# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2018**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
TAFT STETTINIUS & HOLLISTER LLP RETIREMENT PLAN FOR PARTNERS - PLAN 1

**1b** Three-digit plan number (PN) ▶ 012

**1c** Effective date of plan 01/01/2017

**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)
TAFT STETTINIUS & HOLLISTER LLP

425 WALNUT STREET, SUITE 1800
CINCINNATI, OH 45202-3957

**2b** Employer Identification Number (EIN)
31-0541755

**2c** Plan Sponsor's telephone number
513-381-2838

**2d** Business code (see instructions)
541110

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/27/2019 | CHRISTINE BIRCH |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/27/2019 | CHRISTINE BIRCH |
| | **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 |

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

**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** | 134 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 132 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 129 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 3 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 132 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 132 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1C 3H

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | [X] | **R** (Retirement Plan Information) |
| **(2)** | [ ] | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | [X] | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

| | | | |
|---|---|---|---|
| **(1)** | [X] | | **H** (Financial Information) |
| **(2)** | [ ] | | **I** (Financial Information – Small Plan) |
| **(3)** | [ ] | 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_____

# 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
TAFT STETTINIUS & HOLLISTER LLP RETIREMENT PLAN FOR PARTNERS - PLAN 1

**B** Three-digit plan number (PN) ▶ 012

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TAFT STETTINIUS & HOLLISTER LLP

**D** Employer Identification Number (EIN)
31-0541755

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [X] 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** | 12338236 |
| **b** Actuarial value | **2b** | 12338236 |

**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 | 2 | 402058 | 402058 |
| **c** For active participants | 132 | 11031222 | 11031222 |
| **d** Total | 134 | 11433280 | 11433280 |

**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** | 5.12 % |
| **6** Target normal cost | **6** | 5179580 |

**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**

Signature of actuary — Date: 08/07/2019

KARINA LIMSICO, FSA, EA — Type or print name of actuary

17-07028 — Most recent enrollment number

OCTOBER THREE CONSULTING LLC — Firm name

617-209-3955 — 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 [ ]

## 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 0.00 % | 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) | | 900639 |
| | **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 5.39% | | 48544 |
| | **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 | | 949183 |
| | **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 | 107.91% |
| 15 | Adjusted funding target attainment percentage | 15 | 107.91% |
| 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 | 100.00% |
| 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 |
|---|---|---|---|---|---|
| 03/29/2018 | 183458 | 0 | 09/27/2018 | 182675 | 0 |
| 04/30/2018 | 183576 | 0 | 10/30/2018 | 182725 | 0 |
| 05/30/2018 | 182725 | 0 | 11/29/2018 | 182725 | 0 |
| 06/29/2018 | 182675 | 0 | 12/13/2018 | 3594179 | 0 |
| 07/30/2018 | 182675 | 0 | 12/31/2018 | 182724 | 0 |
| 08/31/2018 | 182675 | 0 | | | |
| | | | Totals ► 18(b) | 5422812 | 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 | 5201305 |

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: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 3.92% | 5.52% | 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** | 5179580 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 904956 |

**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** | 4274624 |

| | 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** | 4274624 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 5201305 |

**38** Present value of excess contributions for current year (see instructions)

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 926681 |
| **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

# 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
TAFT STETTINIUS & HOLLISTER LLP RETIREMENT PLAN FOR PARTNERS - PLAN 1

**B** Three-digit plan number (PN) ▶ 012

**C** Plan sponsor's name as shown on line 2a of Form 5500
TAFT STETTINIUS & HOLLISTER LLP

**D** Employer Identification Number (EIN)
31-0541755

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 11973634 | 1307789 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 366916 | 0 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(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) | 0 | 11543368 |
| **(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 | 12340550 | 12851157 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 12340550 | 12851157 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 5422812 | |
| | **(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) | | 5422812 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 7901 | |
| | **(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) | | 7901 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 169602 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 169602 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -327730 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 5272585 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 4761850 | |
| (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) | | 4761850 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 128 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 128 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 4761978 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 510607 |
| 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: KATZ, SAPPER & MILLER LLP **(2)** EIN: 35-1090346

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | X | | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | |
| 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 4149736. (See instructions.)

