

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>DINSMORE & SHOHL LLP CASH BALANCE PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2016</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>01/01/2016</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>				
1c Effective date of plan <u>01/01/2016</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DINSMORE & SHOHL LLP</u> <u>255 E. FIFTH STREET, SUITE 1900</u> <u>CINCINNATI, OH 45202</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0263070</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-977-8302</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0263070</u>	2c Plan Sponsor's telephone number <u>513-977-8302</u>	2d Business code (see instructions) <u>541110</u>	
2b Employer Identification Number (EIN) <u>31-0263070</u>					
2c Plan Sponsor's telephone number <u>513-977-8302</u>					
2d Business code (see instructions) <u>541110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	BEN WELLS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

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	228
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)	211
a(2) Total number of active participants at the end of the plan year		6a(2)	203
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	8
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	211
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C 3B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan DINSMORE & SHOHL LLP CASH BALANCE PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DINSMORE & SHOHL LLP	D Employer Identification Number (EIN) 31-0263070
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2020			
2	Assets:			
	a Market value	2a	8133542	
	b Actuarial value	2b	8133542	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment.....	0	0	0
	b For terminated vested participants.....	17	118614	118614
	c For active participants	211	7115217	7115217
	d Total.....	228	7233831	7233831
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	5.07 %	
6	Target normal cost.....	6	1834328	

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	
Signature of actuary	09/01/2021
KARINA LIMSICO	Date
Type or print name of actuary	20-07028
OCTOBER THREE CONSULTING LLC	Most recent enrollment number
Firm name	617-209-3955
233 S. WACKER DRIVE, SUITE 8350 CHICAGO, IL 60606	Telephone number (including area code)
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.09</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		889175
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>5.12</u> %		45526
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		934701
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	112.43 %
15 Adjusted funding target attainment percentage	15	112.43 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	110.45 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2020	2283078	0			
Totals ▶			18(b)	2283078	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	2173205

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:
3.64 %2nd segment:
5.21 %3rd segment:
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions) ☐ 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** 1834328**b** Excess assets, if applicable, but not greater than line 31a **31b** 899711**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 934617

	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** 934617**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 2173205**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 1238588**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan DINSMORE & SHOHL LLP CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 DINSMORE & SHOHL LLP	D Employer Identification Number (EIN) 31-0263070	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

(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)

OCTOBER THREE CONSULTING LLC

27-1175487

(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?
11 50	NONE	62194	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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>DINSMORE & SHOHL LLP CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DINSMORE & SHOHL LLP</u>	D Employer Identification Number (EIN) <u>31-0263070</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	2	1
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2367	2459
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2297052	2353957
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1240767	1615372
(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)	4593355	6510885
(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	8133543	10482674

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	8133543	10482674
---	-----------	---------	----------

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)	2283078	
(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)		2283078
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1383	
(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)		1383
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	27553	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	163831	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		191384
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2892800	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3007227	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-114427
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	207448	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		207448

		(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)		17565
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2586431

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	175106	
(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)		175106
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)	62194	
(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)		62194
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		237300

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2349131
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) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CLARK, SCHAEFER & HACKETT & CO

(2) EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
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?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4297870.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan DINSMORE & SHOHL LLP CASH BALANCE PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 DINSMORE & SHOHL LLP		D Employer Identification Number (EIN) 31-0263070
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-1051736		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 16
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☒ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

Dinsmore & Shohl LLP Cash Balance Plan

Financial Statements and Supplemental Schedules

December 31, 2020 and 2019

with Independent Auditors' Report



CLARK SCHAEFER HACKETT
CPAs & ADVISORS

TABLE OF CONTENTS

Independent Auditors' Report	1 - 2
------------------------------------	-------

Financial Statements:

Statements of Net Assets Available for Benefits	3
---	---

Statement of Changes in Net Assets Available for Benefits	4
---	---

Notes to the Financial Statements.....	5 - 10
--	--------

Supplemental Schedules:

Schedule H, Line 4i – Schedule of Assets (Held at End of Year).....	11 - 12
---	---------

Schedule H, Line 4j – Schedule of Reportable Transactions	13 - 18
---	---------

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Dinsmore & Shohl LLP Cash Balance Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2020 and the schedule of reportable transactions for the year ended December 31, 2020 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

A handwritten signature in black ink that reads "Clark, Schaefer, Hackett & Co." in a cursive script.

Cincinnati, Ohio
September 28, 2021

Dinsmore & Shohl LLP Cash Balance Plan
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets:		
Investments at fair value:		
Mutual funds	\$ 6,510,885	4,593,355
Money market funds	2,353,958	2,297,054
Common stocks	<u>1,615,372</u>	<u>1,240,767</u>
	<u>10,480,215</u>	<u>8,131,176</u>
Receivables:		
Accrued income	<u>2,459</u>	<u>2,367</u>
Net assets available for benefits	\$ <u><u>10,482,674</u></u>	<u><u>8,133,543</u></u>

See accompanying notes to the financial statements.

Dinsmore & Shohl LLP Cash Balance Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2020

Additions to net assets:	
Contributions	\$ 2,283,078
Investment income:	
Interest and dividends on investments	28,936
Net appreciation in fair value of investments	<u>274,417</u>
Total additions	2,586,431
Deductions from net assets:	
Benefit payments	175,106
Administrative expenses	<u>62,194</u>
Total deductions	<u>237,300</u>
Net increase	2,349,131
Net assets available for benefits:	
Beginning of year	<u>8,133,543</u>
End of year	\$ <u><u>10,482,674</u></u>

See accompanying notes to the financial statements.

1. PLAN DESCRIPTION:

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

General

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

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

Participant's accounts

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

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

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

Vesting

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

Funding policy

The Plan's funding policy is for the Firm to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. Contributions of \$2,283,078 were made for the 2020 plan year. The Firm's contributions for 2020 exceeded the minimum funding requirements of ERISA.

Pension benefits

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

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

Basis of accounting

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

Use of estimates

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

Investment valuation and income recognition

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

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

Payment of benefits

Benefit payments are recorded when paid to participants.

Expenses

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

Subsequent events

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

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2020 and January 1, 2020, were:

- (a) life expectancy of participants – IRS 2020 and 2019 Static Mortality Table with separate tables for annuitants and non-annuitants, as prescribed by Treasury regulation section 1.430(h)(3)-1(b),
- (b) retirement age – normal retirement on the first of the month next following the month a participant attains age 62 and
- (c) interest crediting rate of 3.00% for 2020 and 3.25% for 2019.

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

A summary of the information relative to the actuarial present value of accumulated plan benefits as of December 31, 2020 and 2019 are presented as follows:

	December 31, <u>2020</u>	<u>2019</u>
Accumulated plan benefits:		
Vested benefits – other participants	\$ <u>10,471,040</u>	<u>8,106,152</u>
Total actuarial present value of accumulated plan benefits	\$ <u>10,471,040</u>	<u>8,106,152</u>

Changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2020 are summarized below:

Actuarial present value of accumulated plan benefits, December 31, 2019	\$ 8,106,152
Increase (decrease) attributable to:	
Benefits accumulated	2,283,078
Interest	256,916
Benefits paid	<u>(175,106)</u>
Actuarial present value of accumulated plan benefits as of December 31, 2020	\$ <u>10,471,040</u>

4. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE:

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fifth Third Bank, the trustee, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019, the supplemental schedule of assets (held at end of year) as of December 31, 2020, and the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2020.

5. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

<u>Investments at fair value as of December 31, 2020</u>					
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Assets at NAV</u>	<u>Total</u>
Mutual funds	\$ 6,510,885	-	-	-	6,510,885
Money market funds	2,353,958	-	-	-	2,353,958
Common stocks	<u>1,615,372</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,615,372</u>
Total investments at fair value	\$ <u>10,480,215</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>10,480,215</u>

<u>Investments at fair value as of December 31, 2019</u>					
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Assets at NAV</u>	<u>Total</u>
Mutual funds	\$ 4,593,355	-	-	-	4,593,355
Money market funds	2,297,054	-	-	-	2,297,054
Common stocks	<u>1,240,767</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,240,767</u>
Total investments at fair value	\$ <u>8,131,176</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>8,131,176</u>

6. RELATED PARTY TRANSACTIONS:

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

7. PLAN TERMINATION:

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

8. RISKS AND UNCERTAINTIES:

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

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

9. TAX STATUS OF THE PLAN:

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

10. PLAN OPERATIONS IMPACTED BY COVID-19:

On March 11, 2020, the World Health Organization declared the novel coronavirus (COVID-19) outbreak a pandemic which has impacted the financial markets and global economy. The COVID-19 pandemic is on-going and the duration and extent of the related financial impact on the Plan's net assets available for benefits and changes in net assets available is uncertain and cannot be reasonably estimated at this time.

On March 27, 2020, the U.S. Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act provided temporary relief for retirement plan sponsors and their participants with respect to distributions and participant loans during 2020. The provisions of the CARES Act could be effective and operationalized immediately, prior to amending the plan document.

Dinsmore & Shohl LLP Cash Balance Plan
 EIN 31-0263070 Plan Number: 004
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral par, or maturity value	Cost	Current value
	ACTIVISION BLIZZARD INC	Common Stock	\$ 14,258	16,156
	ALLIANT CORP	Common Stock	3,304	3,195
	ALPHABET INC CAP STK CL C	Common Stock	32,441	45,549
	AMAZON.COM INC	Common Stock	32,477	42,340
	AMDOCS LIMITED	Common Stock	16,622	18,867
	AMEREN CORP	Common Stock	21,012	22,793
	AMERICAN ELEC PWR INC	Common Stock	18,896	19,235
	ANTHEM INC	Common Stock	18,637	23,439
	APPLE INC	Common Stock	24,326	66,080
	AUTOMATIC DATA PROCESSING INC	Common Stock	16,945	20,968
	AUTOZONE INC	Common Stock	25,944	32,007
	BOOZ ALLEN HAMILTON HLDG CORP	Common Stock	9,148	16,651
	BRISTOL MYERS SQUIBB CO	Common Stock	14,255	15,569
	BRITISH AMERICAN TOBACCO PLC	Common Stock	26,648	21,219
	CDW CORP	Common Stock	11,493	14,497
	CHECK POINT SOFTWARE TECH	Common Stock	21,829	26,715
	CITRIX SYS INC	Common Stock	19,955	23,158
	CME GROUP INC	Common Stock	16,265	16,931
	COCA COLA CO	Common Stock	15,557	16,233
	COLGATE PALMOLIVE CO	Common Stock	6,748	7,696
	COMCAST CORP CL A	Common Stock	14,705	20,017
	COPART INC	Common Stock	2,264	6,617
	CUBESMART	Common Stock	6,781	7,226
	C. H. ROBINSON WORLDWIDE, INC.	Common Stock	11,964	13,611
	DAVITA INC.	Common Stock	7,055	10,449
	DECKERS OUTDOOR CORP	Common Stock	12,328	20,935
	DOLLAR GENERAL CORP	Common Stock	10,014	17,875
	DOMINION ENERGY INC	Common Stock	11,118	10,378
	ELECTRONIC ARTS	Common Stock	15,751	16,801
	ESSENT GROUP LTD COM	Common Stock	10,242	8,813
	EVEREST RE GROUP LTD	Common Stock	14,070	15,684
	FACEBOOK INC	Common Stock	21,370	28,682
	FIDELITY NATL INFORMATION	Common Stock	10,597	13,722
	GENPACT LTD	Common Stock	17,609	19,522
	HOME DEPOT INC	Common Stock	16,639	24,171
	INTERCONTINENTAL EXCHANGE, INC	Common Stock	12,053	16,486
	JOHNSON & JOHNSON	Common Stock	23,067	25,653
	JPMORGAN CHASE & CO	Common Stock	15,536	16,900
	KLA CORPORATION	Common Stock	7,717	9,580
	L3HARRIS TECHNOLOGIES INC	Common Stock	23,847	26,841
	LILLY (ELI) & CO	Common Stock	10,738	16,040
	LOCKHEED MARTIN CORP	Common Stock	26,895	25,914
	MASCO CORP	Common Stock	14,243	18,072
	MASTERCARD INC	Common Stock	12,241	19,989
	MCDONALDS CORP	Common Stock	13,148	15,879
	MEDTRONIC PLC	Common Stock	10,577	11,480
	MERCK & CO INC	Common Stock	24,639	27,648
	MICROSOFT CORP	Common Stock	55,002	103,870
	MOTOROLA INC	Common Stock	17,555	24,318
	NEXTERA ENERGY	Common Stock	14,445	20,522
	NICE LTD	Common Stock	5,313	13,893
	NORTONLIFELOCK INC	Common Stock	11,025	10,764
	NUANCE COMMUNICATIONS INC	Common Stock	8,044	19,444

Dinsmore & Shohl LLP Cash Balance Plan
 EIN 31-0263070 Plan Number: 004
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)
 December 31, 2020

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value	(d) Cost	(e) Current value
	O REILLY AUTOMOTIVE INC	Common Stock	11,993	14,030
	ORACLE CORPORATION	Common Stock	29,548	38,685
	PAYCHEX INC	Common Stock	16,101	20,406
	PEPSICO INC	Common Stock	11,862	14,978
	PHILIP MORRIS INTL INC	Common Stock	29,438	28,811
	PROCTER & GAMBLE CO	Common Stock	27,644	36,872
	PROGRESSIVE CORP OHIO	Common Stock	10,411	15,524
	REGAL BELOIT CORP COM	Common Stock	9,850	11,544
	RELIANCE STL & ALUM CO	Common Stock	7,931	8,023
	RELX PLC	Common Stock	12,278	14,253
	RENAISSANCERE HOLDINGS	Common Stock	17,458	15,753
	REPUBLIC SVCS INC	Common Stock	7,199	9,534
	ROCHE HOLDING AG ADR	Common Stock	17,711	18,396
	ROYAL DUTCH SHELL PLC CL B	Common Stock	6,884	3,731
	SEALED AIR CORP	Common Stock	6,784	7,510
	SHERWIN WILLIAMS CO	Common Stock	6,719	6,614
	SUN CMNTYS INC	Common Stock	3,948	5,318
	S&P GLOBAL INC	Common Stock	14,958	17,423
	TAIWAN SEMICONDUCTOR MANUFACTURE ADR	Common Stock	11,445	15,375
	TEXAS INSTRS INC	Common Stock	17,452	27,902
	THERMO FISHER SCIENTIFIC INC	Common Stock	7,426	6,987
	UNITEDHEALTH GROUP INC	Common Stock	25,126	35,769
	US BANCORP DEL	Common Stock	7,411	8,060
	VERISK ANALYTICS INC	Common Stock	12,233	19,721
	VERIZON COMMUNICATIONS INC	Common Stock	18,799	20,504
	VISA INC CL A	Common Stock	19,226	27,779
	WALMART	Common Stock	27,749	38,776
	Total Common Stocks	\$	<u>1,250,936</u>	<u>1,615,372</u>
	FEDERATED GOVT OBLIGATION	Money Market Fund	\$ <u>2,353,958</u>	<u>2,353,958</u>
	AB BD FD INC BD INFLATION STRATEGY CL 1	Mutual Fund	\$ 397,821	435,032
	AB DB FD INC	Mutual Fund	603,085	616,816
	AB GLOBAL BOND FUND	Mutual Fund	2,141,147	2,204,453
	AB GLOBAL CORE EQUITY PORTFOLIO ADV	Mutual Fund	249,310	270,756
	AB INTERNATIONAL STRAT EQS ADV	Mutual Fund	623,091	679,624
	ALLIANCE BERNSTEIN ALL MKT REAL RTRN PORT CL 1	Mutual Fund	160,782	165,014
	ALLIANCE BERNSTEIN LIMITED DUR HI INC	Mutual Fund	596,144	604,875
	AMERICAN BEACON INTL EQUITY Y	Mutual Fund	162,590	177,610
	BERNSTEIN SANFORD C FD INC OVERLAY A PORT CL 1	Mutual Fund	950,786	824,824
	BERNSTEIN SANFORD C FD INC OVERLAY B PORT CL	Mutual Fund	589,605	531,881
	Total Mutual Funds	\$	<u>6,474,361</u>	<u>6,510,885</u>

