainment percentage	15	110.11%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	110.79%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV	Contributions and Liquidity Shortfalls
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18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
12/28/2018	2,230,909	0				
			Totals ►	18(b)	2,230,909	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	2,118,429

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?..... ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		Yes	No
--	--	-----	----

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
---------	---------	---------	---------

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

21 Discount rate:			
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) Prior regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			
Current regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	1,259,439
b Excess assets, if applicable, but not greater than line 31a		31b	343,192
32 Amortization installments:			
		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	916,247
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	916,247	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2,118,429	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	1,202,182
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Dinsmore & Shohl LLP Cash Balance Plan

EIN / PN 31-0263070 / 004

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

Description of weighted average retirement age

100% of employees are assumed to retire at the later of age 62 or one year from the valuation date. The weighted average retirement age for the population during the current year, rounded to the nearest whole number, is 62.

Dinsmore & Shohl LLP Cash Balance Plan
EIN / PN 31-0263070 / 004
Schedule SB, Part V - Summary of Plan Provisions

Effective Date

January 1, 2016. The plan was last amended effective January 1, 2018.

Plan Year

January 1 to December 31.

Eligibility

A Partner who is actively providing service to the Firm on November 17, 2016 is eligible to participate as of the Effective Date. Thereafter, a Partner is eligible to participate on the January 1 or July 1 coincident with or next following the later of the first anniversary of his or her initial employment, or the date he or she becomes a Partner.

Cash Balance Account

For each Participant's Cash Balance Account, there shall be three subaccounts, known as the Basic Account, the Maximum Account, and the Preservation Account.

Basic Account

The sum of the Participant's Cash Balance Credits and Basic Earnings Credits.

Maximum Account

The sum of the Participant's Cash Balance Credits and Maximum Earnings Credits.

Preservation Account

The sum of the Participant's Cash Balance Credits.

At any Annuity Starting Date, a Participant's Cash Balance Account shall not be greater than the Maximum Account. At any Annuity Starting Date other than one attributed to an in-service distribution, a Participant's Cash Balance Account shall not be less than the Preservation Account.

Cash Balance Credits

For each Plan Year, a Cash Balance Credit shall be credited on December 31st to the Cash Balance Account of each Participant who has completed a Year of Benefit Service during such Plan Year. The Cash Balance Credit for a Plan Year shall be equal to \$1,600 multiplied by the Partner Points in excess of 30, as adjusted below. In no event will the Cash Balance Credit for a Plan Year be less than \$1,000 or greater than the maximum Cash Balance Credit as stated in the plan document.

The Cash Balance Credit for those listed on the following schedules shall be restricted by the criteria below.

- (i) Those listed on Schedule A shall be credited 50% of the formula credit.
- (ii) Those listed on Schedule B shall be credited 150% of the formula credit.
- (iii) Those listed on Schedule C shall be credited a flat \$1,000.

Dinsmore & Shohl LLP Cash Balance Plan
EIN / PN 31-0263070 / 004
Schedule SB, Part V - Summary of Plan Provisions

Earnings Credits

Earnings on a Participant's Cash Balance Account are credited at the end of each day as described below.

Basic Earnings Credit

The Basic Earnings Credit is based on the rate of return on the investment portfolio in which the fund assets are invested and shall be determined as follows:

For each day during the 2017 Plan Year ending before April 1 (or if such day is not a day of business, the next succeeding business day), the Participant's Basic Earnings Credit shall equal zero.

For each day during the 2017 Plan Year on or after April 1 (or if such day is not a day of business, the next succeeding business day), a Participant's Basic Earning Credit shall be determined by applying the Rate of Return to the Basic Account as of the beginning of the day.

For any Plan Year commencing on or after January 1, 2018, the Basic Earning Credit shall be determined by applying the Rate of Return to the Basic Account as of the beginning of the day.

Maximum Earnings Credit

The Maximum Earnings Credit shall be the amount determined by applying a 8% annual rate of return, compounded daily, to the Participant's Maximum Account as of the beginning of the day.

Year of Benefit Service

A Participant is credited with a Year of Benefit Service for each Plan Year during which the Participant works at least 1,000 hours with the Firm.

Vesting

Participants are always 100% vested in their Cash Balance Account.

Accrued Benefit

The Participant's Cash Balance Account or its Actuarial Equivalent qualified 50% joint and survivor annuity for married Participants or single life annuity for unmarried Participants, payable as of any determination date.

Actuarial Equivalent

An annuity of equal value to the Cash Balance Account converted by employing an interest rate of 5.1% and post-retirement mortality using the mortality table specified under Code Section 417(e)(3)(B).

