

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</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>CALFEE, HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/01/1968</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/01/1968</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/01/1968</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>CALFEE HALTER & GRISWOLD, LLP</u> <u>1405 EAST SIXTH STREET</u> <u>CLEVELAND, OH 44114</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0732302</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-622-8200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0732302</u>	2c Plan Sponsor's telephone number <u>216-622-8200</u>	2d Business code (see instructions) <u>541110</u>	
2b Employer Identification Number (EIN) <u>34-0732302</u>					
2c Plan Sponsor's telephone number <u>216-622-8200</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.	11/11/2021	ROBERT A. MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/11/2021	ROBERT A. MILLER
	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 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 354
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 269 6a(2) 266 6b 6c 121 6d 387 6e 2 6f 389 6g 358 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 3B 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan CALFEE, HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CALFEE HALTER & GRISWOLD, LLP	D Employer Identification Number (EIN) 34-0732302	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PNC BANK, N.A.

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 25 27 63	TRUSTEE	1600	Yes ☒ No ☐	Yes ☒ No ☐	0	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:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan CALFEE, HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CALFEE HALTER & GRISWOLD, LLP	D Employer Identification Number (EIN) 34-0732302	

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	340	14266
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1507947	1505583
(2) Participant contributions.....	1b(2)	936564	1066046
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	9703041	9932324
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	602570	550375
(9) Value of interest in common/collective trusts	1c(9)	8212396	7813917
(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)	51468113	69422127
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	100746872	109777520

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	173177843	200082158

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	173177843	200082158
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3817374	
(B) Participants	2a(1)(B)	2027787	
(C) Others (including rollovers)	2a(1)(C)	398817	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6243978
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	24944	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24944
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2452126	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2452126
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		179266
(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)		10537862
c Other income	2c		14084850
d Total income. Add all income amounts in column (b) and enter total	2d		33523026

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6762284	
(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)		6762284
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1600	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1600
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6763884

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		26759142
l Transfers of assets:			
(1) To this plan	2l(1)		145173
(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 Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: **MEADEN & MOORE, LTD.**

(2) EIN: **34-1818258**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

<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>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan CALFEE, HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CALFEE HALTER & GRISWOLD, LLP		D Employer Identification Number (EIN) 34-0732302
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
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): 22-1146430		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

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

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

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

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

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

- 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 _____

CALFEE, HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2019

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INDEPENDENT AUDITOR'S REPORT

Profit Sharing Advisory Committee
Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan
Cleveland, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of the Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the years ended December 31, 2019 and 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2019 and 2018, and the changes in net assets available for benefits of the Plan for the years ended December 31, 2019 and 2018, in accordance with accounting principles generally accepted in the United States of America.

Meaden & Moore, Ltd.

1375 East Ninth Street, Suite 1800 | Cleveland, OH 44114-1790 | P (216) 241-3272 | F (216) 771-4511 | meadenmoore.com

AKRON | BEACHWOOD | CLEVELAND | COLUMBUS | WOOSTER

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2019 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in blue ink that reads "Meaden & Moore, Ltd." in a cursive script.

Meaden & Moore, Ltd.
Cleveland, Ohio

November 9, 2021

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan

	December 31	
	2019	2018
ASSETS		
Cash and cash equivalents	\$ 14,266	\$ 340
Receivable - Employer contributions	1,505,583	1,507,947
Receivable - Employee contributions	1,066,046	936,564
Notes receivable from participants	550,375	602,570
Total Receivables	3,122,004	3,047,081
Investments (at Fair Value):		
American Funds Europacific Growth Fund R6	5,440,249	3,931,300
American Funds Growth Fund R6	9,823,407	8,652,743
BlackRock LifePath Index 2020 Class K	-	3,513,866
BlackRock LifePath Index 2025 Class K	1,570,105	464,819
BlackRock LifePath Index 2030 Class K	6,213,519	4,422,464
BlackRock LifePath Index 2035 Class K	431,772	186,165
BlackRock LifePath Index 2040 Class K	2,488,560	1,821,133
BlackRock LifePath Index 2045 Class K	198,882	110,786
BlackRock LifePath Index 2050 Class K	272,049	201,711
BlackRock LifePath Index 2055 Class K	100,094	12,021
BlackRock LifePath Index 2060 Class K	4,291	1,740
BlackRock Lifepath Index Retirement Class K	9,082,338	2,804,807
Carillon Eagle Mid Cap Growth Fund R6	2,432,155	1,726,509
MFS Value Fund R5	3,753,139	1,882,564
Morley Stable Value Fund 25	7,813,917	8,212,396
Prudential Total Return Bond R6	6,566,899	5,936,266
T. Rowe Price Mid-Cap Value I	2,160,082	2,262,397
Vanguard 500 Index Admiral	10,766,884	7,122,651
Vanguard Extended Market Index Adm	4,118,033	3,240,161
Vanguard Total Intl IX Adm	279,854	105,991
Vanguard Total Bond Mkt I Adm	488,861	277,968
JP Morgan US Small Company Fund	3,230,954	2,790,051
Self-Directed Brokerage Accounts - Limited partnerships	9,932,324	13,165,617
Self-Directed Brokerage Accounts - Other	109,777,520	97,284,296
Total Investments	196,945,888	170,130,422
Total Assets	200,082,158	173,177,843
LIABILITIES	-	-
Net Assets Available for Benefits	\$ 200,082,158	\$ 173,177,843