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**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
TAFT STETTINIUS & HOLLISTER LLP RETIREMENT PLAN FOR PARTNERS - PLAN 1

**B** Three-digit plan number (PN) ▶ 012

**C** Plan sponsor's name as shown on line 2a of Form 5500
TAFT STETTINIUS & HOLLISTER LLP

**D** Employer Identification Number (EIN)
31-0541755

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

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

EIN(s): 27-3169253

**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** 28

## 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)? ..... [X] **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** [X] **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. ..... [X] **Increase** [ ] **Decrease** [ ] **Both** [ ] **No**

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

**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):

# TAFT STETTINIUS & HOLLISTER LLP
# RETIREMENT PLAN FOR PARTNERS – PLAN 1

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

December 31, 2018 and 2017

KSM KATZ SAPPER & MILLER

ksmcpa.com

# TAFT STETTINIUS & HOLLISTER LLP
# RETIREMENT PLAN FOR PARTNERS – PLAN 1

**CONTENTS**


| | Page |
|---|---|
| **FINANCIAL STATEMENTS** | |
| Independent Auditors' Report | 1-2 |
| Statements of Net Assets Available for Benefits – December 31, 2018 and 2017 | 3 |
| Statement of Changes in Net Assets Available for Benefits – Year Ended December 31, 2018 | 4 |
| Statements of Accumulated Plan Benefits – December 31, 2018 and 2017 and Changes in Accumulated Plan Benefits – Year Ended December 31, 2018 | 5 |
| Notes to Financial Statements | 6-10 |
| **SUPPLEMENTAL SCHEDULES** | |
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – December 31, 2018 | 11 |
| Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year) – Year Ended December 31, 2018 | 12 |
| Schedule H, Line 4j – Schedule of Reportable Transactions – Year Ended December 31, 2018 | 13 |

*Independent Auditors' Report*

To the Plan Administrator
Taft Stettinius & Hollister LLP Retirement Plan for Partners – Plan 1

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Taft Stettinius & Hollister LLP Retirement Plan for Partners – Plan 1, which comprise the statement of net assets available for benefits as of December 31, 2018, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, the statement of accumulated plan benefits and related changes in accumulated plan benefits for the year ended December 31, 2018, and the related notes to the financial statements.

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

The Plan's 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 2018 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 on the 2018 financial statements.

***Basis for Disclaimer of Opinion on the 2018 Financial Statements***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Mid Atlantic Trust Company, 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 for the period from February 1, 2018 to December 31, 2018, that the information provided to the Plan Administrator by the Trustee is complete and accurate.



Katz, Sapper & Miller, LLP
Certified Public Accountants

800 East 96th Street, Suite 500
Indianapolis, IN 46240

Tel 317.580.2000
Web ksmcpa.com

An Affiliate of
KSM Business Services, Inc.

***Disclaimer of Opinion on the 2018 Financial Statements***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2018 Financial Statements paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2018 financial statements. Accordingly, we do not express an opinion on the 2018 financial statements.

***Supplemental Schedules***

The supplemental schedule of assets (held at end of year) as of December 31, 2018, and schedules of assets (acquired and disposed of within year) and reportable transactions for the year ended December 31, 2018, are required by the Department of Labor's 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 on the 2018 Financial Statements paragraph, we do not express an opinion on these supplemental schedules.

***2017 Financial Statements***

We have audited the accompanying statements of Taft Stettinius & Hollister LLP Retirement Plan for Partners – Plan 1, which comprise the statement of net assets available for benefits and the statement of accumulated plan benefits as of December 31, 2017, and in our report dated September 18, 2018, we expressed our opinion that such financial statements present fairly, in all material respects, the net assets available for benefits, and the accumulated plan benefits as of December 31, 2017, in accordance with accounting principles generally accepted in the United States of America.

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

The form and content of the information included in the 2018 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.

Katz, Sapper & Miller, LLP

Indianapolis, Indiana
September 24, 2019

# TAFT STETTINIUS & HOLLISTER LLP
# RETIREMENT PLAN FOR PARTNERS – PLAN 1

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
## December 31, 2018 and 2017

| | 2018 | 2017 |
|---|---|---|
| **ASSETS** | | |
| Investments at fair value | $ 11,543,368 | |
| Employer contributions receivable | | $ 366,916 |
| Cash, noninterest-bearing | 1,307,789 | 11,973,634 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 12,851,157 | $ 12,340,550 |

*See accompanying notes.*

# TAFT STETTINIUS & HOLLISTER LLP
# RETIREMENT PLAN FOR PARTNERS – PLAN 1

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
## Year Ended December 31, 2018

| | |
|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO** | |
| Investment Income (Loss): | |
| Net depreciation in fair value of investments | $ (327,730) |
| Interest | 7,901 |
| Dividends | 169,602 |
| Total Investment Income (Loss) | (150,227) |
| Employer contributions | 5,422,812 |
| Total Additions | 5,272,585 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO** | |
| Benefits paid | 4,761,850 |
| Administrative expenses | 128 |
| Total Deductions | 4,761,978 |
| **NET INCREASE** | 510,607 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | |
| Beginning of Year | 12,340,550 |
| End of Year | $ 12,851,157 |

