

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>
A This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ a single-employer plan </div> <div> ☐ a DFE (specify) ____ </div> </div>	
B This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report </div> <div> ☐ the final return/report </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ an amended return/report </div> <div> ☐ a short plan year return/report (less than 12 months) </div> </div>	
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ special extension (enter description) </div> </div>	

Part II	Basic Plan Information—enter all requested information		
1a Name of plan <u>MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN</u>		1b Three-digit plan number (PN) ▶	<u>002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MANLEY, DEAS & KOCHALSKI, LLC</u> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>1555 LAKE SHORE DRIVE</u> <u>COLUMBUS, OH 43204</u> </div> <div style="width: 45%;"> <u>1555 LAKE SHORE DRIVE</u> <u>COLUMBUS, OH 43204</u> </div> </div>		1c Effective date of plan <u>01/01/2008</u>	
		2b Employer Identification Number (EIN) <u>13-4225050</u>	
		2c Plan Sponsor's telephone number <u>614-220-5611</u>	
		2d Business code (see instructions) <u>541110</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2019	D. BRIAN MEADORS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 306
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 187 6a(2) 154 6b 0 6c 67 6d 221 6e 0 6f 221 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1C 1D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **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
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MANLEY, DEAS & KOCHALSKI, LLC</u>	D Employer Identification Number (EIN) <u>13-4225050</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500
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Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	<u>3965118</u>	
b Actuarial value	2b	<u>3965118</u>	
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	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>119</u>	<u>141997</u>	<u>141997</u>
c For active participants	<u>187</u>	<u>3771075</u>	<u>3868217</u>
d Total	<u>306</u>	<u>3913072</u>	<u>4010214</u>
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	<u>5.63 %</u>	
6 Target normal cost	6	<u>395039</u>	

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		<u>10/11/2019</u>
Signature of actuary		Date
<u>DONALD BUNGENSTOCK, E.A., M.A.A.A.</u>		<u>17-05702</u>
Type or print name of actuary		Most recent enrollment number
<u>LATITUDE RETIREMENT</u>		<u>574-936-6200</u>
Firm name		Telephone number (including area code)
<u>1500 NORTH OAK DRIVE PLYMOUTH, IN 46563</u>		
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	6604
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	6604
10 Interest on line 9 using prior year's actual return of <u>5.39</u> %	0	356
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		86963
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.75</u> %		5000
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		91963
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	6960

Part III Funding Percentages

14 Funding target attainment percentage	14	98.70%
15 Adjusted funding target attainment percentage	15	98.70%
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	96.69%
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
09/05/2018	25000		11/28/2018	25000	
09/20/2018	25000		12/10/2018	25000	
10/01/2018	25000		01/11/2019	25000	
10/16/2018	25000		02/04/2019	25000	
11/02/2018	25000		03/13/2019	25000	
11/13/2018	25000		04/01/2019	25000	
Totals ▶			18(b)	500000	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	467054

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 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)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
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 _____ %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14 Funding target attainment percentage	14	%
15 Adjusted funding target attainment percentage	15	%
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	%
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

(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
05/01/2019	25000		08/06/2019	25000	
05/24/2019	25000		08/19/2019	20000	
06/07/2019	25000				
06/27/2019	25000				
07/09/2019	25000				
07/22/2019	30000				
Totals ▶			18(b)		18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:

1st segment:

3.92%

2nd segment:

5.52%

3rd segment:

6.29%

☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

3

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**

395039

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

52056

10642

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**

405681

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**

405681

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

467054

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

61373

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected☐ 2 plus 7 years☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made☐ 2008☐ 2009☐ 2010☐ 2011

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

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MANLEY, DEAS & KOCHALSKI, LLC	D Employer Identification Number (EIN) 13-4225050

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

FIRST MERCHANTS BANK N.A.

35-6412246

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	21107	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <u>01/01/2018</u> and ending <u>12/31/2018</u>		
A Name of plan <u>MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MANLEY, DEAS & KOCHALSKI, LLC</u>	D Employer Identification Number (EIN) <u>13-4225050</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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 Total noninterest-bearing cash	1a		0	0
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions.....	1b(1)		400000	300000
(2) Participant contributions	1b(2)			
(3) Other.....	1b(3)		13826	18177
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		52813	50133
(2) U.S. Government securities	1c(2)		327468	360438
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other.....	1c(3)(B)		2088172	2398821
(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)		1090982	1166406
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)			
(15) Other	1c(15)			

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3973261	4293975

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3973261	4293975
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	500000	
(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)		500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	71089	
(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)		71089
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	30485	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		30485
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	-4693	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-173931	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-173931

		(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		422950

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	81129	
(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)		81129
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)	21107	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		21107
j Total expenses. Add all expense amounts in column (b) and enter total	2j		102236

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		320714
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: JOHN GERLACH & COMPANY, LLP

(2) EIN: 31-4419361

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
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 4183727. (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.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MANLEY, DEAS & KOCHALSKI, LLC</u>	D Employer Identification Number (EIN) <u>13-4225050</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
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): _____ 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	<u>48</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**MANLEY DEAS & KOCHALSKI, LLC
CASH BALANCE PLAN**

FINANCIAL STATEMENTS

**For the Years Ended
December 31, 2018 and 2017**

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

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To the Board of Trustees of
Manley Deas & Kochalski, LLC Cash Balance Plan

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Manley Deas & Kochalski, LLC Cash Balance Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2017, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified or provided by First Merchants Trust Company, the trustee of the Plan, except for comparing this 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 assets and executes transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2018 and 2017, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter - Supplemental Schedules

The supplemental schedules, Assets Held for Investment Purposes as of December 31, 2018 and 2017, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis but are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided 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.

A handwritten signature in black ink that reads "John Gerlach & Company LLP". The signature is written in a cursive, flowing style.