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan

	Year Ended December 31	
	<u>2019</u>	<u>2018</u>
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 3,817,374	\$ 3,735,646
Employee	2,027,787	1,795,581
Rollover	398,817	666,254
	<u>6,243,978</u>	<u>6,197,481</u>
Investment Income/(Loss):		
Interest and dividend income	5,868,288	6,834,188
Net unrealized/realized appreciation/(depreciation)	<u>21,410,760</u>	<u>(15,253,962)</u>
Total Investment Income/(Loss)	27,279,048	(8,419,774)
Deductions from Net Assets Attributed to:		
Benefits paid to participants	6,762,284	11,760,246
Administrative expenses	<u>1,600</u>	<u>1,720</u>
Total Deductions	<u>6,763,884</u>	<u>11,761,966</u>
Net Increase/(Decrease) before Plan Transfer	26,759,142	(13,984,259)
Transfer In from Associates Plan	<u>145,173</u>	<u>377,506</u>
Net Increase/(Decrease) after Plan Transfer	26,904,315	(13,606,753)
Net Assets Available for Benefits:		
Beginning of Year	<u>173,177,843</u>	<u>186,784,596</u>
End of Year	<u>\$ 200,082,158</u>	<u>\$ 173,177,843</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan

1 Description of Plan

The following description of the Calfee, Halter & Griswold Profit Sharing Trust and Plan ("Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began December 1, 1968, is a defined contribution plan covering all employees of Calfee, Halter & Griswold LLP (the "Company") who meet service, age and classification requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan also includes a profit sharing provision, a cash or deferred arrangement [401(k)], and matching employer contributions, integrated with Social Security.

Eligibility:

An employee or partner becomes eligible to be a full participant when all of the following requirements are met:

- a. Completion of two years of service with 1,000 or more hours completed in each of the two years;
- b. Attainment of age of twenty-one years;
- c. Not being a leased employee within the meaning of 414(n)(2) of the Internal Revenue Code;
- d. Not being employed as an associate attorney;
- e. Not being employed as a summer associate or an intern;
- f. Not being employed in accordance with an oral or written employment, consulting or other arrangement, the terms and conditions of which preclude a person's participation in the Plan;
- g. Not being employed by Calfee Strategic Solutions, LLC, a wholly owned subsidiary of the sponsor.

Eligible persons become participants as of the first day of the calendar quarter coinciding with or next following the date they first satisfy the eligibility requirements.

In addition, an employee or partner may become a "Special 401(k) Contributor" when he or she has met the requirements in (c) through (g) as previously described. A "Special 401(k) Contributor" may participate in the cash or deferred option feature of the Plan, but is not entitled to any other contributions under the Plan.

NOTES TO FINANCIAL STATEMENTS

Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan

1 Description of Plan, Continued

Contributions:

A. Firm Contributions

- (1) Base Contribution - (a) equal to the greater of 7.0% of each full participant's eligible compensation or .5% of each full participant's eligible compensation multiplied by his or her full years of benefit service up to a maximum of twenty-one years of benefit service or (b) for participants who are partners and are age 40 or older, the contribution is equal to 10.5% of eligible compensation.
- (2) Integrated Contribution - equal to 5.7% of each full participant's eligible compensation in excess of the social security taxable wage base.
- (3) Matching Contribution - for non-partner full participants only. The matching contribution is the lesser of 25% of the participant's 401(k) deferral or 1% of eligible compensation.