*See accompanying notes.*

# TAFT STETTINIUS & HOLLISTER LLP
# RETIREMENT PLAN FOR PARTNERS – PLAN 1

## STATEMENTS OF ACCUMULATED PLAN BENEFITS AND STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

| | December 31, 2018 | December 31, 2017 |
|---|---|---|
| **ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS** | | |
| Vested benefits: | | |
| Active participants | $ 12,651,128 | $ 11,973,634 |
| Other participants | 350,483 | |
| Balance at End of Year | $ 13,001,611 | $ 11,973,634 |

| | Year Ended December 31, 2018 |
|---|---|
| **CHANGES IN ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS** | |
| Balance at Beginning of Year | $ 11,973,634 |
| Change during the year attributed to: | |
| Benefits accumulated | 5,789,612 |
| Benefits paid | (4,761,850) |
| Interest | 215 |
| Net Increase | 1,027,977 |
| Balance at End of Year | $ 13,001,611 |

*See accompanying notes.*

# TAFT STETTINIUS & HOLLISTER LLP
# RETIREMENT PLAN FOR PARTNERS – PLAN 1

## NOTES TO FINANCIAL STATEMENTS
## December 31, 2018 and 2017

### NOTE 1 - DESCRIPTION OF PLAN

The following description of Taft Stettinius & Hollister LLP Retirement Plan for Partners – Plan 1 (the Plan) provides only general information. Participants should refer to the Plan Instrument for a more complete description of the Plan's provisions.

***General:*** The Plan was organized effective January 1, 2017, as a defined benefit cash balance pension plan covering all eligible equity partners of Taft Stettinius & Hollister LLP (the Firm and Employer) as of December 31, 2017 who had a profit allocation percentage as of the first day of the Plan year that was greater than 0.10% and had at least one year of service and were age 21 or older. The profit allocation percentage became 0.05% as of January 1, 2018. The cash balance credit became 1/12$^{th}$ of the annual cash balance credit if the participant was an equity partner on the last day of each month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Firm's Executive Committee is responsible for oversight of the Plan. The Retirement Plan Investment Committee determines the appropriateness of the Plan's investments, monitors investment performance and reports to the Firm's Executive Committee.

***Cash Balance Accounts:*** The Plan provides for cash balance credits and earnings credits to hypothetical (notional) cash balance accounts. Participants are not permitted to make contributions to the Plan.

The cash balance credits are based on projected distributable net income of the Employer for the year, as approved by the equity partners. For 2017, the cash balance credits were credited in December 2017. Beginning in 2018, the cash balance credits are credited each month if the participant is an equity partner on the last day of the month.

Earnings credits are credited daily based upon the actual rate of return earned by the Plan's assets but cannot exceed 6% on an annualized basis.

***Funding Policy:*** The Plan's funding policy is for the Employer to contribute amounts which will meet or exceed the annual ERISA minimum funding requirement. The Plan exceeded the ERISA minimum funding requirements for the Plan years ending December 31, 2018 and 2017.

***Vesting:*** Participants are fully vested in their cash balance accounts.

***Benefits:*** A participant's accrued benefit is the amount of his/her cash balance account consisting of accumulated cash balance credits and earnings credits. Upon termination of employment, death, disability, or retirement, a participant is eligible to receive his/her accumulated cash balance account. The automatic form of payment is a single life annuity for an unmarried participant or a 50% (or optional 75%) joint and survivor annuity for a married participant. The participant may also elect a single lump sum form of payment.

If Plan assets are not at least 80% of Plan liabilities, certain restrictions will apply to lump sum distributions. Furthermore, if such percentage is not at least 110%, additional restrictions may be applied to the top 25 paid individuals of the firm who are participants in the Plan.

In-service withdrawals of the entire cash balance account are permitted for participants who remain employed after age 62. In-service withdrawals are permitted once each year in April. Cash balance credits and earnings credits will continue to accrue after in-service distributions. The Plan also provides for a death benefit to the surviving spouse or beneficiary designated by the participant.

## NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

***Plan Termination:*** Although it has not expressed any intent to do so, the Employer has the right under the Plan to amend, modify, suspend, freeze, or terminate the Plan in whole or in part at any time subject to the provisions of ERISA. In the event of Plan termination, the Employer will direct the distribution of participant cash balance accounts in a manner permitted by the Plan as soon as practicable.

Certain benefits under the Plan are insured by the Pension Benefit Guarantee Corporation (PBGC) if the Plan terminates without sufficient funds to pay all benefits. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. For further information, refer to the Plan Instrument available from the Plan Administrator.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

***Basis of Accounting:*** The financial statements of the Plan are prepared on the accrual basis of accounting.

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

***Investment Valuation and Income Recognition:*** The Plan's 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 Retirement Plan Investment Committee determines the Plan's valuation policies utilizing information provided by the Plan's investment manager and trustee. See Note 4 for discussion of fair value measurements.