Columbus, Ohio
October 7, 2019

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
ASSETS		
Cash	\$ 1,573	\$ 1,348
Investments at fair value:		
Money market funds	48,561	51,465
Certificates of deposit	-	74,969
US government notes	360,438	327,468
Bond Funds	245,349	218,086
ETFs	543,244	645,151
Mutual funds	623,161	445,830
Corporate bonds and notes	2,153,472	1,795,118
Total Investments	<u>3,974,225</u>	<u>3,558,087</u>
Receivables:		
Employer contribution	300,000	400,000
Accrued interest and dividends	18,177	13,826
Total Receivables	<u>318,177</u>	<u>413,826</u>
Total Assets	<u>4,293,975</u>	<u>3,973,261</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,293,975</u>	<u>\$ 3,973,261</u>

See Notes to Financial Statements

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Investment Income:		
Interest and dividends	\$ 101,574	\$ 69,876
Net appreciation (depreciation) in fair value of	(178,624)	132,167
Employer's contribution	500,000	545,000
Total Additions	<u>422,950</u>	<u>747,043</u>
Benefits paid to participants	81,129	-
Administrative expenses	21,107	18,602
Total Deductions	<u>102,236</u>	<u>18,602</u>
Net Increase (Decrease)	<u>320,714</u>	<u>728,441</u>
Net Assets Available for Plan Benefits		
Beginning of Year	3,973,261	3,244,820
End of Year	\$ <u><u>4,293,975</u></u>	\$ <u><u>3,973,261</u></u>

See Notes to Financial Statements

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

As of December 31, 2017

	<u>2017</u>
Actuarial Present Value of Accumulated Plan Benefits:	
Vested Benefits:	
Participants currently receiving payments	\$ -
Other participants	4,088,988
Nonvested benefits	182,923
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 4,271,911</u>

See Notes to Financial Statements

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the Year Ended December 31, 2017

	<u>2017</u>
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ <u>3,642,419</u>
Increase (Decrease) During the Year Attributable to:	
Benefits accumulated	515,256
Increase for interest	178,888
Benefits paid	-
Change in actuarial assumptions	-
Actuarial (gains) and losses	<u>(64,652)</u>
Net Increase	629,492
Actuarial Present Value of Accumulated Plan Benefits at End of Year	\$ <u><u>4,271,911</u></u>

See Notes to Financial Statements

MANLEY DEAS & KOCHALSKI, LLC
CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2018

Note 1 - DESCRIPTION OF PLAN:

The following brief description of the Manley Deas & Kochalski, LLC Cash Balance Plan (Plan) is provided for general informational purposes only. Participants should refer to the Plan agreement for more complete information.

General - The Plan is a non-contributory, defined benefit pension plan established effective January 1, 2008. The Plan covers certain eligible employees based upon job title of Manley Deas & Kochalski, LLC and affiliated companies (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits - Subject to the provisions of the Plan, effective January 1, 2008, a participant earns the right to receive a pension benefit when one of the following thresholds is met:

- Participants are 100% vested after the completion of 3 years of service;
- Participants are eligible to start receiving payments after reaching the later of normal retirement age (62) and 3 years of participation in the Plan, while in covered employment.

Aggregate period of service includes all periods of service completed by the participant whether or not such periods of service were completed consecutively. The years of service must occur without a 5 year break in service.

If a participant terminates employment with the Company before rendering three years of service, they forfeit their right to receive the non-vested portion of their accumulated plan benefits.

Depending on circumstances described under the Plan, benefits can be paid in the form of a single lump-sum payment, life annuity, or a qualified joint and survivor annuity.

Under the Plan, upon termination of employment with the Company, a participant can withdraw their vested account balance in the Plan, roll it over into an individual retirement account or other tax qualified retirement plan, or maintain their account balance in the Plan and continue to earn interest in accordance with the terms of the plan.

The Plan's benefit formula is the cash balance plan formula. Under the cash balance plan formula, if an individual is not an officer or an owner, their unit cash benefit is 2% of their pay for each year in which they are entitled to earn a unit cash benefit, but not less than an equal dollar amount for each participant who is not an officer or an owner up to the amount that allows the plan to meet the requirements prescribed in the Internal Revenue Code. The non officer or owner cash balance benefit will not exceed 100% of the participants pay in any year. The non officer or owner benefit is not less than the greater of 0.5% of the participants pay for each year or the vested top heavy minimum benefit.

An officer or an owner who is a plan participant is eligible for a unit cash benefit of the least of ten times their benefit compensation or the maximum amount during any Plan year allowable under the Internal Revenue Code.

MANLEY DEAS & KOCHALSKI, LLC
CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2018

Note 1 - DESCRIPTION OF PLAN (Continued):

For the purpose of calculating contributions, compensation of a participant cannot exceed the Internal Revenue Service annual compensation limit. Each participant's account is credited, at the end of the Plan year, with interest based on the interest rate of high-quality corporate bonds.

Death and Disability Benefits - If a participant dies on or after the normal retirement date, a death benefit will be paid to the participant's spouse in the form of a qualified joint and survivor annuity or to the beneficiary in a lump-sum payment. In addition, if a participant dies before the normal retirement date, the spouse will be eligible for the pre-retirement survivor annuity, as defined in the Plan agreement. Active employees who become disabled may request payment of their entire accrued benefit.

Income Tax - The Plan Administrator has received a favorable determination letter from the Internal Revenue Service. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan as amended, is currently being operated in compliance with applicable requirements of the Internal Revenue Code and is, therefore, not subject to tax under present income tax law. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following are significant accounting policies followed by the Plan:

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Valuation of Investments - Plan investments are stated at fair value. Quoted market prices are used to measure the fair value of investments.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances--retirement, death, disability, and termination of employment--are included to the extent they are deemed attributable to employee service rendered to the valuation date.

MANLEY DEAS & KOCHALSKI, LLC
CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2018

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

The actuarial present value of accumulated Plan benefits is determined by an actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2018 are (a) life expectancy of participants (the IRS 2018 417(e)(3) Applicable Mortality Table for males and females was used), (b) retirement age assumptions (the assumed average retirement age was 62), and (c) investment return. The 2017 valuation included an assumed average rate of return of 5%.

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

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Note 3 - FUNDING POLICY:

The Company's funding policy is to make annual contributions to the Plan based on an actuarial calculation of the Plan's normal cost, plus any additional amounts, to prevent a funding deficiency as determined by law. The Company's contributions for 2018 and 2017 met the minimum funding requirements of ERISA.