B. Optional 401(k)/Roth Contributions:

Active full participants and Special 401(k) Contributors may direct that a portion of their future compensation not be paid to them, but rather be contributed by the Company to the Plan.

C. Voluntary After-Tax Contributions:

Active full participants may also make voluntary contributions not deductible on their Federal income tax returns.

Eligible compensation is subject to the maximum permitted to be considered in determining contributions by Section 401(a)(17) of the Internal Revenue Code. Maximum eligible compensation was \$280,000 and \$275,000 in 2019 and 2018, respectively.

Contributions are subject to limitations imposed by the Internal Revenue Code as defined in the Plan agreement.

Participants' Account:

Participants may generally maintain up to seven different types of bookkeeping accounts. Certain accounts are funded by the contributions described above. All accounts include earnings thereon.

- A. Employer Contribution Accounts - includes base contribution and matching contribution.
- B. Integrated Accounts - includes employer integrated contributions.
- C. 401(k) Accounts - employee deferrals under 401(k) provisions.
- D. Roth Contribution Accounts - employee Roth deferrals.

NOTES TO FINANCIAL STATEMENTS

Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan

1 Description of Plan, Continued

E. After Tax Accounts -

1. Pre-87 accounts - contributions made before 1987.
2. Post-86 accounts - contributions made after 1986.

F. Voluntary Deductible Contribution Accounts - contains contributions made before January 1, 1987, under Individual Retirement Account provisions of the Internal Revenue Code. No voluntary deductible contributions have been permitted since then.

Vesting:

The amounts credited to all accounts established and held for any employee are fully vested and non-forfeitable at all times.

Notes Receivable from Participants:

Loans are permitted under certain circumstances and are subject to limitations. Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loans are repaid over a period not to exceed five years with exceptions for the purchase of a primary residence. Loans are valued at unpaid principal plus accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

The loans are secured by the balance in the participant's account and bear interest at a rate of 1% per annum above the prime rate of interest charged by PNC Bank at the time the loan is approved. However, if the loan is used to acquire a participant's principal residence, the note may have a term comparable to those in similar transactions involving lending institutions. The amount of any such loan is subject to limitations explained in the Plan. Principal and interest are paid ratably no less frequently than quarterly.

Payment of Benefits:

Participants ceasing employment due to retirement, termination, death or disability are entitled to distributions of all amounts credited to their accounts and, in the case of death, any proceeds on life insurance contracts.

Benefits will normally be paid to terminated full participants and Special 401(k) Contributors in an annuity form of distribution unless they elect an optional form of distribution (a lump sum, installments, 50% joint and survivor, or a combination of these forms of distribution). Spouses of deceased full participants and Special 401(k) Contributors will generally receive their death benefit pursuant to a single life annuity form of distribution unless they elect a lump sum or installment form of distribution. Non-spouse beneficiaries of full participants and Special 401(k) Contributors will generally receive their death benefit pursuant to a lump sum form of distribution unless they elect an installment form of distribution. Benefits are recorded when paid.

NOTES TO FINANCIAL STATEMENTS

Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan

1 Description of Plan, Continued

Hardship Withdrawals:

Hardship withdrawals are permitted in accordance with Internal Revenue Service guidelines.

Investment Options:

Upon enrollment in the Plan, a participant may direct his or her contributions in any of the investment options offered by the Plan. In order to utilize the self-directed option, the participant must have at least \$25,000 in their account.

2 Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated April 25, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2019, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

3 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Recent Accounting Pronouncements:

In August 2018, the FASB issued Accounting Standards Update No. 2018-13, Fair Value Measurement (Topic 820): Disclosure Framework-Changes to the Disclosure Requirements for Fair Value Measurement ("ASU 2018-13"). The new standard removes or modifies certain existing disclosure requirements and adds additional disclosure requirements related to fair value measurement. The Plan elected to early adopt ASU 2018-13 for the year ended December 31, 2019. The effect of the adoption is an overall reduction in the disclosures related to fair value measurement.

Investment Valuation and Income Recognition:

Investments are stated at fair value.

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

NOTES TO FINANCIAL STATEMENTS

Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan

3 Summary of Significant Accounting Policies, Continued

Use of Estimates:

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

Administrative Fees:

Generally, all administrative fees are paid by the Plan sponsor except for management fees applicable to self-directed brokerage accounts. The broker or investment advisor for these brokerage accounts have deducted their fees directly from the investments held by them.