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

***Payment of Benefits:*** Benefits are recorded when paid.

***Expenses:*** Administrative expenses for maintaining the Plan may be paid by the Employer or the Plan, at the Employer's discretion. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

***Tax Status:*** On August 31, 2018, the Employer submitted an application to the Internal Revenue Service (IRS) for a determination letter as to its initial tax qualification status. The IRS has determined and informed the Employer by a letter dated April 25, 2019, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since the application for the determination letter. However, the Plan Administrator believes the Plan is designed and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other taxing authorities.

The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in process. The Plan is subject to income tax examinations for all periods since its inception.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

***Subsequent Events:*** The Plan Administrator has evaluated the financial statements for subsequent events occurring through September 24, 2019, the date the financial statements were available to be issued. See above and Note 11.

## NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which 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 payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

The Plan's independent actuary determines the actuarial present value of accumulated plan benefits by applying actuarial assumptions to adjust the accumulated 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. It is at least reasonably possible that the actuarial assumptions used to calculate accumulated plan benefits will change in the near term, and the effect of such change could be significant.

The actuarial method and significant assumptions used in the December 31, 2018 and 2017 valuations are as follows:

| | |
|---|---|
| Actuarial method: | Standard unit credit cost method |
| Interest rate: | Segment rates in the month containing the valuation date |
| Mortality rates: | IRS 2017 Static Mortality Table (2017)<br>IRS 2018 Static Mortality Table (2018) |
| Normal retirement age: | 100% at age 62 |
| Disability: | None |
| Withdrawal rate: | None |
| Form of payment: | 100% assumed to elect lump sum payment |
| Expenses: | $0 |

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

## NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan has categorized its assets and liabilities that are measured at fair value into a three-level fair value hierarchy. The hierarchy 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 asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The 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.

**NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)**

***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; and 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. In situations where there is little or no market activity for the asset or liability, the Plan makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

Following is a description of the valuation methodology used by the Plan for assets that are measured at fair value on a recurring basis.

***Registered Investment Companies:*** Valued at the daily closing price as reported by the funds. These funds are required to publish their daily net asset value (NAV) and to transact at that price. These funds held by the Plan are deemed to be actively traded.

Following is a summary, within each level of the fair value hierarchy, of the Plan's assets that are measured at fair value on a recurring basis as of December 31, 2018:

| 2018 | Level 1 | Total |
|---|---|---|
| Registered investment companies | $11,543,368 | $11,543,368 |
| Total Investment at Fair Value | $11,543,368 | $11,543,368 |

The Plan had no investments as of December 31, 2017.

**NOTE 5 - INVESTMENT INFORMATION CERTIFIED BY TRUSTEE**

All investment information disclosed in the accompanying financial statements, related notes, and supplemental schedules has not been audited, but was obtained or derived from information provided to the Plan Administrator by the Plan's trustee. The following is a summary of the Plan's investment information that has been prepared and certified as complete and accurate as of December 31, 2018, and for the period from February 1, 2018 to December 31, 2018, by Mid Atlantic Trust Company, the Trustee, in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

| | 2018 |
|---|---|
| Investments at Fair Value: | |
| Registered investment companies | $11,543,368 |
| Total Investments held by Trustee | $11,543,368 |

| | 2018 |
|---|---|
| Net depreciation in fair value of investments | $(327,730) |
| Dividends | $ 169,602 |

**NOTE 6 - INVESTMENT**

In January 2018, the Plan's cash was invested in a money market fund. The Plan entered into a directed trust agreement with Mid Atlantic Trust Company (MATC) on January 16, 2018, to provide trust services to the Plan. The money market fund was liquidated and transferred to MATC under the directed trust agreement and subsequently invested into various equity, fixed income, international, and balanced registered investment company shares (mutual funds). See Note 5.

During the year ended December 31, 2018, the Plan's investment in the money market fund earned $7,901 in interest income.

**NOTE 7 - PLAN AMENDMENTS**

Effective January 1, 2018, the Plan Instrument was amended to update the Plan's definition of eligible employee by adjusting the required profit allocation percentage from equal to or less than 0.10% to 0.05% and to include individuals who continue to provide services to the Firm that ceased to be a partner of the Firm, including an equity partner, as a result of the Firm's mandatory retirement age.

Effective October 1, 2018, the Plan Instrument was amended to define the cash balance credit for newly eligible participants.

Effective December 14, 2018, the Plan Instrument was amended to include an additional 2018 Plan year cash balance credit for each participant who remained an eligible employee as of December 14, 2018, subject to certain limitations; and, effective only for the 2018 Plan year.

**NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The Employer provides certain accounting, administrative, and investment management services to the Plan for which it receives no compensation.