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Note 4 - PLAN TERMINATION:

In the event the Plan terminates, the net assets of the Plan generally will not be available on a pro-rata basis to provide participants' benefits. Certain vested benefits are guaranteed by the Pension Benefit Guaranty Corporation (PBGC), a U.S. governmental agency. Whether a particular participant's accumulated Plan benefits will be received if the Plan terminates will depend on the priority of those benefits, the Plan's net assets at that time, and the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 5 - ECONOMIC RISK OF INVESTMENTS:

The Plan invests in various investment securities. Investment securities are exposed to multiple risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in these financial statements.

MANLEY DEAS & KOCHALSKI LLC
CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2018

Note 6 - INVESTMENT CONTRACT:

The Plan has an investment contract with First Merchants Trust Company.

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

	<u>2018</u>	<u>2017</u>
Investments:		
Money Market Funds	\$ 48,561	\$ 51,465
Certificates of Deposits	-	74,969
US Government Notes	360,438	327,468
Bond Funds	245,349	218,086
ETF's	543,244	645,151
Mutual Funds	623,161	445,830
Corporate Bonds and Notes	2,153,472	1,795,118
Total Investments	<u>3,974,225</u>	<u>3,558,087</u>
Investment Income:		
Interest and Dividends	\$ 101,574	\$ 69,876
Net Appreciation (Depreciation) in Fair Value Investments	(178,624)	132,167
Total Investment Income (Loss)	<u><u>\$ (77,050)</u></u>	<u><u>\$ 202,043</u></u>

Note 7 - PLAN EXPENSES:

Certain expenses of the Plan are paid by the Plan sponsor, Manley Deas & Kochalski, LLC.

Note 8 - ASSETS AND LIABILITIES – FAIR VALUE INFORMATION:

In accordance with the Fair Value Measurements and Disclosures Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), all financial instruments that are being measured and reported on a fair value basis must be classified and disclosed in one of the following three categories:

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.

MANLEY DEAS & KOCHALSKI LLC
CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2018

Note 8 -ASSETS AND LIABILITIES – FAIR VALUE INFORMATION (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, inputs that are derived principally from or corroborated by observable market data by correlation or other means, and 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.

Exchange Traded Funds (ETFs) are valued at the net asset value of shares held by the plan at year end. Mutual funds are valued at the net asset value of shares held by the plan at year end.

Assets measured at fair value on a recurring basis were as follows:

Description	December 31, 2018			
	Total	Level 1	Level 2	Level 3
Money Market Fund	\$ 48,561	\$ 48,561	\$ -	\$ -
Certificates of Deposit	-	-	-	-
US Government Notes	360,438	360,438	-	-
Bond Funds	245,349	245,349	-	-
ETF's	543,244	543,244	-	-
Mutual Funds	623,161	623,161	-	-
Corporate Bonds and Notes	2,153,472	2,153,472	-	-
Total Assets	<u>\$ 3,974,225</u>	<u>\$ 3,974,225</u>	<u>\$ -</u>	<u>\$ -</u>

Description	December 31, 2017			
	Total	Level 1	Level 2	Level 3
Money Market Fund	\$ 51,465	\$ 51,465	\$ -	\$ -
Certificates of Deposit	74,969	74,969	-	-
US Government Notes	327,468	327,468	-	-
Bond Funds	218,086	218,086	-	-
ETF's	645,151	645,151	-	-
Mutual Funds	445,830	445,830	-	-
Corporate Bonds and Notes	1,795,118	1,795,118	-	-
Total Assets	<u>\$ 3,558,087</u>	<u>\$ 3,558,087</u>	<u>\$ -</u>	<u>\$ -</u>

MANLEY DEAS & KOCHALSKI LLC
CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2018

Note 9 - ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES:

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by U.S. federal or state and local tax authorities. The Plan Administrator has analyzed the positions taken by the plan, and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 10 - SUBSEQUENT EVENTS:

Subsequent events have been evaluated through October 7, 2019, which is the date the financial statements were available to be issued.

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2018

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	------(c)-----			(d)	(e)
	<u>Description</u>	<u>Interest Rate</u>	<u>Date of Maturity</u>	<u>Par or Maturity Value</u>	<u>Cost</u>	<u>Fair Value</u>
	Investments at Fair Value As Determined by Quoted Market Price					
	Money Market Funds:					
	Federated Gov't Oblig Prin Fund 117	Variable	Demand	-	\$ 48,561	\$ 48,561
	U.S. Government Notes					
	U.S. Treasury Note	2.000%	2/15/23	70,000	69,519	68,636
	U.S. Treasury Note	2.125%	1/31/21	50,000	49,344	49,616
	U.S. Treasury Note	2.250%	2/15/21	50,000	49,500	49,729
	U.S. Treasury Note	2.250%	2/29/20	50,000	49,766	49,798
	U.S. Treasury Note	1.250%	10/31/19	25,000	24,328	24,718
	U.S. Treasury Note	1.250%	2/29/20	40,000	38,563	39,384
	U.S. Treasury Note	1.375%	5/31/20	30,000	30,319	29,516
	U.S. Treasury Note	2.125%	2/29/24	50,000	49,883	49,041
					361,222	360,438
	Bond Funds					
	Vanguard Total Bond Market Index	N/A	Demand	-	58,170	56,409
	Vanguard S/T Invest Admiral	N/A	Demand	-	39,914	39,610
	Northern Ultra-Short Fixed	N/A	Demand	-	50,000	49,560
	Federated Total Return Bond	N/A	Demand	-	75,000	72,516
	Natixis Inter Dur Bond CL Y	N/A	Demand	-	28,039	27,254
					251,123	245,349
	ETFs					
	Investco S&P 500 EQ Weight EFT	N/A	Demand	-	223,201	237,914
	S&P Mid-Cap 400 Growth ETF IShares	N/A	Demand	-	97,801	106,515
	S&P Mid-Cap 400 Value ETF IShares	N/A	Demand	-	103,790	104,032
	S&P Small Cap 600 Value ETF IShares	N/A	Demand	-	43,256	45,093
	S&P Small Cap 600 Growth ETF IShares	N/A	Demand	-	42,210	49,690
					510,258	543,244
	Mutual Funds					
	MFS New Discovery International	N/A	Demand	-	28,931	29,402
	Vanguard 500 Index Fund Admiral Class	N/A	Demand	-	397,440	428,638
	Vanguard Real Estate Index Admiral	N/A	Demand	-	40,070	36,963
	Vanguard International Growth Admiral	N/A	Demand	-	47,269	47,493
	Vanguard S/C Index Admiral	N/A	Demand	-	21,949	21,284
	Northern Midcap Index	N/A	Demand	-	69,500	59,381
					605,159	623,161
	Corporate Bonds and Notes					
	Airgas Inc.	2.900%	11/15/22	30,000	29,700	29,414
	American Express	2.250%	8/15/19	55,000	55,522	54,750
	Ameriprise Financial	3.700%	10/15/24	40,000	40,778	39,983
	Amgen	3.875%	11/15/21	20,000	21,020	20,265
	Amgen	3.125%	5/1/25	50,000	49,783	47,840
	Apple Inc.	2.850%	5/6/21	20,000	20,867	20,024
	Apple Inc.	3.250%	2/23/26	50,000	49,028	48,807