SINGLE TRANSACTION EXCEEDS 5% 01-01-002-9665175 01/01/20 THROUGH 12/31/20

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	VALUATION	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
FEDERATED GOVERNMENT OBLIGATION INSTITUTIONAL SHARES	SAL	01/31/20	2,250,743.000	2,250,743.00	.00	.00	.00	2,250,743.00	.00
FEDERATED GOVERNMENT OBLIGATION INSTITUTIONAL SHARES	PUR	12/31/20	2,277,362.000	2,277,362.00	.00	.00	.00	2,277,362.00	.00
AB GLOBAL BOND FUND	PUR	01/13/20	139,705.640	1,188,895.00	.00	.00	.00	1,188,895.00	.00
ALLIANCEBERN UNCONSTRAINED BOND	SAL	01/14/20	58,524.516	443,615.83	.00	.00	.00	493,589.72	-49,973.89
AB BD FD INC	PUR	01/13/20	73,026.775	586,405.00	.00	.00	.00	586,405.00	.00
	3 PURCHASES FOR		4,052,662.00	2 SALES FOR	2,694,358.83				

5% REPORT BY ASSET-AGGREGATE 01-01-002-9665175 01/01/20 THROUGH 12/31/20

ASSET DESCRIPTION		TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	COMMISSION	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
AB GLOBAL BOND FUND		PUR	01/07/20	1,247.472	10,578.56	.00	.00	.00	10,578.56	.00
		PUR	01/07/20	177.720	1,528.39	.00	.00	.00	1,528.39	.00
		PUR	01/13/20	12,314.924	104,800.00	.00	.00	.00	104,800.00	.00
		PUR	01/13/20	139,705.640	1,188,895.00	.00	.00	.00	1,188,895.00	.00
		SAL	01/17/20	10,475.352	89,250.00	.00	.00	.00	88,342.73	907.27
		PUR	01/23/20	187.419	1,617.43	.00	.00	.00	1,617.43	.00
		PUR	01/27/20	9,684.947	83,000.00	.00	.00	.00	83,000.00	.00
		PUR	02/26/20	192.009	1,630.16	.00	.00	.00	1,630.16	.00
		PUR	03/13/20	341.017	2,942.98	.00	.00	.00	2,942.98	.00
		PUR	04/17/20	366.659	3,178.93	.00	.00	.00	3,178.93	.00
		PUR	05/05/20	444.151	3,637.60	.00	.00	.00	3,637.60	.00
		PUR	06/08/20	448.881	3,779.58	.00	.00	.00	3,779.58	.00
		SAL	06/12/20	754.386	6,450.00	.00	.00	.00	6,366.17	83.83
		PUR	07/08/20	444.678	3,784.21	.00	.00	.00	3,784.21	.00
		PUR	08/07/20	384.944	3,298.97	.00	.00	.00	3,298.97	.00
		PUR	09/08/20	462.096	4,001.75	.00	.00	.00	4,001.75	.00
		PUR	10/15/20	405.683	3,496.99	.00	.00	.00	3,496.99	.00
		PUR	11/05/20	413.836	3,567.27	.00	.00	.00	3,567.27	.00
		SAL	11/20/20	4,970.046	43,140.00	.00	.00	.00	41,948.03	1,191.97
		PUR	12/07/20	414.962	3,572.82	.00	.00	.00	3,572.82	.00
17 PURCHASES FOR			1,427,310.64	3 SALES FOR	138,840.00	ISSUE AGGREGATE TOTAL			1,566,150.64	
ALLIANCEBERN UNCONSTRAINED BOND		PUR	01/07/20	86.445	673.41	.00	.00	.00	673.41	.00
		PUR	01/07/20	153.653	1,207.71	.00	.00	.00	1,207.71	.00
		PUR	01/13/20	1,750.161	13,318.70	.00	.00	.00	13,318.70	.00
		PUR	01/13/20	99.051	753.78	.00	.00	.00	753.78	.00
		SAL	01/14/20	58,524.516	443,615.83	.00	.00	.00	493,589.72	-49,973.89
4 PURCHASES FOR			15,953.60	1 SALES FOR	443,615.83	ISSUE AGGREGATE TOTAL			459,569.43	
AB BD FD INC		PUR	01/13/20	73,026.775	586,405.00	.00	.00	.00	586,405.00	.00
		SAL	01/17/20	2,958.955	23,790.00	.00	.00	.00	23,760.41	29.59
		PUR	01/27/20	2,841.191	22,900.00	.00	.00	.00	22,900.00	.00
		PUR	03/09/20	138.379	1,123.64	.00	.00	.00	1,123.64	.00
		PUR	04/17/20	205.007	1,670.81	.00	.00	.00	1,670.81	.00
		PUR	05/05/20	198.515	1,476.95	.00	.00	.00	1,476.95	.00
		PUR	06/08/20	234.349	1,771.68	.00	.00	.00	1,771.68	.00
		PUR	07/08/20	276.495	2,148.37	.00	.00	.00	2,148.37	.00
		PUR	08/07/20	260.878	2,068.76	.00	.00	.00	2,068.76	.00
		PUR	09/08/20	282.465	2,273.84	.00	.00	.00	2,273.84	.00
		PUR	10/19/20	245.563	1,979.24	.00	.00	.00	1,979.24	.00
		PUR	11/05/20	255.014	2,045.21	.00	.00	.00	2,045.21	.00
		PUR	12/07/20	261.591	2,084.88	.00	.00	.00	2,084.88	.00
		SAL	12/31/20	137.363	1,125.00	.00	.00	.00	1,102.65	22.35