**NOTE 9 - RISK AND UNCERTAINTIES**

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

**NOTE 10 - FUNDING STATUS**

The Plan was deemed to be not in at-risk status by the Plan's independent actuary for the 2018 Plan year based on the Plan's funded percentage of 107.91%. Therefore, no benefit restrictions were required.

**NOTE 11 - SUBSEQUENT EVENT**

The Employer adopted an amendment to the Plan Instrument on May 1, 2019, with an effective date of January 1, 2017, as a pre-condition of the issuance of the Plan's favorable determination letter from the IRS to conform certain provisions therein with the Cash Balance Supplement to the Defined Benefit Listing of Required Modifications and Information Package (published June 2015) and Section 402(c)(11) of the IRC.

# SUPPLEMENTAL SCHEDULES

Taft Stettinius & Hollister LLP Retirement Plan For Partners - Plan 1
EIN / PN 31-0541755 / 012
Schedule SB, Line 26 - Schedule of Active Participant Data

| Attained age | Completed years of credited service as of January 1, 2018 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | Total |
| Under 25 | - | - | - | - | - | - | - | - | - | - |
| 25 to 29 | - | - | - | - | - | - | - | - | - | - |
| 30 to 34 | - | - | - | - | - | - | - | - | - | - |
| 35 to 39 | - | 2 | - | - | - | - | - | - | - | 2 |
| 40 to 44 | - | 11 | - | - | - | - | - | - | - | 11 |
| 45 to 49 | - | 17 | - | - | - | - | - | - | - | 17 |
| 50 to 54 | - | 24 | - | - | - | - | - | - | - | 24 |
| 55 to 59 | 1 | 30 | - | - | - | - | - | - | - | 31 |
| 60 to 64 | - | 23 | - | - | - | - | - | - | - | 23 |
| 65 to 69 | - | 17 | - | - | - | - | - | - | - | 17 |
| 70 & over | 1 | 6 | - | - | - | - | - | - | - | 7 |
| Total | 2 | 130 | - | - | - | - | - | - | - | 132 |

Taft Stettinius & Hollister LLP Retirement Plan For Partners - Plan 1
EIN / PN 31-0541755 / 012
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
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): | 5.12% |
| First segment rate (years 0 to 4), without stabilization: | 1.81% |
| Second segment rate (years 5 to 19), without stabilization: | 3.68% |
| Third segment rate (years 20 and after), without stabilization: | 4.53% |
| Effective interest rate, without stabilization (current year): | 3.26% |
| PBGC first segment rate (years 0 to 4): | 2.33% |
| PBGC second segment rate (years 5 to 19): | 3.55% |
| PBGC third segment rate (years 20 and after): | 4.11% |
| Interest crediting rate: | 3.75% |

*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.*

## Demographic Assumptions

### Weighted average retirement age

100% of employees are assumed to retire at age 62, but no earlier than one year from the valuation date. The weighted average retirement age is calculated with equal weighting for all participants; i.e. simple average. The weighted average retirement age is 62.

## Actuarial Assumptions and Methods

### 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
Assumed expenses are $0 for 2018, based on actual historical plan experience. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-administrative expense.

### Changes from Prior Year and Rationale for Changes
None.

Taft Stettinius & Hollister LLP Retirement Plan For Partners - Plan 1
EIN / PN 31-0541755 / 012
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
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.

## Changes in Method from Prior Year and Rationale for Changes

None.

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2018**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**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
TAFT STETTINIUS & HOLLISTER LLP RETIREMENT PLAN FOR PARTNERS - PLAN 1

**1b** Three-digit plan number (PN) ▶ 012

**1c** Effective date of plan 01/01/2017

**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)

TAFT STETTINIUS & HOLLISTER LLP

425 WALNUT STREET, SUITE 1800

CINCINNATI OH 45202-3957

**2b** Employer Identification Number (EIN) 31-0541755

**2c** Plan Sponsor's telephone number 513-381-2838

**2d** Business code (see instructions) 541110

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | [signature] | 9/27/19 | CHRISTINE BIRCH |
| | **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 |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **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:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 134 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 132 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 129 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 3 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 132 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 132 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1C 3H

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| (1) | [ ] Insurance | (1) | [ ] Insurance |
| (2) | [ ] Code section 412(e)(3) insurance contracts | (2) | [ ] Code section 412(e)(3) insurance contracts |
| (3) | [X] Trust | (3) | [X] Trust |
| (4) | [ ] General assets of the sponsor | (4) | [ ] General assets of the sponsor |

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

**a Pension Schedules**

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [ ] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