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

December 31, 2018

PLAN #: 002

PLAN EIN: 13-4225050

Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
		Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	<u>Description</u>					
	Investments at Fair Value As Determined by Quoted Market Price					
	Corporate Bonds and Notes (Continued)					
	Becton Dickinson	3.250%	11/12/20	25,000	26,025	24,849
	Becton Dickinson	3.125%	11/8/21	50,000	52,625	49,313
	Burlington Northern	3.400%	9/1/24	25,000	26,205	25,030
	Chevron	3.191%	6/24/23	50,000	49,900	49,921
	Colgate-Palmolive	1.950%	2/1/23	15,000	14,415	14,376
	Comcast Corp	3.000%	2/1/24	60,000	60,827	58,496
	Costco	1.700%	12/15/19	25,000	24,974	24,729
	Costco	2.750%	5/18/24	55,000	55,698	53,497
	CSX Corp	2.600%	11/1/26	30,000	28,939	27,294
	Danaher Corp	2.400%	9/15/20	70,000	70,931	69,359
	Eli Lilly & Co.	1.950%	3/15/19	40,000	40,086	39,909
	GCB Clorox Co.	3.500%	12/15/24	50,000	51,220	49,946
	General Dynamics	3.375%	5/15/23	50,000	50,225	50,346
	IBM Corp	3.375%	8/1/23	50,000	51,150	49,454
	IBM Corp	3.625%	2/12/24	50,000	50,942	49,638
	Intel Corp	1.700%	5/19/21	70,000	70,665	68,026
	Intel Corp	2.700%	12/15/22	50,000	47,535	49,248
	Johnson & Johnson	3.550%	5/15/21	20,000	21,589	20,212
	Lowes Corp	3.750%	4/1/26	50,000	50,431	49,552
	Mastercard Inc	2.950%	11/21/26	50,000	48,499	48,111
	Medtronic Inc.	3.500%	3/15/25	30,000	31,342	29,881
	Medtronic Inc.	3.125%	3/15/22	20,000	69,966	69,733
	Microsoft Corp	3.125%	11/3/25	55,000	56,061	54,398
	Mohawk Industries	3.850%	2/1/23	40,000	39,948	40,055
	Northern Trust	3.950%	10/30/25	45,000	46,704	45,842
	Omnicom Group	3.625%	5/1/22	70,000	73,690	69,031
	Omnicom Group	3.600%	4/15/26	50,000	53,259	52,639
	Oracle Corp	3.625%	7/15/23	50,000	50,920	50,677
	O'Reilly Automotive SR NTE	3.850%	6/15/23	15,000	15,419	15,074
	Pepsico	3.125%	11/1/20	50,000	52,688	50,222
	Pepsico	2.250%	5/2/22	55,000	54,852	53,578
	Pepsico Inc	2.250%	1/7/19	50,000	50,285	49,994
	Praxair Inc.	2.650%	2/5/25	70,000	72,045	66,237
	Rockwell Automation	2.050%	3/1/20	35,000	35,018	34,614
	Starbucks Corp	3.100%	3/1/23	25,000	24,999	24,624
	Sysco Corporation	3.300%	7/15/26	50,000	47,900	47,583
	Texas Instruments	2.750%	3/21/21	20,000	19,940	19,879
	Union Pacific	2.200%	6/19/20	50,000	49,331	49,338
	United Technologies	3.100%	6/1/22	50,000	49,975	48,962
	US Bancorp	2.200%	4/25/19	50,000	50,648	49,890
	Visa Inc	3.150%	12/14/25	50,000	50,320	49,135
	Walt Disney	2.750%	8/16/21	50,000	52,000	49,697
					2,206,889	2,153,472
	Total Investments				\$ 3,983,212	\$ 3,974,225