Dinsmore & Shohl LLP Cash Balance Plan
EIN / PN 31-0263070 / 004
Schedule SB, Part V - Summary of Plan Provisions

Normal Retirement Age

Age 62.

Normal Retirement Date

The first of the month next following the month a Participant attains age 62.

In-service distributions

Active Participants are eligible to receive a distribution of their benefits upon attainment of age 62.

Payment of retirement benefits

Benefit amount

A lump sum payment equal to the Participant's Cash Balance Account, or its Actuarial Equivalent if payment is in a form other than a lump sum.

Benefit eligibility

Normal retirement benefit

Attainment of Normal Retirement Age.

Terminated vested benefit

Termination of employment after having earned a benefit.

Death benefit

Spouse or other named Beneficiary of an active or terminated vested Participant is eligible upon the Participant's death prior to benefit commencement.

Benefit payment forms

The automatic form is a single life annuity for an unmarried Participant and a qualified 50% joint & survivor annuity for a married Participant.

In lieu of the automatic form of payment, an unmarried Participant may elect a lump sum payment. A married Participant may elect a 75% joint and survivor annuity or, with the proper spousal consent, a single lump sum payment.

Dinsmore & Shohl LLP Cash Balance Plan
 EIN 31-0263070 Plan Number: 004
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2018

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value	(d) Cost	(e) Current value
	ALPHABET INC CAP STK CL C	Common Stock	\$ 8,904	9,320
	AMDOCS LIMITED	Common Stock	7,316	6,678
	AMEREN CORP	Common Stock	8,536	9,197
	AMERICAN ELEC PWR INC	Common Stock	5,762	6,054
	AMERICAN FINL GRP	Common Stock	6,010	5,251
	ANTHEM INC	Common Stock	7,804	10,243
	APPLE INC	Common Stock	12,109	11,988
	AUTOMATIC DATA PROCESSING INC	Common Stock	9,258	8,916
	AUTOZONE INC	Common Stock	12,598	14,252
	BOEING CO	Common Stock	9,524	11,288
	BOOZ ALLEN HAMILTON HLDG CORP	Common Stock	9,330	11,448
	BRISTOL MYERS SQUIBB CO	Common Stock	10,047	9,045
	BRITISH AMERICAN TOBACCO PLC	Common Stock	16,510	8,634
	BROWN & BROWN INC	Common Stock	7,176	7,496
	CDW CORP	Common Stock	4,708	5,755
	CHECK POINT SOFTWARE TECH	Common Stock	6,683	6,262
	CHEVRON CORPORATION	Common Stock	12,234	10,661
	CME GROUP INC	Common Stock	8,187	9,406
	COMCAST CORP CL A	Common Stock	9,844	8,581
	COMERICA INC	Common Stock	3,059	2,129
	COMPASS GROUP PLC SPNSRD ADR	Common Stock	5,557	5,380
	COPART INC	Common Stock	3,268	3,775
	CUBESMART	Common Stock	5,260	4,877
	CVS HEALTH CORPORATION	Common Stock	8,820	7,469
	DECKERS OUTDOOR CORP	Common Stock	2,974	3,711
	DOLLAR GENERAL CORP	Common Stock	11,798	11,889
	EOG RESOURCES INC	Common Stock	5,188	3,837
	EVEREST RE GROUP LTD	Common Stock	7,455	6,968
	F5 NETWORKS INC	Common Stock	3,587	2,917
	FACEBOOK INC	Common Stock	5,167	4,064
	FIDELITY NATIONAL FINANCIAL	Common Stock	14,563	12,670
	FIDELITY NATL INFORMATION	Common Stock	10,955	12,409
	GENPACT LTD	Common Stock	5,640	4,723
	GILEAD SCIENCES INC	Common Stock	14,159	12,072
	HARRIS CORP DEL	Common Stock	7,007	6,329
	HELEN OF TROY LTD	Common Stock	2,857	3,673
	HOME DEPOT INC	Common Stock	9,269	9,450
	INTERCONTINENTAL EXCHANGE, INC	Common Stock	10,588	11,149
	JPMORGAN CHASE & CO	Common Stock	7,648	7,322
	LAMAR ADVERTISING CO NEW	Common Stock	5,794	5,742
	LIBERTY MEDIA CORP DEL	Common Stock	3,552	2,723
	LILLY (ELI) & CO	Common Stock	5,507	7,522
	LYONDELLBASELL INDUSTRIES	Common Stock	7,901	5,738
	MARSH & MCLENNAN COS INC	Common Stock	3,673	3,748
	MASTERCARD INC	Common Stock	5,776	8,112
	MCDONALDS CORP	Common Stock	12,210	13,140
	MERCK & CO INC	Common Stock	11,828	14,900
	MICROSOFT CORP	Common Stock	17,327	22,955
	MID-AMER APT CMNTYS INC	Common Stock	3,309	3,158
	MOTOROLA INC	Common Stock	5,399	7,017
	NEXTERA ENERGY INC	Common Stock	7,695	7,822
	NICE LTD	Common Stock	9,452	12,011