9/27/19

**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_____

Chen 9/27/19

**TAFT STETTINIUS & HOLLISTER LLP**
**RETIREMENT PLAN FOR PARTNERS – PLAN 1**

**EIN 31-0541755 PN 012**

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**
**Year Ended December 31, 2018**

| (a) | (b) | (c) | (d) | (g) | (h) | (i) |
|---|---|---|---|---|---|---|
| **Identity of Party Involved and Description of Asset** | **Description of Transaction** | **Purchase Price** | **Selling Price** | **Cost** | **Current Value on Transaction Date** | **Net Gain or (Loss)** |
| **CATEGORY (i)-SINGLE TRANSACTIONS IN EXCESS OF 5%** | | | | | | |
| Carillon Reams Core Plus Bond Fund I | Purchase | $ 1,335,800 | | $ 1,335,800 | $1,335,800 | |
| Dodge & Cox Income Fund | Purchase | 1,139,600 | | 1,139,600 | 1,139,600 | |
| IVA Worldwide Fund I | Purchase | 732,700 | | 732,700 | 732,700 | |
| IVA Worldwide Fund I | Purchase | 712,700 | | 712,700 | 712,700 | |
| PIMCO Low Duration Fund Institutional | Purchase | 712,300 | | 712,300 | 712,300 | |
| Vanguard Inflation-Protected Securities Fund Admiral | Purchase | 690,600 | | 690,600 | 690,600 | |
| Invesco Government & Agency Reserve Fund | Purchase | 11,973,634 | | 11,973,634 | 11,973,634 | |
| Invesco Government & Agency Reserve Fund | Sale | | $12,164,841 | 12,461,844 | 12,164,844 | $ - |
| **CATEGORY (iii)-SERIES OF TRANSACTIONS IN EXCESS OF 5%** | | | | | | |
| Carillon Reams Core Plus Bond Fund I | Purchases (5) | 1,971,600 | | 1,971,600 | 1,971,600 | |
| Dodge & Cox Income Fund | Purchases (7) | 1,979,600 | | 1,979,600 | 1,979,600 | |
| IVA Worldwide Fund I | Purchases (12) | 2,542,800 | | 2,542,800 | 2,542,800 | |
| PIMCO Low Duration Fund Institutional | Purchases (5) | 1,067,600 | | 1,067,600 | 1,067,600 | |
| Vanguard Inflation-Protected Securities Fund Admiral | Purchases (6) | 1,993,700 | | 1,993,700 | 1,993,700 | |
| Vanguard Short-Term Bond Index Fund Admiral | Purchases (6) | 905,000 | | 905,000 | 905,000 | |
| Vanguard Total Stock Market Index Fund Admiral | Purchases (12) | 780,500 | | 780,500 | 780,500 | |
| Invesco Government & Agency Reserve Fund | Purchases (4) | 12,348,452 | | 12,348,452 | 12,348,452 | |
| Invesco Government & Agency Reserve Fund | Sales (2) | | 12,348,452 | 12,348,452 | 12,348,452 | - |

# 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
Taft Stettinius & Hollister LLP Retirement Plan for Partners - Plan 1

**B** Three-digit plan number (PN) ▶ 012

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Taft Stettinius & Hollister LLP

**D** Employer Identification Number (EIN)
31-0541755

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [X] 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 | | 12,338,236 |
| | b Actuarial value | 2b | | 12,338,236 |
| 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 | | 2 | 402,058 | 402,058 |
| | c For active participants | | 132 | 11,031,222 | 11,031,222 |
| | d Total | | 134 | 11,433,280 | 11,433,280 |
| 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 | | 5.12% |
| 6 | Target normal cost | 6 | | 5,179,580 |

**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 Limsico KL — Signature of actuary

8/7/2019 — Date

Karina Limsico, FSA, EA — Type or print name of actuary

1707028 — Most recent enrollment number

October Three Consulting LLC — Firm name

617-209-3955 — 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 [ ]

## 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 0.00% | 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) | | 900,639 |
| 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 5.39% | | 48,544 |
| 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 | | 949,183 |
| 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 | 107.91% |
| 15 Adjusted funding target attainment percentage | 15 | 107.91% |
| 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 | 100.00% |
| 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 |
|---|---|---|---|---|---|
| 03/29/2018 | 183,458 | 0 | | | |
| 04/30/2018 | 183,576 | 0 | | | |
| 05/30/2018 | 182,725 | 0 | | | |
| 06/29/2018 | 182,675 | 0 | | | |
| 07/30/2018 | 182,675 | 0 | | | |
| 08/31/2018 | 182,675 | 0 | | | |
| 09/27/2018 | 182,675 | 0 | | | |
| 10/30/2018 | 182,725 | 0 | | | |
| 11/29/2018 | 182,725 | 0 | | | |
| 12/13/2018 | 3,594,179 | 0 | | | |
| 12/31/2018 | 182,724 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 5,422,812 | 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 | 5,201,305 |

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:

| | 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|---|
| **a** Segment rates: | 3.92 % | 5.52 % | 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** | 5,179,580 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 904,956 |