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2017

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
	Money Market Funds:					
	Federated Gov't Oblig Prin Fund 117	Variable	Demand	-	\$ 51,465	\$ 51,465
	Certificates of Deposit					
	USNY Bank	0.950%	2/15/18	75,000	75,000	74,969
	U.S. Government Notes					
	U.S. Treasury Note	2.000%	2/15/23	70,000	69,519	69,281
	U.S. Treasury Note	0.750%	12/31/17	75,000	74,930	75,000
	U.S. Treasury Note	1.000%	5/31/18	15,000	14,925	14,969
	U.S. Treasury Note	1.500%	12/31/18	25,000	24,934	24,921
	U.S. Treasury Note	1.250%	10/31/19	25,000	24,328	24,720
	U.S. Treasury Note	1.250%	2/29/20	40,000	38,563	39,455
	U.S. Treasury Note	1.375%	5/31/20	30,000	30,319	29,616
	U.S. Treasury Note	2.125%	2/29/24	50,000	49,883	49,506
					327,401	327,468
	Bond Funds					
	Vanguard Total Bond Market Index	N/A	Demand	-	84,000	83,796
	Northern Ultra-Short Fixed	N/A	Demand	-	50,000	49,853
	Natixis Inter Dur Bond CL Y	N/A	Demand	-	85,000	84,437
					219,000	218,086
	ETFs					
	S&P Mid-Cap 400 Growth ETF IShares	N/A	Demand	-	99,732	122,591
	S&P Mid-Cap 400 Value ETF IShares	N/A	Demand	-	103,790	120,403
	S&P Small Cap 600 Value ETF IShares	N/A	Demand	-	43,256	52,521
	S&P Small Cap 600 Growth ETF IShares	N/A	Demand	-	42,210	52,406
	Guggenheim EQ Wght S&P 500 ETF	N/A	Demand	-	252,269	297,230
					541,257	645,151
	Mutual Funds					
	MFS New Discovery International	N/A	Demand	-	28,931	35,020
	Vanguard 500 Index Fund Admiral Class	N/A	Demand	-	256,440	315,569
	Vanguard Real Estate Index Admiral	N/A	Demand	-	33,570	34,038
	Vanguard International Growth Admiral	N/A	Demand	-	28,769	36,785
	Vanguard S/C Index Admiral	N/A	Demand	-	7,249	8,136
	Northern Midcap Index	N/A	Demand	-	16,000	16,282
					370,959	445,830
	Corporate Bonds and Notes					
	Abbvie Inc.	2.000%	11/6/18	70,000	70,354	69,971
	Danaher Corp	2.400%	9/15/20	70,000	70,931	70,264
	Omnicom Group	3.625%	5/1/22	70,000	73,690	72,265
	American Express	2.250%	8/15/19	55,000	55,522	55,115
	Praxair Inc.	2.650%	2/5/25	70,000	72,045	69,258
	Burlington Northern	3.400%	9/1/24	25,000	26,205	25,894
	Boeing Capital Corp	2.900%	8/15/18	25,000	26,187	25,147

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

December 31, 2017

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
		Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	<u>Description</u>					
	Investments at Fair Value As Determined by Quoted Market Price					
	Corporate Bonds and Notes (Continued)					
	Anheuser Busch Cos	5.000%	3/1/19	50,000	58,909	51,568
	Pepsico Inc	2.250%	1/7/19	50,000	50,285	50,142
	Becton Dickinson	3.250%	11/12/20	25,000	26,025	25,359
	Walt Disney	2.750%	8/16/21	50,000	52,000	50,753
	Becton Dickinson	3.125%	11/8/21	50,000	52,625	50,422
	Archer Daniels Midland	2.500%	8/11/26	70,000	70,193	66,770
	CSX Corp	2.600%	11/1/26	30,000	28,939	28,628
	Comcast Corp	3.000%	2/1/24	60,000	60,827	60,397
	Berhshire Hathway	1.550%	2/9/18	25,000	25,185	24,987
	Occidental Petroleum	1.500%	2/15/18	50,000	49,625	49,969
	Costco	1.700%	12/15/19	25,000	24,974	24,840
	Costco	2.750%	5/18/24	55,000	55,698	54,950
	Pepsico	3.125%	11/1/20	50,000	52,688	51,305
	Pepsico	2.250%	5/2/22	55,000	54,852	54,430
	United Technologies	3.100%	6/1/22	50,000	49,975	50,928
	Intel Corp	1.700%	5/19/21	70,000	70,665	68,746
	Intel Corp	2.700%	12/15/22	50,000	47,535	50,556
	Colgate-Palmolive	1.950%	2/1/23	15,000	14,415	14,625
	Chevron	3.191%	6/24/23	50,000	49,900	51,382
	Oracle Corp	3.625%	7/15/23	50,000	50,920	52,497
	Medtronic Inc.	3.500%	3/15/25	30,000	31,342	31,120
	Eli Lilly & Co.	1.950%	3/15/19	40,000	40,086	39,967
	Texas Instruments	2.750%	3/21/21	20,000	19,940	20,264
	Johnson & Johnson	3.550%	5/15/21	20,000	21,589	20,911
	Amgen	3.875%	11/15/21	20,000	21,020	20,904
	Medtronic Inc.	3.125%	3/15/22	20,000	20,095	20,440
	O'Reilly Automotive SR NTE	3.850%	6/15/23	15,000	15,419	15,688
	IBM Corp	3.375%	8/1/23	50,000	51,150	51,757
	Microsoft Corp	3.125%	11/3/25	55,000	56,061	56,151
	Medtronic Inc.	1.375%	4/1/18	40,000	40,048	39,959
	US Bancorp	2.200%	4/25/19	50,000	50,649	50,141
	Rockwell Automation	2.050%	3/1/20	35,000	35,018	34,761
	Apple Inc.	2.850%	5/6/21	20,000	20,867	20,321
	GCB Clorox Co.	3.500%	12/15/24	50,000	51,220	51,566
					1,815,673	1,795,118
	Total Investments				\$ 3,400,755	\$ 3,558,087

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**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

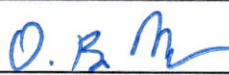
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ 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 MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/2008
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) MANLEY, DEAS & KOCHALSKI, LLC 1555 Lake Shore Drive Columbus OH 43204 1555 Lake Shore Drive Columbus OH 43204	2b Employer Identification Number (EIN) 13-4225050 2c Plan Sponsor's telephone number (614) 220-5611 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		10/3/19	D. Brian Meadors
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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	5 306
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) 187
a(2) Total number of active participants at the end of the plan year	6a(2) 168
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 65
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 233
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.....	6f 233
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:

1A 1C 1D

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 (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2018 or fiscal plan year beginning	01/01/2018	and ending	12/31/2018
► Round off amounts to nearest dollar. ► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			

A Name of plan MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MANLEY, DEAS & KOCHALSKI, LLC	D Employer Identification Number (EIN) 13-4225050	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2018</u>		
2	Assets:		
	a Market value.....	2a	3,965,118
	b Actuarial value	2b	3,965,118
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	0	0
	b For terminated vested participants	119	141,997
	c For active participants	187	3,771,075
	d Total	306	3,913,072
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	5.63 %
6	Target normal cost	6	395,039

Statement by Enrolled Actuary	
<small>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.</small>	
SIGN HERE	<div style="text-align: center;"> Signature of actuary Donald Bungenstock, E.A., M.A.A.A. Type or print name of actuary Latitude Retirement Firm name 1500 North Oak Drive Plymouth IN 46563 Address of the firm </div>
	<div style="text-align: center;"> Date 17-05702 Most recent enrollment number (574) 936-6200 Telephone number (including area code) </div>

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 ☐	Schedule SB (Form 5500) 2018 v. 171027
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.	