5% REPORT BY ASSET-AGGREGATE 01-01-002-9665175

01/01/20 THROUGH 12/31/20

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	VALUATION		COST OF ASSET	NET GAIN/LOSS
					BROKER COMMISSION	OTHER EXPENSE		
12 PURCHASES FOR			627,948.38	2 SALES FOR	24,915.00	ISSUE	AGGREGATE TOTAL	652,863.38
BERNSTEIN SANFORD C FD INC OVERLAY B PORTFOLIO CL 1	PUR	01/13/20	32,791.820	356,775.00	.00	.00	356,775.00	.00
	SAL	01/17/20	2,418.573	26,435.00	.00	.00	25,989.07	445.93
	PUR	01/27/20	2,220.494	24,270.00	.00	.00	24,270.00	.00
	SAL	11/24/20	2,715.979	30,935.00	.00	.00	29,204.21	1,730.79
	2 PURCHASES FOR			381,045.00	2 SALES FOR	57,370.00	ISSUE	AGGREGATE TOTAL
FEDERATED GOVERNMENT OBLIGATION INSTITUTIONAL SHARES								
	SAL	01/31/20	10,564.000	10,564.00	.00	.00	10,564.00	.00
	SAL	01/31/20	2,250,743.000	2,250,743.00	.00	.00	2,250,743.00	.00
	PUR	02/29/20	16,319.000	16,319.00	.00	.00	16,319.00	.00
	PUR	02/29/20	4,029.000	4,029.00	.00	.00	4,029.00	.00
	PUR	03/31/20	628.000	628.00	.00	.00	628.00	.00
	SAL	03/31/20	4,029.000	4,029.00	.00	.00	4,029.00	.00
	PUR	04/30/20	1,066.000	1,066.00	.00	.00	1,066.00	.00
	SAL	05/31/20	7,655.000	7,655.00	.00	.00	7,655.00	.00
	PUR	06/30/20	13,582.000	13,582.00	.00	.00	13,582.00	.00
	SAL	07/31/20	13,095.000	13,095.00	.00	.00	13,095.00	.00
	SAL	08/31/20	18,113.000	18,113.00	.00	.00	18,113.00	.00
	SAL	09/30/20	11,661.000	11,661.00	.00	.00	11,661.00	.00
	PUR	10/31/20	2,852.000	2,852.00	.00	.00	2,852.00	.00
	PUR	11/30/20	52,759.000	52,759.00	.00	.00	52,759.00	.00
	PUR	11/30/20	1,441.000	1,441.00	.00	.00	1,441.00	.00
PUR	12/31/20	2,727.000	2,727.00	.00	.00	2,727.00	.00	
10 PURCHASES FOR			2,277,362.00	7 SALES FOR	2,315,860.00	ISSUE	AGGREGATE TOTAL	4,688,625.00
			2,372,765.00				2,277,362.00	
								406,677.11

5% REPORT BY BROKER-SECURITIES 01-01-002-9665175 01/01/20 THROUGH 12/31/20

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
NON BROKER TRADE/TRANSFER								
ALLIANCEBERN LIMITED DUR HI INC	PUR	01/13/20	10,202.015	106,305.00	.00	.00	106,305.00	406,677.11
ALLIANCEBERN LIMITED DUR HI INC	SAL	01/17/20	2,264.621	23,620.00	.00	.00	23,122.22	497.78
ALLIANCEBERN LIMITED DUR HI INC	PUR	01/27/20	2,207.294	23,000.00	.00	.00	23,000.00	.00
ALLIANCEBERSTEIN ALL MARKET REAL RETURN PORTFOLIO CLASS 1	SAL	01/13/20	15,684.393	135,670.00	.00	.00	128,971.94	6,698.06
ALLIANCEBERSTEIN ALL MARKET REAL RETURN PORTFOLIO CLASS 1	SAL	01/17/20	844.610	7,365.00	.00	.00	6,945.18	419.82
ALLIANCEBERSTEIN ALL MARKET REAL RETURN PORTFOLIO CLASS 1	PUR	06/11/20	1,119.868	8,455.00	.00	.00	8,455.00	.00
AB BD FD INC BD INFLATION STRATEGY CL 1	SAL	01/13/20	15,821.232	172,135.00	.00	.00	167,001.98	5,133.02
AB BD FD INC BD INFLATION STRATEGY CL 1	SAL	01/17/20	1,597.796	17,400.00	.00	.00	16,865.63	534.37
AB BD FD INC BD INFLATION STRATEGY CL 1	PUR	01/27/20	1,513.761	16,500.00	.00	.00	16,500.00	.00
AB BD FD INC BD INFLATION STRATEGY CL 1	SAL	11/20/20	1,238.806	14,110.00	.00	.00	13,107.00	1,003.00
AB BD FD INC BD INFLATION STRATEGY CL 1	SAL	12/28/20	380.623	4,400.00	.00	.00	4,027.12	372.88
AB GLOBAL BOND FUND	PUR	01/13/20	12,314.924	104,800.00	.00	.00	104,800.00	.00
AB GLOBAL BOND FUND	PUR	01/13/20	139,705.640	1,188,895.00	.00	.00	1,188,895.00	.00
AB GLOBAL BOND FUND	SAL	01/17/20	10,475.352	89,250.00	.00	.00	88,342.73	907.27
AB GLOBAL BOND FUND	PUR	01/27/20	9,684.947	83,000.00	.00	.00	83,000.00	.00

5% REPORT BY BROKER-SECURITIES 01-01-002-9665175

01/01/20 THROUGH 12/31/20

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	THRESHOLD	VALUATION	COST OF ASSET	NET GAIN/LOSS
AB GLOBAL BOND FUND	SAL	06/12/20	754.386	6,450.00	.00	.00	8,133,542.36	.00	6,366.17	83.83
AB GLOBAL BOND FUND	SAL	11/20/20	4,970.046	43,140.00	.00	.00		.00	41,948.03	1,191.97
ALLIANCEBERN UNCONSTRAINED BOND	SAL	01/14/20	58,524.516	443,615.83	.00	.00		.00	493,589.72	-49,973.89
AB DISCOVERY GROWTH FUND	SAL	01/13/20	10,164.443	120,347.01	.00	.00		.00	104,104.58	16,242.43
AMERICAN BEACON INTL EQUITY Y	PUR	01/13/20	18,132.576	167,545.00	.00	.00		.00	167,545.00	.00
AMERICAN BEACON INTL EQUITY Y	SAL	01/17/20	821.734	7,675.00	.00	.00		.00	7,592.82	82.18
AB GLOBAL CORE EQUITY PORTFOLIO ADV	PUR	01/13/20	17,785.916	251,315.00	.00	.00		.00	251,315.00	.00
AB GLOBAL CORE EQUITY PORTFOLIO ADV	SAL	01/17/20	814.246	11,660.00	.00	.00		.00	11,505.30	154.70
AB GLOBAL CORE EQUITY PORTFOLIO ADV	PUR	01/27/20	667.135	9,500.00	.00	.00		.00	9,500.00	.00
AB BD FD INC	PUR	01/13/20	73,026.775	586,405.00	.00	.00		.00	586,405.00	.00
AB BD FD INC	SAL	01/17/20	2,958.955	23,790.00	.00	.00		.00	23,760.41	29.59
AB BD FD INC	PUR	01/27/20	2,841.191	22,900.00	.00	.00		.00	22,900.00	.00
AB BD FD INC	SAL	12/31/20	137.363	1,125.00	.00	.00		.00	1,102.65	22.35
ALLIANCEBERNSTEIN SMALL CAP VAL FD-AD	SAL	01/14/20	5,994.776	121,034.53	.00	.00		.00	122,128.63	-1,094.10
AB INTERNATIONAL STRAT EQS ADV	PUR	01/13/20	12,939.406	161,225.00	.00	.00		.00	161,225.00	.00
AB INTERNATIONAL STRAT EQS ADV	SAL	01/17/20	2,589.937	32,685.00	.00	.00		.00	30,161.24	2,523.76
AB INTERNATIONAL STRAT EQS ADV	PUR	01/27/20	2,116.613	26,500.00	.00	.00		.00	26,500.00	.00
BERNSTEIN SMALL CAP CORE ADVISOR	SAL	01/13/20	5,359.103	62,755.10	.00	.00		.00	57,524.35	5,230.75