**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** | 4,274,624 |

| | 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** | 4,274,624 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 5,201,305 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 926,681 |
| **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

Taft Stettinius & Hollister LLP Retirement Plan For Partners - Plan 1
EIN / PN 31-0541755 / 012
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Description of weighted average retirement age
100% of employees are assumed to retire at age 62, but no earlier than one year from the valuation date. The weighted average retirement age is calculated with equal weighting for all participants; i.e. simple average. The weighted average retirement age is 62.

| Assumed retirement age | Percent assumed to retire |
|---|---|
| 55 | 0% |
| 56 | 0% |
| 57 | 0% |
| 58 | 0% |
| 59 | 0% |
| 60 | 0% |
| 61 | 0% |
| 62+ | 100% |

Taft Stettinius & Hollister LLP Retirement Plan For Partners - Plan 1
EIN / PN 31-0541755 / 012
Schedule R, Line 4 – Statement of Election

The fourth amendment to the Taft Stettinius & Hollister LLP Retirement Plan For Partners - Plan 1 (the "Plan") was reflected in the January 1, 2018 actuarial valuation. The date of the close of the plan year to which the amendment applies is December 31, 2018 and the amendment to the Plan was adopted December 12, 2018. The amendment does not reduce the accrued benefit of any participant determined as of the beginning of the plan year preceding the plan year in which the amendment is adopted. The amendment does not reduce the accrued benefit of any participant determined as of the time of adoption of such amendment.

Taft Stettinius & Hollister LLP Retirement Plan For Partners - Plan 1
EIN / PN 31-0541755 / 012
Schedule SB, Part V- Summary of Plan Provisions
Plan Provisions

## Effective Date
January 1, 2017. The Plan was last amended effective December 14, 2018.

## Plan year
January 1 to December 31.

## Eligibility
An Eligible Employee who is actively providing service for the Firm on December 31, 2017 and has already passed the first anniversary of his or her employment date shall become a participant as of the Effective Date. Thereafter, an Eligible Employee shall become a participant following the later of (i) the first Entry Date coincident with or next following the attainment of age 21 and the first anniversary of his or her employment date, or (ii) the date the employee becomes a member of the class of Eligible Employees.

## Entry Date
Each January 1, April 1, July 1, and October 1.

## Eligible Employee
An Equity Partner of the Firm who has a Profit Allocation Percentage as of the first day of the year that is greater than 0.05% (0.10% in 2017).

## Year of Benefit Service
The completion of 12 months of service during a given Plan Year.

## Years of Service
The consecutive twelve calendar month period in which an employee is credited with 1,000 hours of service.

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

## Basic Cash Balance Account
The sum of Cash Balance Credits and Basic Earnings Credits.

## Maximum Cash Balance Account
The sum of Cash Balance Credits and Maximum Earnings Credits.

## Accrued Benefit
A participant's Cash Balance Account or its Actuarial Equivalent single life annuity payable monthly at any benefit commencement date. The Accrued Benefit shall include all Earnings Credits up to the benefit commencement date and shall be greater than or equal to any similarly situated younger participant.

## Cash Balance Account
A participant's Cash Balance Account shall be equal to the lesser of the participant's Basic Cash Balance Account and Maximum Cash Balance Account. For a distribution other than an in-service distribution, the Cash Balance Account shall not be less than the sum of Cash Balance Credits.

## Actuarial Equivalent

For converting the Accrued Benefit to any annuitized form of payment, 5% interest and post-retirement mortality using the table set forth in Code Section 417(e)(3)(B).

## Cash Balance Credits

(a) Effective for Plan Years beginning on and after January 1, 2018, 1/12th (one-twelfth) of a Participant's annual Cash Balance Credit shall be credited on the last day of each calendar month to the Cash Balance Account of each Participant who remains an Eligible Employee as of the last day of the applicable month. The annual Cash Balance Credit shall be determined in accordance with subsections (b) through ( e) below, but in no event shall the Annual Cash Balance Credit be (1) less than $600, or (2) greater than the maximum Cash Balance Credit amount.

(b) Except as otherwise provided in subsections ( c) through ( e) below, the annual Cash Balance Credit is an amount equal to $800 multiplied by the Participant's Partner Points for the applicable Plan Year in excess of 30.

(c) The annual Cash Balance Credit for a Plan Year for any person listed on Schedule A shall be an amount equal to 50% of the Cash Balance Credit determined in accordance with subsection (b) above.

(d) The annual Cash Balance Credit for a Plan Year for any person listed on Schedule B shall be an amount equal to 150% of the Cash Balance Credit determined in accordance with subsection (b) above.

(e) The annual Cash Balance Credit for a Plan Year for any person listed on Schedule C shall be an amount equal to $600.