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	6,604
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	6,604
10 Interest on line 9 using prior year's actual return of <u>5.39</u> %.....	0	356
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		86963
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.75</u> %.....		5000
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.....		91963
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	6960

Part III Funding Percentages

14 Funding target attainment percentage.....	14	98.70%
15 Adjusted funding target attainment percentage.....	15	98.70%
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	96.69%
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
09/05/2018	25,000		11/28/2018	25,000	
09/20/2018	25,000		12/10/2018	25,000	
10/01/2018	25,000		01/11/2019	25,000	
10/16/2018	25,000		02/04/2019	25,000	
11/02/2018	25,000		03/13/2019	25,000	
11/13/2018	25,000		04/01/2019	25,000	
Totals ▶			18(b)	500,000	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	467,054

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:

1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 3

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** 395,039

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment.....	52,056	10,642
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** 405,681

	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** 405,681

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 467,054

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

a Total (excess, if any, of line 37 over line 36) **38a** 61,373

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

[illegible]

Manley Deas Kochalski, LLC
Cash Balance Plan
Employer ID# 13-4225050: Plan No. 002
Quarterly Installment Payment: \$65,825.00

Schedule SB, line 19 - Discounted Employer Contributions

Plan Year: 1/1/2018 to 12/31/2018
Valuation Date: 1/1/2018

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Period</u>	<u>Adj Ctb</u>
09-05-2018	25,000.00	2018	10.63%	09-05-2018 to 04-15-2018	23,659.03
			5.63%	04-15-2018 to 01-01-2018	
09-20-2018	25,000.00	2018	10.63%	09-20-2018 to 04-15-2018	23,562.85
			5.63%	04-15-2018 to 01-01-2018	
10-01-2018	15,825.00	2018	10.63%	10-01-2018 to 04-15-2018	14,866.76
			5.63%	04-15-2018 to 01-01-2018	
	9,175.00	2018	10.63%	10-01-2018 to 07-15-2018	8,719.67
			5.63%	07-15-2018 to 01-01-2018	
10-16-2018	25,000.00	2018	10.63%	10-16-2018 to 07-15-2018	23,662.74
			5.63%	07-15-2018 to 01-01-2018	
11-02-2018	25,000.00	2018	10.63%	11-02-2018 to 07-15-2018	23,553.75
			5.63%	07-15-2018 to 01-01-2018	
11-13-2018	6,650.00	2018	10.63%	11-13-2018 to 07-15-2018	6,246.61
			5.63%	07-15-2018 to 01-01-2018	
	18,350.00	2018	10.63%	11-13-2018 to 10-15-2018	17,437.34
			5.63%	10-15-2018 to 01-01-2018	
11-28-2018	25,000.00	2018	10.63%	11-28-2018 to 10-15-2018	23,660.02
			5.63%	10-15-2018 to 01-01-2018	
12-10-2018	22,475.00	2018	10.63%	12-10-2018 to 10-15-2018	21,195.40
			5.63%	10-15-2018 to 01-01-2018	
	2,525.00	2018	5.63%	12-10-2018 to 01-01-2018	2,398.17
01-11-2019	25,000.00	2018	5.63%	01-11-2019 to 01-01-2018	23,632.70
02-04-2019	25,000.00	2018	10.63%	02-04-2019 to 01-15-2019	23,490.85
			5.63%	01-15-2019 to 01-01-2018	
03-13-2019	13,300.00	2018	10.63%	03-13-2019 to 01-15-2019	12,362.12
			5.63%	01-15-2019 to 01-01-2018	
	11,700.00	2018	5.63%	03-13-2019 to 01-01-2018	10,956.37

Manley Deas Kochalski, LLC
Cash Balance Plan
Employer ID# 13-4225050: Plan No. 002
Quarterly Installment Payment: \$65,825.00

Schedule SB, line 19 - Discounted Employer Contributions

Plan Year: 1/1/2018 to 12/31/2018
Valuation Date: 1/1/2018

04-01-2019	25,000.00	2018	5.63%	04-01-2019 to 01-01-2018	23,345.65
05-01-2019	25,000.00	2018	5.63%	05-01-2019 to 01-01-2018	23,239.33
05-24-2019	25,000.00	2018	5.63%	05-24-2019 to 01-01-2018	23,160.77
06-07-2019	25,000.00	2018	5.63%	06-07-2019 to 01-01-2018	23,113.07
06-27-2019	25,000.00	2018	5.63%	06-27-2019 to 01-01-2018	23,045.11
07-09-2019	25,000.00	2018	5.63%	07-09-2019 to 01-01-2018	23,001.04
07-22-2019	30,000.00	2018	5.63%	07-22-2019 to 01-01-2018	27,548.47
08-06-2019	25,000.00	2018	5.63%	08-06-2019 to 01-01-2018	22,906.41
08-19-2019	20,000.00	2018	5.63%	08-19-2019 to 01-01-2018	18,290.09
Totals:	500,000.00				467,054.32

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 contribution from prior years	19a		0.00	
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b		0.00	
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c		467,054.32	

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN
EMPLOYER ID #: 13-4225050: PLAN #: 002
PLAN YEAR ENDING: 12/31/2018

SCHEDULE SB, LINE 22 –DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The method for determining the Weighted Average Retirement Age is as follows:

A weighting factor is determined for each active participant by multiplying their assumed Retirement Age by the Present Value of their Accrued Benefit (PVAB). The sum of these factors is then divided by the sum of the PVAB's to determine the Weighted Average Retirement Age.