Dinsmore & Shohl LLP Cash Balance Plan
 EIN 31-0263070 Plan Number: 004
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)
 December 31, 2018

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value	(d) Cost	(e) Current value
	OMNICOM GROUP INC	Common Stock	\$ 5,295	4,907
	ORACLE CORPORATION	Common Stock	12,178	11,829
	PARK HOTELS RESORTS INC	Common Stock	7,260	6,183
	PAYCHEX INC	Common Stock	9,951	9,577
	PEPSICO INC	Common Stock	8,752	8,286
	PFIZER INC	Common Stock	9,374	11,480
	PHILIP MORRIS INTL INC	Common Stock	15,865	11,015
	PNC FINANCIAL SERVICES GROUP	Common Stock	7,662	6,664
	PROCTER & GAMBLE CO	Common Stock	6,467	6,526
	PROGRESSIVE CORP OHIO	Common Stock	4,823	4,826
	RAYTHEON CO	Common Stock	14,050	12,575
	RELX PLC	Common Stock	5,284	5,192
	REPUBLIC SVCS INC	Common Stock	10,386	11,318
	ROSS STORES INC	Common Stock	11,235	12,147
	ROYAL DUTCH SHELL PLC CL B	Common Stock	14,792	13,966
	SEALED AIR CORP	Common Stock	7,469	5,783
	STARBUCKS CORP	Common Stock	3,975	4,508
	SUN CMNTYS INC	Common Stock	3,435	4,068
	SYSCO CORP	Common Stock	7,145	6,266
	TEXAS INSTRS INC	Common Stock	12,006	12,002
	TIFFANY & CO	Common Stock	3,456	2,174
	TJX COS INC	Common Stock	9,711	10,603
	TORONTO DOMINION BK ONT	Common Stock	8,810	7,806
	TOTAL SYS SVCS INC	Common Stock	8,603	10,243
	ULTA BEAUTY, INC	Common Stock	5,317	4,652
	UNITEDHEALTH GROUP INC	Common Stock	8,511	10,712
	V.F. CORP	Common Stock	5,292	4,851
	VERISK ANALYTICS INC	Common Stock	5,375	5,561
	VISA INC CL A	Common Stock	8,201	9,104
	WALMART	Common Stock	10,615	10,340
	WATSCO INC	Common Stock	5,166	4,035
		Total Common Stocks	\$ 673,243	671,075
	FEDERATED GOVT OBLIGATION	Money Market Fund	\$ 2,245,411	2,245,411
	AB BD FD INC BD INFLATION STRATEGY CL 1	Mutual Fund	\$ 376,167	360,101
	AB DISCOVERY GROWTH FUND	Mutual Fund	65,142	56,226
	AB GLOBAL BOND FUND	Mutual Fund	560,762	545,540
	AB INTERNATIONAL STRAT EQS ADV	Mutual Fund	271,190	234,833
	ALLIANCE BERNSTEIN ALL MKT REAL RTRN PORT CL 1	Mutual Fund	184,455	162,127
	ALLIANCE BERNSTEIN LIMITED DUR HI INC	Mutual Fund	303,331	288,185
	ALLIANCE BERNSTEIN SMALL CAP VAL FD-AD	Mutual Fund	73,711	57,323
	ALLIANCE BERNSTEIN UNCONSTRAINED BOND	Mutual Fund	298,652	284,549
	BERNSTEIN SANFORD C FD INC EMERG MKTS VAL PORT	Mutual Fund	35,448	27,589
	BERNSTEIN SANFORD C FD INC OVERLAY A PORT CL 1	Mutual Fund	556,646	497,903
	BERNSTEIN SANFORD C FD INC OVERLAY B PORT CL	Mutual Fund	170,253	162,465
	BERNSTEIN SMALL CAP CORE ADVISOR	Mutual Fund	37,265	30,190
		Total Mutual Funds	\$ 2,933,022	2,707,031