(f) The maximum annual Cash Balance Credit for any Participant for any Plan Year beginning on or after January 1, 2018 shall be equal to 50% of the amount listed for the Participant in Schedule D, and if a Participant is not listed in Schedule D, then the maximum annual Cash Balance Credit for such Participant for a Plan Year shall be equal to 50% of the amount listed in Schedule E based on the whole age of such Participant as of December 31 of the applicable Plan Year.

(g) A Participant's Cash Balance Credit in any given Plan Year shall be limited to an amount such that the Participant's Cash Balance Account shall not produce an Accrued Benefit that exceeds the maximum overall benefit permitted, taking into consideration all Cash Balance Credits and Earnings Credits accrued through the Plan Year.

(h) Effective only for the 2017 Plan Year, a Cash Balance Credit shall be credited on December 31, 2017 to the Cash Balance Account of each Participant who has completed a Year of Benefit Service during 2017 in the amount listed for the Participant in Schedule F, subject to the lesser of the limitation in subsection (g) or the maximum annual Cash Balance Credit listed on Schedule G, but in no event shall a Participant's annual Cash Balance Credit for the 2017 Plan Year be less than $1,000.

(i) For the 2018 Plan Year, the additional Cash Balance Credit for a Participant who remains an Eligible Employee as of December 14, 2018 shall be the amount as listed in Schedule H.

### Basic Earnings Credits
The Basic Earnings Credit shall be determined by applying the Rate of Return to the Basic Cash Balance Account as of the beginning of the day.

### Rate of Return
For any day, the (i) change in net asset value divided by (ii) the adjusted assets, where:

(i) The change in net asset value is the market value of assets at the end of the day, reduced by the market value of assets at the end of the prior day and the contributions made to the fund during the day, and increased by the benefit payments made from the fund during the day.

(ii) The adjusted assets is the market value of assets in the fund at the end of the prior day reduced by any benefit payments made from the fund during the day.

### Maximum Earnings Credits
The Maximum Earnings Credit shall be the amount determined by applying a 6.00% annual rate of return to the Maximum Cash Balance Account as of the beginning of the day.

### Partner Points
The Partner's designated ownership points as of the first day of the Plan Year. For this purpose, Partner Points for any Partner shall be equal to a Partner's profit allocation percentage, multiplied by projected net income for the Plan Year as set forth on the Participation & Bonus Schedule, divided by 10,000.

### Normal Retirement Date
The first day of the calendar month next following the month in which a participant attains age 62.

### Payment Form
The automatic form of payment is a single life annuity for an unmarried participant or a 50% joint and survivor annuity (or an optional 75% joint and survivor annuity) for a married participant. In lieu of the automatic form a participant may elect a single lump sum payment.

### Pre-retirement Death Benefit
The Cash Balance Account, or its Actuarial Equivalent payable as a monthly annuity.

**TAFT STETTINIUS & HOLLISTER LLP**
**RETIREMENT PLAN FOR PARTNERS – PLAN 1**

**EIN 31-0541755 PN 012**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**December 31, 2018**

| (a) | (b) and (c) Identity of Issue / Description of Investment | Number of Shares | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| **INVESTMENT AT FAIR VALUE:** | | | | |
| **REGISTERED INVESTMENT COMPANIES** | | | | |
| | Carillon Reams Core Plus Bond Fund I | 64,378 | $ 1,971,600 | $2,013,745 |
| | Dodge & Cox Income Fund | 150,380 | 1,979,600 | 1,994,044 |
| | IVA Worldwide Fund I | 151,426 | 2,542,800 | 2,412,212 |
| | Oakmark International Fund Investor | 19,154 | 461,880 | 391,891 |
| | PIMCO Low Duration Fund Institutional | 110,871 | 1,067,600 | 1,075,447 |
| | Vanguard Inflation-Protected Securities Fund Admiral | 81,551 | 1,993,700 | 1,996,379 |
| | Vanguard Short-Term Bond Index Fund Admiral | 89,229 | 905,000 | 919,946 |
| | Vanguard Total Stock Market Index Fund Admiral | 11,913 | 780,500 | 739,704 |
| **TOTAL** | | | | $11,543,368 |

**TAFT STETTINIUS & HOLLISTER LLP**
**RETIREMENT PLAN FOR PARTNERS – PLAN 1**

**EIN 31-0541755 PN 012**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)**
**Year Ended December 31, 2018**

| (a) | (b) | (c) | (d) |
|---|---|---|---|
| **Identity of Issue, Borrower, Lessor, or Similar Party** | **Description of Investment** | **Cost of Acquisitions** | **Proceeds of Dispositions** |
| Invesco Government & Agency Reserve Fund | Money Market Fund | $ 12,348,452 | $ 12,348,452 |