Manley Deas Kochalski, LLC
Cash Balance Plan

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2018 to 12/31/2018

Valuation Date: 1/1/2018

	For Funding				
	Min	Max	For 417(e)	For Actuarial Equiv.	
Interest Rates	Seg 1:	3.92%	1.76%	Seg 1: 2.33%	Pre-Retirement: 5.00%
	Seg 2:	5.52%	3.74%	Seg 2: 3.55%	Post-Retirement: 5.00%
	Seg 3:	6.29%	4.63%	Seg 3: 4.11%	
Applicable Date	10/2017	10/2017	12/2017		
Pre-Retirement					
Turnover	None		None	None	
Mortality	None		None	None	
Assumed Ret Age	Normal retirement age 62 and 3 years of participation				Normal retirement age 62 and 3 years of participation
Future Salary Incr	4% salary increase per year		None	None	
Post-Retirement					
Mortality	Male-2018 Optional Static Table - Combined Male Female-2018 Optional Static Table - Combined Female		2018 Applicable Mortality Table from Notice 2017-60	2018 Applicable Mortality Table from Notice 2017-60	
Assumed Benefit Form For Funding			Lump Sum		
Pct Assumed Married	0% assumed married			0% assumed married	
Assumed Spouse's Age	Spouse assumed to be the same age as participant			Spouse assumed to be the same age as participant	
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known	
Calculated Effective Interest Rate			5.63%		
Cash Balance Projected Interest Crediting Rate			5.00% annual rate		
Actuarial Cost Method			The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.		

Manley Deas Kochalski, LLC

Cash Balance Plan

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2018 to 12/31/2018

Valuation Date: 1/1/2018

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Manley Deas Kochalski, LLC

Cash Balance Plan

Summary of Plan Provisions
Plan Year: 1/1/2018 to 12/31/2018
Valuation Date: 1/1/2018

Plan Effective Date	January 1, 2008
Plan Year	From January 1, 2018 to December 31, 2018
Eligibility	<p>All employees not excluded by class are eligible to enter on the date coincident with or following the completion of the following requirements:</p> <p>1 hour of service</p>
Normal Retirement Age	<p>All participants are eligible to retire with their full retirement benefit on the later of the following:</p> <p>Attainment of age 62 Completion of 3 years of participation from beginning of entry year</p>
Cash Balance Contribution Credit	<p>The plan provides the following cash balance contribution credits to participants based on their group classification:</p> <p>Group 1: \$203,000</p> <p>Group 2: \$86,000</p> <p>Group 3: \$95,000</p> <p>Group 4: \$1,200</p> <p>Group 5: No contribution</p> <p>Group 6: \$326.99</p> <p>Group 7: \$1,317.66</p> <p>Group 8: \$217.18</p> <p>0% of average compensation</p> <p>The maximum monthly benefit is the lesser of \$18,333.33 and 100% of the highest 3-year average salary, subject to service requirements.</p> <p>Salary based contribution credits are applied to current compensation.</p>

Manley Deas Kochalski, LLC

Cash Balance Plan

Summary of Plan Provisions
Plan Year: 1/1/2018 to 12/31/2018
Valuation Date: 1/1/2018

Normal Form of Benefit

A benefit payable for the life of the participant

Accrued Benefit

The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

Credited years are plan years from date of hire excluding the following:

Years with less than 1 hour of service

Termination Benefit

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

<u>Credited Years</u>	<u>Vested Percent</u>
1	0
2	0
3	100

Credited years are plan years from date of hire excluding the following:

Years before the effective date

Years before age 18

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Top-heavy minimum benefits are provided under another plan of the employer

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Cash Balance

The annual Interest Crediting Rate for this plan year is 5.00%

Manley Deas Kochalski, LLC
Cash Balance Plan

Schedule of Active Participant Data

Plan Year: 1/1/2018 to 12/31/2018

Valuation Date: 1/1/2018

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	4	18	1	0	0	0	0	0	0	0	23
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1804
25-29	2	52	17	0	0	0	0	0	0	0	71
Avg Mo Comp	n/a	2788	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3042
30-34	2	26	24	4	0	0	0	0	0	0	56
Avg Mo Comp	n/a	2923	4374	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3581
35-39	0	8	3	2	0	0	0	0	0	0	13
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40-44	0	5	0	2	0	0	0	0	0	0	7
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
45-49	0	6	2	0	0	0	0	0	0	0	8
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
50-54	0	1	1	1	2	0	0	0	0	0	5
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
55-59	0	0	0	1	0	0	0	0	0	0	1
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
60-64	0	1	2	0	0	0	0	0	0	0	3
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65-69	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70+	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	8	117	50	10	2	0	0	0	0	0	187
Avg Mo Comp	n/a	2768	5156	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4034

* Employees who have not met the minimum eligibility requirements are excluded

Average Age: 31.4

Average Service: 4

Manley Deas Kochalski, LLC**Cash Balance Plan**

Shortfall Amortization

Plan Year: 1/1/2018 to 12/31/2018

Valuation Date: 1/1/2018

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
01/01/2017	7-year	6	\$18,129	\$97,918
01/01/2018	7-year	7	<u>\$(7,487)</u>	<u>\$(45,862)</u>
Total			\$10,642	\$52,056