5% REPORT BY BROKER-SECURITIES **01-01-002-9665175** **01/01/20 THROUGH 12/31/20**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	VALUATION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
NON BROKER TRADE/TRANSFER								
BERNSTEIN SANFORD C FD INC OVERLAY B PORTFOLIO CL 1	PUR	01/13/20	32,791.820	356,775.00	.00	.00	356,775.00	.00
BERNSTEIN SANFORD C FD INC OVERLAY B PORTFOLIO CL 1	SAL	01/17/20	2,418.573	26,435.00	.00	.00	25,989.07	445.93
BERNSTEIN SANFORD C FD INC OVERLAY B PORTFOLIO CL 1	PUR	01/27/20	2,220.494	24,270.00	.00	.00	24,270.00	.00
BERNSTEIN SANFORD C FD INC OVERLAY B PORTFOLIO CL 1	SAL	11/24/20	2,715.979	30,935.00	.00	.00	29,204.21	1,730.79
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1	PUR	01/13/20	1,244.534	17,075.00	.00	.00	17,075.00	.00
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1	PUR	01/13/20	4,861.195	66,695.60	.00	.00	66,695.60	.00
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1	SAL	01/17/20	3,360.691	46,680.00	.00	.00	42,555.32	4,124.68
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1	PUR	01/27/20	2,724.188	37,730.00	.00	.00	37,730.00	.00
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1	PUR	01/31/20	765.809	10,415.00	.00	.00	10,415.00	.00
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1	SAL	11/24/20	512.373	7,040.00	.00	.00	6,514.53	525.47
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1	SAL	12/23/20	1,060.976	8,700.00	.00	.00	13,489.71	-4,789.71
BERNSTEIN SANFORD C FD INC EMERGING MKTS VALUE PORTFOLIO	SAL	01/13/20	2,286.445	66,695.60	.00	.00	60,914.56	5,781.04
20 PURCHASES FOR	3,269,305.60	25 SALES FOR	1,524,713.07	BROKER AGGREGATE TOTAL	4,794,018.67	-2,122.03		



Schedule SB, Line 26 - Schedule of Active Participant Data

[illegible]

Dinsmore & Shohl LLP Cash Balance Plan

EIN / PN 31-0263070 / 004

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

Plan Sponsor Elections

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

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

Economic Assumptions

	Funding Target		PBGC Funding Target
	with stabilization	without stabilization	
First segment rate (years 0 to 4):	3.64%	2.77%	2.77%
Second segment rate (years 5 to 19):	5.21%	3.83%	3.83%
Third segment rate (years 20 and after):	5.94%	4.28%	4.28%
Effective interest rate (current year):	5.07%	3.76%	N/A

Interest crediting rate: 3.00%

The interest rates listed above are compounded annually.

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

Dinsmore & Shohl LLP Cash Balance Plan

EIN / PN 31-0263070 / 004

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

Demographic Assumptions

WEIGHTED AVERAGE RETIREMENT AGE

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

RETIREMENT

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

WITHDRAWAL

None.

DISABILITY

None.

RATIONALE FOR RETIREMENT AGE, WITHDRAWAL AND DISABILITY ASSUMPTIONS

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

MORTALITY AND MORTALITY IMPROVEMENT

The mortality follows the IRS 2020 Static Mortality Table with separate tables for annuitants and non-annuitants, as prescribed by Treasury regulation section 1.430(h)(3)-1.

DECREMENT TIMING

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

Other Assumptions

FORM OF PAYMENT

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

MAXIMUM EARNINGS

The maximum compensation limit under IRC section 401(a)(17) is \$285,000 for 2020.

MAXIMUM BENEFIT

The maximum benefit payable under IRC section 415 is \$230,000 for 2020.

EXPENSES

No expenses are assumed to be paid from the trust.

Changes From Prior Year And Rationale For Changes

The interest crediting rate changed from 3.25% in 2019 to 3.0% in 2020 in order to better reflect expected future experience.

Dinsmore & Shohl LLP Cash Balance Plan

EIN / PN 31-0263070 / 004

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

Actuarial Methods

VALUATION DATE

The valuation date is January 1, 2019.

ACTUARIAL VALUE OF ASSETS

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

MINIMUM FUNDING METHOD

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

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information	
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A This return/report is for:	☐ a multiemployer plan ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ 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 DINSMORE & SHOHL LLP CASH BALANCE PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px;">004</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 01/01/2016</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) 31-0263070</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number 513-977-8302</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) 541110</td> </tr> </table>	1b Three-digit plan number (PN) ▶	004	1c Effective date of plan 01/01/2016		2b Employer Identification Number (EIN) 31-0263070		2c Plan Sponsor's telephone number 513-977-8302		2d Business code (see instructions) 541110	
1b Three-digit plan number (PN) ▶	004										
1c Effective date of plan 01/01/2016											
2b Employer Identification Number (EIN) 31-0263070											
2c Plan Sponsor's telephone number 513-977-8302											
2d Business code (see instructions) 541110											
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) DINSMORE & SHOHL LLP 255 E. FIFTH STREET, SUITE 1900 CINCINNATI OH 45202											

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

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

SIGN HERE	 Signature of plan administrator	10-14-2021 Date	Ben Wells, Chair, Fringe Benefits Committee 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 (2020)
v. 200204

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	5 228
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) 211
a(2) Total number of active participants at the end of the plan year	6a(2) 203
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 8
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 211
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.	6f 211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C 3B	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

SINGLE TRANSACTION EXCEEDS 5% 01-01-002-9665175 01/01/20 THROUGH 12/31/20

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	VALUATION	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
FEDERATED GOVERNMENT OBLIGATION INSTITUTIONAL SHARES	SAL	01/31/20	2,250,743.000	2,250,743.00	.00	.00	.00	2,250,743.00	.00
FEDERATED GOVERNMENT OBLIGATION INSTITUTIONAL SHARES	PUR	12/31/20	2,277,362.000	2,277,362.00	.00	.00	.00	2,277,362.00	.00
AB GLOBAL BOND FUND	PUR	01/13/20	139,705.640	1,188,895.00	.00	.00	.00	1,188,895.00	.00
ALLIANCEBERN UNCONSTRAINED BOND	SAL	01/14/20	58,524.516	443,615.83	.00	.00	.00	493,589.72	-49,973.89
AB BD FD INC	PUR	01/13/20	73,026.775	586,405.00	.00	.00	.00	586,405.00	.00
	3 PURCHASES FOR		4,052,662.00	2 SALES FOR	2,694,358.83				