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Risks and Uncertainties:

The Plan's investments include various types of investments with varying degrees of risk such as interest rate, credit, and overall market volatility risks. 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 such changes could materially affect the amounts reported in the Statement of Net Assets Available for Plan Benefits.

Reclassifications:

Certain prior year amounts have been reclassified to conform with the current year's presentation.

Subsequent Events:

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through November 9, 2021, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan

4 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- * Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- * Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - * 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 specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- * Level 3: Inputs that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

There have been no changes in the methodologies used at December 31, 2019 and 2018.

Mutual Funds:

Valuation of these investments are based on quoted prices in active markets and are classified as a Level 1 in the hierarchy.

Common Collective Trust:

The fair value is determined as the contract value (which approximates fair value) of the fund each business day (valuation date) by dividing total assets less liabilities by the number of outstanding units. Units are issued and redeemed daily based on the net asset value of the fund which is determined daily. Unitholder transactions are processed daily, or as applicable, by the fund at the current net asset value at contract value (which approximates fair value) and are considered as made immediately after the daily valuation. Since some of the inputs to the valuation of the common collective trust are unobservable, it is classified in Level 2 of the fair value hierarchy.

NOTES TO FINANCIAL STATEMENTS

Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan

4 Fair Value Measurements, Continued

Common Collective Trust, continued:

Withdrawals from the fund for benefit payments and participant transfers to noncompeting options to be paid to plan participants shall be made as soon as practicable after written notification has been received and are considered as made immediately after the next valuation date subsequent to trustee's approval. No distributions are made to unitholders as net investment income is reinvested into the fund in accordance with the investment objectives. Unitholders may redeem units, but the units may not otherwise be transferred without the consent of the trustee.

Self-Directed Brokerage Accounts:

Accounts consist of the following investment holdings:

- Mutual funds, common stock, exchange-traded funds, and master limited partnerships (Level 1) – Valuation of these investments are based on quoted prices in active markets.
- Money market funds are classified as Level 2 since they are not traded on an active market. The values are updated periodically and are, as such, valued on an inactive market.
- Certificates of deposit (Level 2) – Valued based on a market interest rate that is multiplied (at any given time) by the original principal deposit, payable only upon maturity. Since the maturity is a future date, the valuation only approximates fair value.
- U.S. government securities (Level 2) – The majority of these assets are comprised of government-issued bonds which are valued based on the present value of expected future cash flows. While this pricing model is fairly straightforward, there are inherent assumptions in the valuation of these bonds and they are not traded on an active market. As such, there are some unobservable inputs associated with this asset.
- Bonds (Level 2) – Valued based on observable and unobservable inputs and are not traded on an active market.
- Mortgage-backed securities (Level 2) – Collateralized by a pool of underlying mortgage agreements. The pool of mortgages prepays at a constant rate and the cash flows associated with the payment of this mortgage pool are calculated by discounting these cash flows at the zero-coupon U.S. Treasury note rate that most closely corresponds to the weighted average maturity of the security itself. This rate is dependent upon the rate at which the securitized mortgages are expected to prepay. This valuation is complex and based on multiple inputs.

NOTES TO FINANCIAL STATEMENTS

Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan

4 Fair Value Measurements, Continued

Self-Directed Brokerage Accounts, continued:

- Limited partnerships (2019) – Limited partnership interests held by the Plan as of December 31, 2019 are valued as of that date utilizing the allocated aggregate capital account interest that Plan participants held in those limited partnerships at that date. This measure of fair value considers the amount that would be received by the participant if a distribution or liquidation of that partnership interest were to be initiated as of the date of the Plan's financial statements. No formal appraisals are available for those entities. Since this valuation methodology uses significant unobservable inputs to fair value, those assets have been classified in Level 3 of the fair value hierarchy, except for those assets which met the criteria for use of the net assets value (NAV) as practical expedient, as noted below). At December 31, 2019, certain pending transactions for additional shares of certain limited partnerships and newly purchased limited partnership interests and other investments were recorded by the Plan as "temporary assets". Since these temporary assets represent transactions that were pending and had not yet settled as of the financial statement date, the fair value of these assets has been measured using the cash amount paid for the additional or new interest in the respective investment. Any appreciation/(depreciation) in the value of those investments will be recognized in the subsequent period.
- Limited partnerships (2018) – Limited partnership interests are valued at purchase price for the ownership interest. Cost approximates fair value and there are no observable inputs. Those assets that did not meet the criteria for use of the NAV as practical expedient have been classified in Level 3 of the fair value hierarchy.
- Certain other limited partnerships were valued using NAV as the practical expedient. Most of these limited partnerships report their valuation on a monthly basis. These limited partnerships generally seek to achieve their investment objectives primarily by allocating their assets among investments in both public and private investment vehicles that employ a broad range of investment strategies. Investors in these limited partnerships have redemption rights which contain certain restrictions with respect to rights of withdrawal as specified in their respective partnership agreements. There were no significant unfunded commitments as of the financial statement date.
- Privately-held stock and investments (Level 2 and 3) – The values of some of the privately-held stocks and investments are determined by independent, third-party appraisal. These appraisers use various assumptions and calculations to arrive at a valuation (Level 2). Privately-held stock and investments include common stock and note issuances from those entities that are not subject to an independent, third-party appraisal and are valued at cost, which approximates fair value. There are no observable inputs for privately-held stock (Level 3).

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

NOTES TO FINANCIAL STATEMENTS

Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan

4 Fair Value Measurements, Continued

Self-Directed Brokerage Accounts, continued:

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Common Collective Trust	\$ -	\$ 7,813,917	\$ -	\$ 7,813,917
Mutual Funds	69,422,127	-	-	69,422,127
Self-Directed Brokerage Accounts	<u>82,688,852</u>	<u>24,657,666</u>	<u>11,011,335</u>	<u>118,357,853</u>
Total assets in the fair value hierarchy	<u>\$152,110,979</u>	<u>\$32,471,583</u>	<u>\$11,011,335</u>	195,593,897
Investments measured at net asset value				<u>1,351,991</u>
Investments at fair value				<u>\$196,945,888</u>

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Common Collective Trust	\$ -	\$ 8,212,396	\$ -	\$ 8,212,396
Mutual Funds	51,468,113	-	-	51,468,113
Self-Directed Brokerage Accounts	<u>72,748,353</u>	<u>22,377,841</u>	<u>13,550,548</u>	<u>108,676,742</u>
Total assets in the fair value hierarchy	<u>\$ 124,216,466</u>	<u>\$ 30,590,237</u>	<u>\$ 13,550,548</u>	168,357,251
Investments measured at net asset value				<u>1,773,171</u>
Investments at fair value				<u>\$ 170,130,422</u>

Changes in Fair Value of Level 3 Assets

There were purchases of Level 3 assets totaling \$2,781,048 and \$2,725,935 during the years ended December 31, 2019 and 2018, respectively. There were sales of Level 3 assets totaling \$1,083,892 and \$779,797 during the years ended December 31, 2019 and 2018, respectively.

5 Party-in-Interest Transactions

Certain Plan investments are managed by PNC Bank, the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Usual and customary fees were paid for the investment management services. In addition, the Plan has arrangements with various service providers and these arrangements qualify as party in interest transactions.

NOTES TO FINANCIAL STATEMENTS

Calfee, Halter & Griswold LLP
Profit Sharing Trust and Plan

6 Subsequent Event

Effective August 1, 2021, the trustee of the Plan was changed from PNC Bank to Matrix Trust Company and the recordkeeper was changed from Newport Group to OneAmerica.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Calfree, Halter & Griswold LLP Profit Sharing Trust and Plan