Shortfall Amortization Charge (sum of installments, no less than zero): \$10,642

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2018

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	------(c)-----			(d)	(e)
	<u>Description</u>	<u>Interest Rate</u>	<u>Date of Maturity</u>	<u>Par or Maturity Value</u>	<u>Cost</u>	<u>Fair Value</u>
	Investments at Fair Value As Determined by Quoted Market Price					
	Money Market Funds:					
	Federated Gov't Oblig Prin Fund 117	Variable	Demand	-	\$ 48,561	\$ 48,561
	U.S. Government Notes					
	U.S. Treasury Note	2.000%	2/15/23	70,000	69,519	68,636
	U.S. Treasury Note	2.125%	1/31/21	50,000	49,344	49,616
	U.S. Treasury Note	2.250%	2/15/21	50,000	49,500	49,729
	U.S. Treasury Note	2.250%	2/29/20	50,000	49,766	49,798
	U.S. Treasury Note	1.250%	10/31/19	25,000	24,328	24,718
	U.S. Treasury Note	1.250%	2/29/20	40,000	38,563	39,384
	U.S. Treasury Note	1.375%	5/31/20	30,000	30,319	29,516
	U.S. Treasury Note	2.125%	2/29/24	50,000	49,883	49,041
					<u>361,222</u>	<u>360,438</u>
	Bond Funds					
	Vanguard Total Bond Market Index	N/A	Demand	-	58,170	56,409
	Vanguard S/T Invest Admiral	N/A	Demand	-	39,914	39,610
	Northern Ultra-Short Fixed	N/A	Demand	-	50,000	49,560
	Federated Total Return Bond	N/A	Demand	-	75,000	72,516
	Natixis Inter Dur Bond CL Y	N/A	Demand	-	28,039	27,254
					<u>251,123</u>	<u>245,349</u>
	ETFs					
	Investco S&P 500 EQ Weight EFT	N/A	Demand	-	223,201	237,914
	S&P Mid-Cap 400 Growth ETF IShares	N/A	Demand	-	97,801	106,515
	S&P Mid-Cap 400 Value ETF IShares	N/A	Demand	-	103,790	104,032
	S&P Small Cap 600 Value ETF IShares	N/A	Demand	-	43,256	45,093
	S&P Small Cap 600 Growth ETF IShares	N/A	Demand	-	42,210	49,690
					<u>510,258</u>	<u>543,244</u>
	Mutual Funds					
	MFS New Discovery International	N/A	Demand	-	28,931	29,402
	Vanguard 500 Index Fund Admiral Class	N/A	Demand	-	397,440	428,638
	Vanguard Real Estate Index Admiral	N/A	Demand	-	40,070	36,963
	Vanguard International Growth Admiral	N/A	Demand	-	47,269	47,493
	Vanguard S/C Index Admiral	N/A	Demand	-	21,949	21,284
	Northern Midcap Index	N/A	Demand	-	69,500	59,381
					<u>605,159</u>	<u>623,161</u>
	Corporate Bonds and Notes					
	Airgas Inc.	2.900%	11/15/22	30,000	29,700	29,414
	American Express	2.250%	8/15/19	55,000	55,522	54,750
	Ameriprise Financial	3.700%	10/15/24	40,000	40,778	39,983
	Amgen	3.875%	11/15/21	20,000	21,020	20,265
	Amgen	3.125%	5/1/25	50,000	49,783	47,840
	Apple Inc.	2.850%	5/6/21	20,000	20,867	20,024
	Apple Inc.	3.250%	2/23/26	50,000	49,028	48,807

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

December 31, 2018

PLAN #: 002

PLAN EIN: 13-4225050

Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
		Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	<u>Description</u>					
	Investments at Fair Value As Determined by Quoted Market Price					
	Corporate Bonds and Notes (Continued)					
	Becton Dickinson	3.250%	11/12/20	25,000	26,025	24,849
	Becton Dickinson	3.125%	11/8/21	50,000	52,625	49,313
	Burlington Northern	3.400%	9/1/24	25,000	26,205	25,030
	Chevron	3.191%	6/24/23	50,000	49,900	49,921
	Colgate-Palmolive	1.950%	2/1/23	15,000	14,415	14,376
	Comcast Corp	3.000%	2/1/24	60,000	60,827	58,496
	Costco	1.700%	12/15/19	25,000	24,974	24,729
	Costco	2.750%	5/18/24	55,000	55,698	53,497
	CSX Corp	2.600%	11/1/26	30,000	28,939	27,294
	Danaher Corp	2.400%	9/15/20	70,000	70,931	69,359
	Eli Lilly & Co.	1.950%	3/15/19	40,000	40,086	39,909
	GCB Clorox Co.	3.500%	12/15/24	50,000	51,220	49,946
	General Dynamics	3.375%	5/15/23	50,000	50,225	50,346
	IBM Corp	3.375%	8/1/23	50,000	51,150	49,454
	IBM Corp	3.625%	2/12/24	50,000	50,942	49,638
	Intel Corp	1.700%	5/19/21	70,000	70,665	68,026
	Intel Corp	2.700%	12/15/22	50,000	47,535	49,248
	Johnson & Johnson	3.550%	5/15/21	20,000	21,589	20,212
	Lowes Corp	3.750%	4/1/26	50,000	50,431	49,552
	Mastercard Inc	2.950%	11/21/26	50,000	48,499	48,111
	Medtronic Inc.	3.500%	3/15/25	30,000	31,342	29,881
	Medtronic Inc.	3.125%	3/15/22	20,000	69,966	69,733
	Microsoft Corp	3.125%	11/3/25	55,000	56,061	54,398
	Mohawk Industries	3.850%	2/1/23	40,000	39,948	40,055
	Northern Trust	3.950%	10/30/25	45,000	46,704	45,842
	Omnicom Group	3.625%	5/1/22	70,000	73,690	69,031
	Omnicom Group	3.600%	4/15/26	50,000	53,259	52,639
	Oracle Corp	3.625%	7/15/23	50,000	50,920	50,677
	O'Reilly Automotive SR NTE	3.850%	6/15/23	15,000	15,419	15,074
	Pepsico	3.125%	11/1/20	50,000	52,688	50,222
	Pepsico	2.250%	5/2/22	55,000	54,852	53,578
	Pepsico Inc	2.250%	1/7/19	50,000	50,285	49,994
	Praxair Inc.	2.650%	2/5/25	70,000	72,045	66,237
	Rockwell Automation	2.050%	3/1/20	35,000	35,018	34,614
	Starbucks Corp	3.100%	3/1/23	25,000	24,999	24,624
	Sysco Corporation	3.300%	7/15/26	50,000	47,900	47,583
	Texas Instruments	2.750%	3/21/21	20,000	19,940	19,879
	Union Pacific	2.200%	6/19/20	50,000	49,331	49,338
	United Technologies	3.100%	6/1/22	50,000	49,975	48,962
	US Bancorp	2.200%	4/25/19	50,000	50,648	49,890
	Visa Inc	3.150%	12/14/25	50,000	50,320	49,135
	Walt Disney	2.750%	8/16/21	50,000	52,000	49,697
					2,206,889	2,153,472
	Total Investments				\$ 3,983,212	\$ 3,974,225