5% REPORT BY ASSET-AGGREGATE 01-01-002-9665175 01/01/20 THROUGH 12/31/20

ASSET DESCRIPTION		TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
AB GLOBAL BOND FUND		PUR	01/07/20	1,247.472	10,578.56	.00	.00	10,578.56	.00
		PUR	01/07/20	177.720	1,528.39	.00	.00	1,528.39	.00
		PUR	01/13/20	12,314.924	104,800.00	.00	.00	104,800.00	.00
		PUR	01/13/20	139,705.640	1,188,895.00	.00	.00	1,188,895.00	.00
		SAL	01/17/20	10,475.352	89,250.00	.00	.00	88,342.73	907.27
		PUR	01/23/20	187.419	1,617.43	.00	.00	1,617.43	.00
		PUR	01/27/20	9,684.947	83,000.00	.00	.00	83,000.00	.00
		PUR	02/26/20	192.009	1,630.16	.00	.00	1,630.16	.00
		PUR	03/13/20	341.017	2,942.98	.00	.00	2,942.98	.00
		PUR	04/17/20	366.659	3,178.93	.00	.00	3,178.93	.00
		PUR	05/05/20	444.151	3,637.60	.00	.00	3,637.60	.00
		PUR	06/08/20	448.881	3,779.58	.00	.00	3,779.58	.00
		SAL	06/12/20	754.386	6,450.00	.00	.00	6,366.17	83.83
		PUR	07/08/20	444.678	3,784.21	.00	.00	3,784.21	.00
		PUR	08/07/20	384.944	3,298.97	.00	.00	3,298.97	.00
		PUR	09/08/20	462.096	4,001.75	.00	.00	4,001.75	.00
		PUR	10/15/20	405.683	3,496.99	.00	.00	3,496.99	.00
		PUR	11/05/20	413.836	3,567.27	.00	.00	3,567.27	.00
		SAL	11/20/20	4,970.046	43,140.00	.00	.00	41,948.03	1,191.97
		PUR	12/07/20	414.962	3,572.82	.00	.00	3,572.82	.00
17 PURCHASES FOR			1,427,310.64	3 SALES FOR	138,840.00	ISSUE AGGREGATE TOTAL		1,566,150.64	
ALLIANCEBERN UNCONSTRAINED BOND		PUR	01/07/20	86.445	673.41	.00	.00	673.41	.00
		PUR	01/07/20	153.653	1,207.71	.00	.00	1,207.71	.00
		PUR	01/13/20	1,750.161	13,318.70	.00	.00	13,318.70	.00
		PUR	01/13/20	99.051	753.78	.00	.00	753.78	.00
		SAL	01/14/20	58,524.516	443,615.83	.00	.00	493,589.72	-49,973.89
4 PURCHASES FOR			15,953.60	1 SALES FOR	443,615.83	ISSUE AGGREGATE TOTAL		459,569.43	
AB BD FD INC		PUR	01/13/20	73,026.775	586,405.00	.00	.00	586,405.00	.00
		SAL	01/17/20	2,958.955	23,790.00	.00	.00	23,760.41	29.59
		PUR	01/27/20	2,841.191	22,900.00	.00	.00	22,900.00	.00
		PUR	03/09/20	138.379	1,123.64	.00	.00	1,123.64	.00
		PUR	04/17/20	205.007	1,670.81	.00	.00	1,670.81	.00
		PUR	05/05/20	198.515	1,476.95	.00	.00	1,476.95	.00
		PUR	06/08/20	234.349	1,771.68	.00	.00	1,771.68	.00
		PUR	07/08/20	276.495	2,148.37	.00	.00	2,148.37	.00
		PUR	08/07/20	260.878	2,068.76	.00	.00	2,068.76	.00
		PUR	09/08/20	282.465	2,273.84	.00	.00	2,273.84	.00
		PUR	10/19/20	245.563	1,979.24	.00	.00	1,979.24	.00
		PUR	11/05/20	255.014	2,045.21	.00	.00	2,045.21	.00
		PUR	12/07/20	261.591	2,084.88	.00	.00	2,084.88	.00
		SAL	12/31/20	137.363	1,125.00	.00	.00	1,102.65	22.35

5% REPORT BY BROKER-SECURITIES 01-01-002-9665175

01/01/20 THROUGH 12/31/20

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
NON BROKER TRADE/TRANSFER								
ALLIANCEBERN LIMITED DUR HI INC	PUR	01/13/20	10,202.015	106,305.00	.00	.00	106,305.00	406,677.11
ALLIANCEBERN LIMITED DUR HI INC	SAL	01/17/20	2,264.621	23,620.00	.00	.00	23,122.22	497.78
ALLIANCEBERN LIMITED DUR HI INC	PUR	01/27/20	2,207.294	23,000.00	.00	.00	23,000.00	.00
ALLIANCEBERSTEIN ALL MARKET REAL RETURN PORTFOLIO CLASS 1	SAL	01/13/20	15,684.393	135,670.00	.00	.00	128,971.94	6,698.06
ALLIANCEBERSTEIN ALL MARKET REAL RETURN PORTFOLIO CLASS 1	SAL	01/17/20	844.610	7,365.00	.00	.00	6,945.18	419.82
ALLIANCEBERSTEIN ALL MARKET REAL RETURN PORTFOLIO CLASS 1	PUR	06/11/20	1,119.868	8,455.00	.00	.00	8,455.00	.00
AB BD FD INC BD INFLATION STRATEGY CL 1	SAL	01/13/20	15,821.232	172,135.00	.00	.00	167,001.98	5,133.02
AB BD FD INC BD INFLATION STRATEGY CL 1	SAL	01/17/20	1,597.796	17,400.00	.00	.00	16,865.63	534.37
AB BD FD INC BD INFLATION STRATEGY CL 1	PUR	01/27/20	1,513.761	16,500.00	.00	.00	16,500.00	.00
AB BD FD INC BD INFLATION STRATEGY CL 1	SAL	11/20/20	1,238.806	14,110.00	.00	.00	13,107.00	1,003.00
AB BD FD INC BD INFLATION STRATEGY CL 1	SAL	12/28/20	380.623	4,400.00	.00	.00	4,027.12	372.88
AB GLOBAL BOND FUND	PUR	01/13/20	12,314.924	104,800.00	.00	.00	104,800.00	.00
AB GLOBAL BOND FUND	PUR	01/13/20	139,705.640	1,188,895.00	.00	.00	1,188,895.00	.00
AB GLOBAL BOND FUND	SAL	01/17/20	10,475.352	89,250.00	.00	.00	88,342.73	907.27
AB GLOBAL BOND FUND	PUR	01/27/20	9,684.947	83,000.00	.00	.00	83,000.00	.00