EIN 34-0732302

Plan Number 001

December 31, 2019

(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
	American Funds Europacific Growth Fund R6	Registered Investment Company	N/A	\$ 5,440,249
	American Funds Growth Fund R6	Registered Investment Company	N/A	9,823,407
	BlackRock LifePath Index 2025 Class K	Registered Investment Company	N/A	1,570,105
	BlackRock LifePath Index 2030 Class K	Registered Investment Company	N/A	6,213,519
	BlackRock LifePath Index 2035 Class K	Registered Investment Company	N/A	431,772
	BlackRock LifePath Index 2040 Class K	Registered Investment Company	N/A	2,488,560
	BlackRock LifePath Index 2045 Class K	Registered Investment Company	N/A	198,882
	BlackRock LifePath Index 2050 Class K	Registered Investment Company	N/A	272,049
	BlackRock LifePath Index 2055 Class K	Registered Investment Company	N/A	100,094
	BlackRock LifePath Index 2060 Class K	Registered Investment Company	N/A	4,291
	BlackRock LifePath Index Retirement Class K	Registered Investment Company	N/A	9,082,338
	Carillon Eagle Mid Cap Growth Fund R6	Registered Investment Company	N/A	2,432,155
	MFS Value Fund R5	Registered Investment Company	N/A	3,753,139
	Morley Stable Value Fund 25	Common Collective Trust	N/A	7,813,917
	Prudential Total Return Bond R6	Registered Investment Company	N/A	6,566,899
	T. Rowe Price Mid-Cap Value I	Registered Investment Company	N/A	2,160,082
	Vanguard 500 Index Admiral	Registered Investment Company	N/A	10,766,884
	Vanguard Extended Market Index Adm	Registered Investment Company	N/A	4,118,033
	Vanguard Total Intl IX Adm	Registered Investment Company	N/A	279,854
	Vanguard Total Bond Mkt I Adm	Registered Investment Company	N/A	488,861
	JP Morgan US Small Company Fund	Registered Investment Company	N/A	3,230,954
	Alliance Bernstein Multi Manager Fund	Participant Brokerage Accounts - Limited partnerships	N/A	972,092
	Alliance Bernstein Securitized Assets Cayman Fund LP	Participant Brokerage Accounts - Limited partnerships	N/A	592,968
	CF Special Situation Fund I, LP	Participant Brokerage Accounts - Limited partnerships	N/A	272,310
	Alliance Bernstein Arya Partners Cayman Fund	Participant Brokerage Accounts - Limited partnerships	N/A	1,597,572
	AB Financial Services Opportunities Cayman Fund LP	Participant Brokerage Accounts - Limited partnerships	N/A	614,083
	AB Private Credit Investors Middle Market Direct Lending Fund	Participant Brokerage Accounts - Limited partnerships	N/A	187,500
	Capital Works Fund IV LP	Participant Brokerage Accounts - Limited partnerships	N/A	107,589
	North Coast Angel Fund III LLC	Participant Brokerage Accounts - Limited partnerships	N/A	46,748
	DCP Fund II LLC	Participant Brokerage Accounts - Limited partnerships	N/A	103,585
	DCP Fund III LLC	Participant Brokerage Accounts - Limited partnerships	N/A	20,163
	Achill RC Investment LLC	Participant Brokerage Accounts - Limited partnerships	N/A	80,048
	Atlas Alt Kepos Alpha Fund Ltd Series B	Participant Brokerage Accounts - Limited partnerships	N/A	496,137
	Atlas Alternative Investment LLC Quantitative Tactical Aggress	Participant Brokerage Accounts - Limited partnerships	N/A	454,599
	Canal Mezzanine Partners II LP	Participant Brokerage Accounts - Limited partnerships	N/A	145,245
	CF Special Situation Fund I,LP	Participant Brokerage Accounts - Limited partnerships	N/A	674,131
	Cuyahoga Capital Partners Iv LP	Participant Brokerage Accounts - Limited partnerships	N/A	89,806
	DCP Fund LLC	Participant Brokerage Accounts - Limited partnerships	N/A	80,735
	Delta Nu II Limited Partnership	Participant Brokerage Accounts - Limited partnerships	N/A	40,809
	Evolution Investments III, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	285,816
	Gem Realty Fund III LP	Participant Brokerage Accounts - Limited partnerships	N/A	510
	Heat Seal LLC	Participant Brokerage Accounts - Limited partnerships	N/A	146,626
	Keystone Private Market Opportunities VIII LP	Participant Brokerage Accounts - Limited partnerships	N/A	258,168
	VCM LP MCM Capital Partners II	Participant Brokerage Accounts - Limited partnerships	N/A	17,390
	MCM Capital Partners III, L.P.	Participant Brokerage Accounts - Limited partnerships	N/A	693,946
	North Coast Angel Fund LLC	Participant Brokerage Accounts - Limited partnerships	N/A	12,785
	Ohio Techangel Fd II LLC	Participant Brokerage Accounts - Limited partnerships	N/A	494
	Palmetto Properties LLC	Participant Brokerage Accounts - Limited partnerships	N/A	107,104
	Parkcrest Investment LLC Conneaut Leather Invst	Participant Brokerage Accounts - Limited partnerships	N/A	7,980
	Pilgrim Water-Jel Investment Co LLC	Participant Brokerage Accounts - Limited partnerships	N/A	53,828
	Premier Boston Heights, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	29,437
	Sand Ridge Golf Club Sep	Participant Brokerage Accounts - Limited partnerships	N/A	8,047
	Signum LLC	Participant Brokerage Accounts - Limited partnerships	N/A	157,810
	Thermedx Subordinated Convertible Debt \$50,000	Participant Brokerage Accounts - Limited partnerships	N/A	56,375
	Titan Investment Partners LP	Participant Brokerage Accounts - Limited partnerships	N/A	2,134
	Evolution Investments II, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	252,918
	Linsalata Capital Partners Fund VI N-Q, L.P.	Participant Brokerage Accounts - Limited partnerships	N/A	552,068
	Kirtland Capital Partners V, LP	Participant Brokerage Accounts - Limited partnerships	N/A	288,374
	TCM Maryville LLC	Participant Brokerage Accounts - Limited partnerships	N/A	7,568
	Austin Capital Partners LP Southern Mill Creek	Participant Brokerage Accounts - Limited partnerships	N/A	65,446
	Austin Capital Partners LP Southern Mill Creek	Participant Brokerage Accounts - Limited partnerships	N/A	24,800
	Austin Capital Partners Westny Bldg Working Capital	Participant Brokerage Accounts - Limited partnerships	N/A	15,599
	Linsalata Capital Partners Fund V N-Q, L.P.	Participant Brokerage Accounts - Limited partnerships	N/A	68,824
	Longbow Research, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	3,509
	Ohio Innovation Fund I, L.P.	Participant Brokerage Accounts - Limited partnerships	N/A	4,377
	Reservoir Venture Partners II L.P.	Participant Brokerage Accounts - Limited partnerships	N/A	1,414
	Parking Transportation Fund III, LP	Participant Brokerage Accounts - Limited partnerships	N/A	188,926
	Public Square Partners I LLC	Participant Brokerage Accounts - Limited partnerships	N/A	43,931
*	Self-Directed Brokerage Accounts - Other	Participant Brokerage Accounts	N/A	109,777,520
				196,945,888
*	Participant loans	Notes Receivable (4.25% to 7.00%)	N/A	550,375
				\$ 197,496,263
*	Party-in-interest to the Plan.			