5% REPORT BY BROKER-SECURITIES 01-01-002-9665175

01/01/20 THROUGH 12/31/20

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
AB GLOBAL BOND FUND	SAL	06/12/20	754.386	6,450.00	.00	.00	6,366.17	83.83
AB GLOBAL BOND FUND	SAL	11/20/20	4,970.046	43,140.00	.00	.00	41,948.03	1,191.97
ALLIANCEBERN UNCONSTRAINED BOND	SAL	01/14/20	58,524.516	443,615.83	.00	.00	493,589.72	-49,973.89
AB DISCOVERY GROWTH FUND	SAL	01/13/20	10,164.443	120,347.01	.00	.00	104,104.58	16,242.43
AMERICAN BEACON INTL EQUITY Y	PUR	01/13/20	18,132.576	167,545.00	.00	.00	167,545.00	.00
AMERICAN BEACON INTL EQUITY Y	SAL	01/17/20	821.734	7,675.00	.00	.00	7,592.82	82.18
AB GLOBAL CORE EQUITY PORTFOLIO ADV	PUR	01/13/20	17,785.916	251,315.00	.00	.00	251,315.00	.00
AB GLOBAL CORE EQUITY PORTFOLIO ADV	SAL	01/17/20	814.246	11,660.00	.00	.00	11,505.30	154.70
AB GLOBAL CORE EQUITY PORTFOLIO ADV	PUR	01/27/20	667.135	9,500.00	.00	.00	9,500.00	.00
AB BD FD INC	PUR	01/13/20	73,026.775	586,405.00	.00	.00	586,405.00	.00
AB BD FD INC	SAL	01/17/20	2,958.955	23,790.00	.00	.00	23,760.41	29.59
AB BD FD INC	PUR	01/27/20	2,841.191	22,900.00	.00	.00	22,900.00	.00
AB BD FD INC	SAL	12/31/20	137.363	1,125.00	.00	.00	1,102.65	22.35
ALLIANCEBERNSTEIN SMALL CAP VAL FD-AD	SAL	01/14/20	5,994.776	121,034.53	.00	.00	122,128.63	-1,094.10
AB INTERNATIONAL STRAT EQS ADV	PUR	01/13/20	12,939.406	161,225.00	.00	.00	161,225.00	.00
AB INTERNATIONAL STRAT EQS ADV	SAL	01/17/20	2,589.937	32,685.00	.00	.00	30,161.24	2,523.76
AB INTERNATIONAL STRAT EQS ADV	PUR	01/27/20	2,116.613	26,500.00	.00	.00	26,500.00	.00
BERNSTEIN SMALL CAP CORE ADVISOR	SAL	01/13/20	5,359.103	62,755.10	.00	.00	57,524.35	5,230.75

5% REPORT BY BROKER-SECURITIES					01-01-002-9665175			01/01/20 THROUGH 12/31/20		
ASSET DESCRIPTION		TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	VALUATION		OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
NON BROKER TRADE/TRANSFER										
BERNSTEIN SANFORD C FD INC OVERLAY B PORTFOLIO CL 1		PUR	01/13/20	32,791.820	356,775.00	.00		.00	356,775.00	.00
BERNSTEIN SANFORD C FD INC OVERLAY B PORTFOLIO CL 1		SAL	01/17/20	2,418.573	26,435.00	.00		.00	25,989.07	445.93
BERNSTEIN SANFORD C FD INC OVERLAY B PORTFOLIO CL 1		PUR	01/27/20	2,220.494	24,270.00	.00		.00	24,270.00	.00
BERNSTEIN SANFORD C FD INC OVERLAY B PORTFOLIO CL 1		SAL	11/24/20	2,715.979	30,935.00	.00		.00	29,204.21	1,730.79
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1		PUR	01/13/20	1,244.534	17,075.00	.00		.00	17,075.00	.00
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1		PUR	01/13/20	4,861.195	66,695.60	.00		.00	66,695.60	.00
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1		SAL	01/17/20	3,360.691	46,680.00	.00		.00	42,555.32	4,124.68
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1		PUR	01/27/20	2,724.188	37,730.00	.00		.00	37,730.00	.00
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1		PUR	01/31/20	765.809	10,415.00	.00		.00	10,415.00	.00
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1		SAL	11/24/20	512.373	7,040.00	.00		.00	6,514.53	525.47
BERNSTEIN SANFORD C FD INC OVERLAY A PORTFOLIO CL 1		SAL	12/23/20	1,060.976	8,700.00	.00		.00	13,489.71	-4,789.71
BERNSTEIN SANFORD C FD INC EMERGING MKTS VALUE PORTFOLIO		SAL	01/13/20	2,286.445	66,695.60	.00		.00	60,914.56	5,781.04
20 PURCHASES FOR	3,269,305.60	25 SALES FOR		1,524,713.07	BROKER AGGREGATE TOTAL			4,794,018.67		-2,122.03

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 2020 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
► Round off amounts to nearest dollar.	
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan Dinsmore & Shohl Llp Cash Balance Plan	B Three-digit plan number (PN) <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Dinsmore & Shohl Llp	D Employer Identification Number (EIN) 31-0263070
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>			
2 Assets:			
a Market value	2a	8,133,542	
b Actuarial value	2b	8,133,542	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	17	118,614	118,614
c For active participants	211	7,115,217	7,115,217
d Total	228	7,233,831	7,233,831
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	5.07%	
6 Target normal cost	6	1,834,328	

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	<div style="text-align: center;"> Signature of actuary </div> <div style="text-align: center;"> Karina Limsico Type or print name of actuary October Three Consulting LLC Firm name 233 S. Wacker Drive, Suite 8350 Chicago IL 60606 Address of the firm </div>	<div style="text-align: center;"> Date 2007028 Most recent enrollment number 617-209-3955 Telephone number (including area code) </div>
------------------	---	---

Part II	Beginning of Year Carryover and Prefunding Balances
----------------	--

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.09%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		889,175
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>5.12%</u>		45,526
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		934,701
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage.....	14	112.43%
15	Adjusted funding target attainment percentage.....	15	112.43%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	110.45%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)		(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)		(b) Amount paid by employer(s)	(c) Amount paid by employees	
12/31/2020		2,283,078	0					
				</				

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	2,173,205

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:				☐ N/A, full yield curve used
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ 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):			31a	1,834,328
a Target normal cost (line 6)			31b	899,711
b Excess assets, if applicable, but not greater than line 31a				
32 Amortization installments:	Outstanding Balance	Installment		
a Net shortfall amortization installment	0	0		
b Waiver amortization installment	0	0		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)			34	934,617
	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	934,617
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	2,173,205
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			38a	1,238,588
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39	0
40 Unpaid minimum required contributions for all years			40	0

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

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

Dinsmore & Shohl LLP Cash Balance Plan

EIN / PN 31-0263070 / 004

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

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

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

Dinsmore & Shohl LLP Cash Balance Plan

EIN / PN 31-0263070 / 004

Schedule SB, Part V - Summary of Plan Provisions

EFFECTIVE DATE

January 1, 2016. The plan was last amended effective July 17th, 2020. This valuation reflects an election under IRC Section 412(d)(2) by the sponsor to recognize the amendments during 2020 to freeze the plan and to unfreeze the plan.

PLAN YEAR

January 1 to December 31.

ELIGIBILITY

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

CASH BALANCE ACCOUNT

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

Basic Account

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

Maximum Account

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

Preservation Account

The sum of the Participant's Cash Balance Credits.

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

CASH BALANCE CREDITS

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

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

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

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

EARNINGS CREDITS

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

Basic Earnings Credit

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

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

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

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

Maximum Earnings Credit

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

YEAR OF BENEFIT SERVICE

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

VESTING

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

ACCRUED BENEFIT

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

ACTUARIAL EQUIVALENT

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

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

NORMAL RETIREMENT AGE

Age 62.

NORMAL RETIREMENT DATE

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

IN-SERVICE DISTRIBUTIONS

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

Payment of retirement benefits

BENEFIT AMOUNT

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

BENEFIT ELIGIBILITY

Normal retirement benefit

Attainment of Normal Retirement Age.

Terminated vested benefit

Termination of employment after having earned a benefit.

Death benefit

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

BENEFIT PAYMENT FORMS

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

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

Dinsmore & Shohl LLP Cash Balance Plan
 EIN 31-0263070 Plan Number: 004
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral par, or maturity value	Cost	Current value
	ACTIVISION BLIZZARD INC	Common Stock	\$ 14,258	16,156
	ALLIANT CORP	Common Stock	3,304	3,195
	ALPHABET INC CAP STK CL C	Common Stock	32,441	45,549
	AMAZON.COM INC	Common Stock	32,477	42,340
	AMDOCS LIMITED	Common Stock	16,622	18,867
	AMEREN CORP	Common Stock	21,012	22,793
	AMERICAN ELEC PWR INC	Common Stock	18,896	19,235
	ANTHEM INC	Common Stock	18,637	23,439
	APPLE INC	Common Stock	24,326	66,080
	AUTOMATIC DATA PROCESSING INC	Common Stock	16,945	20,968
	AUTOZONE INC	Common Stock	25,944	32,007
	BOOZ ALLEN HAMILTON HLDG CORP	Common Stock	9,148	16,651
	BRISTOL MYERS SQUIBB CO	Common Stock	14,255	15,569
	BRITISH AMERICAN TOBACCO PLC	Common Stock	26,648	21,219
	CDW CORP	Common Stock	11,493	14,497
	CHECK POINT SOFTWARE TECH	Common Stock	21,829	26,715
	CITRIX SYS INC	Common Stock	19,955	23,158
	CME GROUP INC	Common Stock	16,265	16,931
	COCA COLA CO	Common Stock	15,557	16,233
	COLGATE PALMOLIVE CO	Common Stock	6,748	7,696
	COMCAST CORP CL A	Common Stock	14,705	20,017
	COPART INC	Common Stock	2,264	6,617
	CUBESMART	Common Stock	6,781	7,226
	C. H. ROBINSON WORLDWIDE, INC.	Common Stock	11,964	13,611
	DAVITA INC.	Common Stock	7,055	10,449
	DECKERS OUTDOOR CORP	Common Stock	12,328	20,935
	DOLLAR GENERAL CORP	Common Stock	10,014	17,875
	DOMINION ENERGY INC	Common Stock	11,118	10,378
	ELECTRONIC ARTS	Common Stock	15,751	16,801
	ESSENT GROUP LTD COM	Common Stock	10,242	8,813
	EVEREST RE GROUP LTD	Common Stock	14,070	15,684
	FACEBOOK INC	Common Stock	21,370	28,682
	FIDELITY NATL INFORMATION	Common Stock	10,597	13,722
	GENPACT LTD	Common Stock	17,609	19,522
	HOME DEPOT INC	Common Stock	16,639	24,171
	INTERCONTINENTAL EXCHANGE, INC	Common Stock	12,053	16,486
	JOHNSON & JOHNSON	Common Stock	23,067	25,653
	JPMORGAN CHASE & CO	Common Stock	15,536	16,900
	KLA CORPORATION	Common Stock	7,717	9,580
	L3HARRIS TECHNOLOGIES INC	Common Stock	23,847	26,841
	LILLY (ELI) & CO	Common Stock	10,738	16,040
	LOCKHEED MARTIN CORP	Common Stock	26,895	25,914
	MASCO CORP	Common Stock	14,243	18,072
	MASTERCARD INC	Common Stock	12,241	19,989
	MCDONALDS CORP	Common Stock	13,148	15,879
	MEDTRONIC PLC	Common Stock	10,577	11,480
	MERCK & CO INC	Common Stock	24,639	27,648
	MICROSOFT CORP	Common Stock	55,002	103,870
	MOTOROLA INC	Common Stock	17,555	24,318
	NEXTERA ENERGY	Common Stock	14,445	20,522
	NICE LTD	Common Stock	5,313	13,893
	NORTONLIFELOCK INC	Common Stock	11,025	10,764
	NUANCE COMMUNICATIONS INC	Common Stock	8,044	19,444

Dinsmore & Shohl LLP Cash Balance Plan
 EIN 31-0263070 Plan Number: 004
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)
 December 31, 2020

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value	(d) Cost	(e) Current value
	O REILLY AUTOMOTIVE INC	Common Stock	11,993	14,030
	ORACLE CORPORATION	Common Stock	29,548	38,685
	PAYCHEX INC	Common Stock	16,101	20,406
	PEPSICO INC	Common Stock	11,862	14,978
	PHILIP MORRIS INTL INC	Common Stock	29,438	28,811
	PROCTER & GAMBLE CO	Common Stock	27,644	36,872
	PROGRESSIVE CORP OHIO	Common Stock	10,411	15,524
	REGAL BELOIT CORP COM	Common Stock	9,850	11,544
	RELIANCE STL & ALUM CO	Common Stock	7,931	8,023
	RELX PLC	Common Stock	12,278	14,253
	RENAISSANCERE HOLDINGS	Common Stock	17,458	15,753
	REPUBLIC SVCS INC	Common Stock	7,199	9,534
	ROCHE HOLDING AG ADR	Common Stock	17,711	18,396
	ROYAL DUTCH SHELL PLC CL B	Common Stock	6,884	3,731
	SEALED AIR CORP	Common Stock	6,784	7,510
	SHERWIN WILLIAMS CO	Common Stock	6,719	6,614
	SUN CMNTYS INC	Common Stock	3,948	5,318
	S&P GLOBAL INC	Common Stock	14,958	17,423
	TAIWAN SEMICONDUCTOR MANUFACTURE ADR	Common Stock	11,445	15,375
	TEXAS INSTRS INC	Common Stock	17,452	27,902
	THERMO FISHER SCIENTIFIC INC	Common Stock	7,426	6,987
	UNITEDHEALTH GROUP INC	Common Stock	25,126	35,769
	US BANCORP DEL	Common Stock	7,411	8,060
	VERISK ANALYTICS INC	Common Stock	12,233	19,721
	VERIZON COMMUNICATIONS INC	Common Stock	18,799	20,504
	VISA INC CL A	Common Stock	19,226	27,779
	WALMART	Common Stock	27,749	38,776
	Total Common Stocks	\$	<u>1,250,936</u>	<u>1,615,372</u>
	FEDERATED GOVT OBLIGATION	Money Market Fund	\$ <u>2,353,958</u>	<u>2,353,958</u>
	AB BD FD INC BD INFLATION STRATEGY CL 1	Mutual Fund	\$ 397,821	435,032
	AB DB FD INC	Mutual Fund	603,085	616,816
	AB GLOBAL BOND FUND	Mutual Fund	2,141,147	2,204,453
	AB GLOBAL CORE EQUITY PORTFOLIO ADV	Mutual Fund	249,310	270,756
	AB INTERNATIONAL STRAT EQS ADV	Mutual Fund	623,091	679,624
	ALLIANCE BERNSTEIN ALL MKT REAL RTRN PORT CL 1	Mutual Fund	160,782	165,014
	ALLIANCE BERNSTEIN LIMITED DUR HI INC	Mutual Fund	596,144	604,875
	AMERICAN BEACON INTL EQUITY Y	Mutual Fund	162,590	177,610
	BERNSTEIN SANFORD C FD INC OVERLAY A PORT CL 1	Mutual Fund	950,786	824,824
	BERNSTEIN SANFORD C FD INC OVERLAY B PORT CL	Mutual Fund	589,605	531,881
	Total Mutual Funds	\$	<u>6,474,361</u>	<u>6,510,885</u>

Dinsmore & Shohl LLP Cash Balance Plan
EIN / PN 31-0263070 / 004
Schedule SB, Line 24 - Change in Actuarial Assumptions

INTEREST CREDITING RATE

The interest crediting rate changed from 3.25% in 2019 to 3.0% in 2020 in order to better reflect expected future experience.