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Calfec, Halter & Griswold LLP Profit Sharing Trust and Plan

EIN 34-0732302

Plan Number 001

December 31, 2019

(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
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	Parking Transportation Fund III, LP	Participant Brokerage Accounts - Limited partnerships	N/A	188,926
	Public Square Partners I LLC	Participant Brokerage Accounts - Limited partnerships	N/A	43,931
*	Self-Directed Brokerage Accounts - Other	Participant Brokerage Accounts	N/A	<u>109,777,520</u>
				196,945,888
*	Participant loans	Notes Receivable (4.25% to 7.00%)	N/A	<u>550,375</u>
				<u>\$ 197,496,263</u>
*	Party-in-interest to the Plan.			

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2019****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

- 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 instr.)
- ☒ 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 CALFEE, HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN		1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 12/01/1968
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) CALFEE HALTER & GRISWOLD, LLP		2b Employer Identification Number (EIN) 34-0732302
		2c Plan Sponsor's telephone number 216-622-8200
1405 EAST SIXTH STREET		2d Business code (see instructions) 541110
CLEVELAND OH 44114		

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	<i>Calfee Halter & Griswold LLP</i> <i>By: Robert A. Miller</i>	<i>11/11/2021</i>	ROBERT A. MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Calfee, Halter & Griswold LLP</i> <i>By: Robert A. Miller</i>	<i>11/11/2021</i>	ROBERT A. MILLER
	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 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">3b Administrator's EIN</td> </tr> <tr> <td style="padding: 5px;">3c Administrator's telephone number</td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	3b Administrator's EIN	3c Administrator's telephone number	
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">4b EIN</td> </tr> <tr> <td style="padding: 5px;">4d PN</td> </tr> </table>	4b EIN	4d PN
4b EIN			
4d PN			

5 Total number of participants at the beginning of the plan year	5	354
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)	269
a (2) Total number of active participants at the end of the plan year	6a(2)	266
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	121
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	387
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	2
f Total. Add lines 6d and 6e	6f	389
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	358
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2K 2R 3B 3H

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information - Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 _____